This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

+ *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.

+ *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.

+ *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.

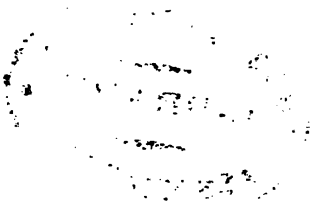
+ *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at `http://books.google.com/`

No.....

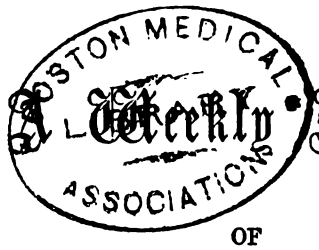
BOSTON
MEDICAL LIBRARY
ASSOCIATION,
19 BOYLSTON PLACE.



Medical Press

and Circular. Estab. 1838.

Being the Incorporation of the Journals hitherto known as "The Medical Press" and "The Medical Circular."



A Weekly Journal

OF

MEDICINE AND MEDICAL AFFAIRS.

FROM JANUARY TO JUNE,

1885.

LONDON: 20 KING WILLIAM STREET, STRAND. DUBLIN: 3 MOLESWORTH STREET.
EDINBURGH: SOUTH BRIDGE. GLASGOW: COLLEGE GATE, HILLHEAD.

INDEX.

VOL. XXXIX. NEW SERIES. VOL. XC. OLD SERIES.

JANUARY TO JUNE, 1885.

A

Aberdeen, munificent bequests, 319
Aberdeen university, graduation at, 361
Aberdeen university, proposed extension of buildings, 35
Abernethian Society.—Mesmerism, 53; coma, 144; injuries in and about the knee-joint, injuries and diseases of the spinal column, 236; concussion of the spine, 236; fractures of the spinal column, 236; St. Bartholomew's school fifty years ago, 560
Abernethian society, 299
Abdomen, pistol-shot wound of, 285
Abdominal contusion, case of, 166
Abdominal section, series of one thousand cases by Lawson Tait, F.R.C.S., 65, 89, 100
Abdominal section in a case of acute peritonitis, 398
Abdominal surgery for 1884, by J. E. Burton, 301
Abrath-McMann case, 548
Academy of medicine in Ireland, 43
Academy of Medicine in Ireland. Pathological Section.—Case of cardiac hypertrophy and perforation of aortic valve of cancerous structure of sigmoid flexure, by Dr. Quinlan, 8; strangulation in hernial sac, by Dr. O'Grady, 8; mammary tumour from a girl of 12, Mr. J. K. Barton, 9; phthisical lung from lion, by W. Abraham, 9; self-mutilation of a lioness, 211; gangrene of the leg—endocardial concretion—croup of the colon—aneurism at the base of the brain—pericarditis in a horse, 212; renal tumour—dissecting aneurism of skekleton, 492; sublingual epithelioma, 493; the pathology of multiple exostoses, 537; cutaneous epithelioma (tar cancer), 538
Medical Section—Lupus and its treatment 51; hereditary amaurosis, 52; case of hemiplegia with hemiopia—case of double blindness—paralysis of external recti—treatment of empyæma, 123; cholera, its endemic conditions and epidemic progression, 236; sloughing of the rectum, 287; four cases of acute pneumonia occurring in members of the same family at or about the same time, 288; hyperpyrexia in rheumatic fever, 293; senile dementia, 224
Surgical Section—Three cases of ovariotomy, 31; transportation of skin-flaps without pedicle for cicatricial ectropion—treatment of flat foot, 286; astragaloid osteotomy in the treatment of flat-foot—Ogston's operation for flat-foot, 350; ivory exostosis of auditory meatus, 241; operations for trichiasis and entropium of the upper eyelid, 352; complete excision of the clavicle for osteo-sarcoma—condylotomy by the osteotome for the treatment of knock-knee, 559
Sub-Section of Anatomy and Physiology—Anomaly of arch of aorta — anomalous coronary branch arising from pulmonary artery—musculus sternalis in anencephalus fœtus, 309; vena azygos major ascending on the left side, and the bearing of this anomaly on the development of the azygos blood-vessels—description of Andaman skeleton compared with those of other races, 310
Academié de medicine, award to Dr. Murrell, 481
Academié de medicine 472
Acne rosacea, by Dr. Drysdale, 416
Aconitine, for anæsthetising sensitive dentine, 84
Addison's disease, 443
Address, inaugural, at the clinical society of London, by Thomas Bryant, F.R.C.S., 135
Aërated waters, the manufacture of, 243
Age in its influence on disease, 199
Age in relation to the diagnosis of disease, by Dr. Magee Finny, 181
Albert palace, opening of the new, 524
Alcoholic balance, the, by W. H. Pearse, M.D., 114
Alpine winter cure, the, 177
Althaus, Julius, on sclerosis of the spinal cord (review), 42
Amaurosis, hereditary, 52
Amalgamated scheme of the association of fellows and members of the royal college of surgeons of England, 473
Ambulance drill, 57
Amenities, literary and professional, 237
American degrees, cheap, 337
American diploma trade, 337
American practice, brief notes from, 6, 146, 287
Ambitious apothecaries, 342
Anæsthetics, the administration of, 268
Andaman skeleton compared with that of other races, 310
Anderston polyklinik, 340
Aneurism, case of inguinal, with ligature of external iliac artery, 373
Aneurism, dissecting of Shakleton, 492
Aneurism, thoracic, 165, 167
Aneurism of valves, 9
Angina pectoris, the diet in, 315
Ankle, compound dislocation of, 143
Anteflexion, 463
Antipyrin, 169
Antipyrin in pyrexia, by Dr. Ellis T. Davies, 395
Anti-vaccination, 273, 379
Aorta, anomaly of arch of, 309
Aortic musical murmur, 33
Aortic valvular disease, 33
Aortic valve, perforation of, by Surgeon-Major Hamilton, 8
Aphasia, notes on a case of, 195
Appleyard, obstruction of bowels, 29
Arcades ambo, 318
Army medical competitive examinations, 331, 408, 453
Army promotion examination, cushioning the, 129
Arsenic, poisoning by, 546
Arteries and veins, chronic obstruction of, 419
Arthritis, acute, in infants, 554
Aspiration, complete, by David Christie, L.R.C.P., L.R.C.S., 72, 132
Association of members of the royal college of surgeons, branch, 409
Astragaloid osteotomy for flat-foot, 350
Asylum reports, 516
Atheromatous changes in the femoral and radial arteries, 375
Atheroma of heart, 443
Atkin, Charles, F.R.C.S., natural drainage in otorrhœa, 186; on acute arthritis in infants, 554
Atmospheric bacteria, 81
Atropine in morphia poisoning, 419
Auditory meatus, ivory exostosis of, 351
Australia, the profession in, 264
Austria, the proportion of chemists in the population of, 366

B

Bacillus controversy, 15
Bacterial poisons, 335

Bacteria, atmospheric, 31
Bacteria, Prof. Lankester on, 58
Banham, Dr., farewell dinner to 566
Bank holiday, 476
Barnes, Dr. Fancourt, on displacements of the uterus, 205, 231
Bartholow, Dr. Roberts, on permanganate of potash, 4
Basilar artery, thrombosis of, 233
Beatitude of the doctor, the 103
Beetles, Colorado, in stomach, 38
Bell, Dr., on dysmenorrhœa, 362
Bequests to the royal infirmary and university of Glasgow, 455
Berlin, holiday courses in, 339
Berlin, imperial health office. 175
Bernard Armand, B.A., M.B., on the treatment of secondary syphilis, 231
Birkenhead fever hospital, 317
Births (see last page of each number)
Bladder, calculus and tumours of, 285
Bladder, case of papilloma of, 489
Bladder, perforations of, 331
Bladder, rupture of, 400
Bladder, tumour of, 491
Bleeding for drunkenness, 143
Blyth on poisons, 43
Board schools as infection purveyors, 516
Bogus diplomas, 127
Botany, the chair of, at the university of Glasgow, 361
Bradford Medico-Chirurgical Society.—Case of operation for transverse fracture of the patella, 52; the motion of the brain, 53; the determination of sex before birth, 168; education—its physiological aspects, 168; the treatment of pneumonia, 259
Bradley, the case of Dr., 101, 131, 174, 218, 356, 411, 567
Brain, abscess of, with cortical paralysis, 539
Brain, aneurism at base of, 212
Brain, movement of, 53
Brain surgery, 40
Brain, the motions of, by David Goyder, M.D., 157
Bramwell, Byrom, on the spinal cord (review), 43
Brandy as a restorative for fish, 152
British Burmah, progress of medicine in, 399, 408
British gynæcological society, 14, 244, 331
British medical temperance association (Irish branch), 15
British medical association, 104
British medical benevolent fund, 64
Brown institution, the, 405
Brown, Mr. Macdonald, on the etiology of rachitis, 558
Brunton, Dr. Lauder, on the disorders of digestion (Lettsomian lectures), 21, 68
Bryant, Mr., F.R.C.S., the operation of laparatomy, 227
Bryant, Thomas, F.R.C.S., inaugural address at the Clinical Society of London, 135
Budget, and the hospitals, the, 453
Burnie, Dr, on the treatment of pneumonia, 255
Burton, J. E., abdominal surgery for 1884, 301
Burton's midwifery for midwives, 133
Buttermilk in sick stomach, 499

C

Calcium, uses of sulphide of, 11
Calculus and tumours of the bladder, lithotomy, 285
Calculus, removal of from vermiform appendix, 422
Cameron, Sir Charles A., 523
Cambridge, university of, 432
Cancer hospital, Brompton, 273
Carbolic acid in scarlet fever, 465
Carbolic acid poisoning from breweries, 499
Card specimens, 9
Cartwright prize, the, 547
Case of ovariotomy with extensive adhesions, by Mr. Charles E. Steele, 27
Catholic university, great American, 58
Centenarian, death of a, 455
Central London throat and ear hospital, 389
Cerebral sinuses, thrombosis of, 212
Certificate schedules, 406
Chalmer's hospital, Edinburgh, 547
Change of air, the science of, 474
Changed aspects of unchanged truths, by Arthur Jackson, M.R.C.S., 307
Charcot's joint disease, 167
Charge of crim. con., 494
Charity and commerce, 550
Cheap contract doctoring, 83
Chemists, the proportion of, to population in Austria, 266
Chest, pistol shot wound of, 285
Child-bearing, the effect of anxiety and privation, 440
Children, diseases of, by Dr. West (review), 155
Chloride of methyl spray, 290
Coombe lectures, the, 319
Chloroform in chorea, 10
Chloroform for tapeworm, 220
Chloroma, hæmoglobin in, 499
Cholera at home and abroad, 520
Cholera conference in Berlin, the, 440
Cholera, contagion of, by Ricord, 15
Cholera, Duggan on, 383
Cholera, government precautions against, 130, 153
Cholera, inoculating for, 388
Cholera morbus, on, by Joseph Duggan, L.K.Q.C.P.I., 327
Cholera and whitewash, 337
Cholera, Pettenkofer on (review), 527
Cholera, Paris epidemic, the teachings of, 219
Cholera, prevention of, 146
Cholera, its endemic conditions and epidemic progression, 236
Cholera, rival theories of, 28
Cholera vaccination, 496
Chorea, treatment by inhalation of chloroform, 10
Choreiform movements of, congenital origin in infancy, 285
Christie, David, notes on complete aspiration, 72
Chrome water in the treatment of syphilis (review), 527
Clarke, Sir Andrew, Bart., on some points in the natural history of primitive dry pleurisies (Lumleian lectures), 275, 304, 321, 346

CLINICAL RECORDS.

Case of bullet wound involving the right lobe of liver, by Mr. W. F. Smartt, 5; case of obstruction of the bowels, treated by colotomy, under the care of Mr. Appleyard, 29; hemiplegia—cerebral softening—no hæmorrhage, under the care of Dr. Thorowgood, 51; case of compound dislocation of the ankle-joint, under the care of Dr. Meldon, 73; ophthalmic cases, under the care of Dr. W. J. Collins, 96; case of enormous hypertrophy of clitoris successfully removed, under the care of Dr. Potter, reported by Alfred S. Gubb, 120; case of left hemiplegia with right homonymous hemianopia, under the care of Dr. H. French Banhan, 120; recent cases from the hospital ward, under the care of Dr. Cranny, 143; case of thoracic aneurism, under the care of Dr. W. Porter, 165; an interesting case of abdominal contusion, followed by rupture of the bowel and death, 166; case of uræmia, by Alfred S. Gubb, 190; case of embolism of left middle cerebral artery, under the care of Dr. Wm. Dyson, 211; two cases of diffuse lipoma, under the care of Mr. Henry Morris, 233; recent cases from the accident ward, under the care of Dr. Gunn, 258; case of detachment of the retina, by Dr. A. Thomson, 283; case of limited paralysis and anæsthesia, under the care of Dr. Vintras, 308; empyema successfully treated by antiseptic incision and drainage, under the care of Dr. Philipson, 328; undescended testicle, under the care of Mr. Norton, 349; case of ulceration of the vermiform appendix, under Dr. Donkin, 372; a case of acute peritonitis treated by abdominal section, under the care of Mr. Frederick Treves, 396; case of abdominal section for acute circumscribed peritonitis, under the care of Dr. Andrew and Mr. Howard Marsh, 399; case of embolism, under the care of Mr. Edward Skinner, 441; case of suppurating cyst of the liver, under the care of Dr. C. W. Chapman, 441; anteflexion — conoidal cervix, under the care of Dr. G. de Gorrequer Griffith, 463; a case of successful œsophagotomy, under the care of Mr. George Lawson, 489; case of papilloma of the bladder, under the care of Mr. Anderson, 489; a large hæmatoma of right side, under the care of Mr. Waren Tay, 514; five cases of uterine tumour, under the care of Dr. More Madden, 536

Clinical society of London, 14
Clinical Society of London.—On lesions of the frontal lobe, 29; on a case of recurrent hæmatemesis with urticaria, 30; case of hemi-anæsthesia from congenital brain diseases, 75; a case of scrofulous gland disease with phthisis, 75; malignant stricture of the œsophagus, 76; case of myxœdema, with a post mortem examination, 143; two cases of phlegmonous pharyngitis, 144; locomotor ataxy, without disease of the posterior columns of the spinal cord, 190; arrested rickets, 191; case of nephro-lithotomy, 191; a case of nephro-lithotomy, 192; a case of thrombosis of the basilar artery with profound coma, extreme lowering of rectal temperature, and death in 5½ hours, 233; an unusual sequela of ovariotomy, 234; a series of cases of spina bifida treated by plastic operation (two patients exhibited), 283; choreiform movements supervening in infancy and of congenital origin, 285; calculus and tumour of the bladder—lithotomy—death on the ninth day, 285; three cases of pistol shot wound—1. abdomen, 2. chest, 3. head, 285; amputation at the hip-joint by F. Jordan's method, 329; a peculiar form of skin disease, 330; a case of sporadic cretinism, 373; a case of inguinal aneurism — ligature of the external iliac artery with two kangaroo-tail tendon ligatures, and division of the artery between them—suppuration of the sac — ultimate recovery, 373; case of renal lithotomy, 374; a case of obstruction of arteries and veins extending over many years, 419; a case of osteitis deformans, 420; case of hæmoptysis treated by the induction of pneumothorax so as to collapse the lung, 420; removal of a calculus from the vermiform appendix for the relief of recurrent typhlitis, 422; report on spina bifida and its treatment by the injection of iodo-glycerine solution, 490; a case of successful œsophagotomy, 490; a case of œsophagotomy, 491; two cases of Raynaud's disease, 491; a case of tumour of bladder, 491
Clinical society of London, inaugural address, 135
Clinical society, meeting of, 37
Clitoris, hypertrophy of, and removal, 120
Club doctors in Berlin, 524
Coal, the structure and origin of, 568
Cocaine, 545
Cocaine crase, the, 221
Cocaine in operations for lacerated pelvis, 544
Cocaine in vaginismus, 84
Cocaine in diseases of the pharynx and larynx. 290
Cocaine, its physiological action on the frog, by Mr. Alfred S. Gubb, M.R.C.S., F.R.C.P., 210
Cocaine, uses of muriate of, in ophthalmic surgery, 10
College of surgeons, reform at, 215, 239, 356, 376, 425
College of surgeons of England, the prospect before, 380
College of physicians, the royal, 297
College of surgeons, reform at the, 12
Colles' fracture, 105; cases of and analysis, 465
Colon, croup of, 212
Colotomy in diseases of rectum, 441
Colotomy, left lumbar, 464
Colour blindness, 465
Combe lectures in Edinburgh, 431
Comma bacillus cultivations, inoculations of, 130
Comma bacillus, the, 408
Coma, 144
Compulsory notification, a government bill, 128
Condensed milk for bottle-fed babies, 439
Continental professorships, 430
Conway board of guardians and their medical officer, 570
Coronary branch, abnormal, 309
Corporeal punishment in schools, 218
Council, shall it act, 450
Cousins, Dr. Ward, new self adjusting tongue depressor, 463
Craniotomy, 145
Cremation, 430
Cremation, address on, by Sir Spencer Wells, 367, 379
Cremation in America, 289
Cremation in Austria, 339
Cremation in England, 295
Cremation in France, 365
Cretinism, case of sporadic, 373
Cumberland and Westmoreland asylum, 516
Cutaneous epithelioma, 538
Cyst of liver, probably hydatid, 442

D

Darling, the late Professor, 57
Darwin memorial, the, 475, 498
Davies, Dr. Ellis T., antipyrin in puerperal pyrexia, 395
Davies, Herbert, M.D. (obituary), 43
Davies, W., the case of, and the poor-law medical officers' association, 526
Deahna on dressings, 439
Death of an Exeter surgeon, sad, 409
Deaths (see last page of each no.)
Death statistics in large towns, 454
Deformities, bodily, and their treatment (review), 246
Degrees for London students, 292, 405
Degrees, the question of, 334
Denham testimonial and address, 173
Dermatology in Berlin university, 117

Dermoid tumour of testicle, 360
Detachment of retina, a case of, 288
Diabetes, case of in a boy of seven, 32
Diarrhœa, notes on the etiology of infantile, 99
Diet in angina pectoris, 355
Diet of nurses, the, 475
Digestion, disorders of, by Dr. T. Lauder Brunton, 21
Diphtheria, local outbreaks, 7
Diphtheria, recent views on, 520
Diploma mills, Yankee, 58
Dissection, subjects for, 568
Disagreeable incident, a, 57
Disease, a fruitful source of, 219
Diseases of children (review), 364
Disloyalty, professional condemnation of, 381
Disorders of digestion; their consequences and treatment, by Dr. T. Lauder Brunton, 21
Dispensary for the treatment of children in Paris, 472
Displacements of the uterus, by Dr. Fancourt Barnes, 205, 231
Disqualifications from voting by medical relief, 541
Doctor, action against a, 176
Doctors and doctoring, 290
Doctor's revenge, a, 221
Donovan, William, L.R.C.P. Ed., strychnia poisoning, 345
Dressings, by Deahna, 439
Druggist quacks and doctor quacks, 452
Drummond, illness of Dr. David, 522
Drunkenness, treated by bleeding, 143
Drunkenness, infantile, 15
Dryness of the tongue and thirst, glycerine for, 546
Drysdale, Dr., hæmoptysis, its significance and treatment, 49
Drysdale, Dr., on acne rosacea, 416; on migraine, 488
Dublin, a new lying-in hospital for, 174
Dublin, health of, 59, 477
Dublin hospitals, proposed amalgamation of, 158, 198
Dublin, hospital Sunday, 58, 179
Dublin university, the chancellorship of, 381
Dublin, what the poor of, drink? 218
Duggan on cholera, 383
Duggan, Joseph, L.K.Q.C.P.I., on cholera morbus, 337
Dumfries, ambulance classes in, 222
Dundee lunatic asylum financial difficulties, 62
Dundrum criminal asylum, 58
Durham case, the medical aspects of, by Alfred S. Gubb, L.R.C.P.
Durham, the M.B. of the university of, 266
Dwellings of the poor, 170
Dynamite, victims of, 84, 104
Dysmenorrhœa, Dr. Bell on, 362

E

Ear, manual of diseases of, by Dr. T. Barr (review), 248
Ebstein, Dr., nature and treatment of gout, 1, 45, 511
Ectropion, transplantation of skin flaps without pedicle for cicatricial, 236
Edinburgh, clinical teaching in, 17
Edinburgh college of physicians, new examinations, 61
Edinburgh, health of, during 1884, 18
Edinburgh, health of, 18, 107, 136, 154, 203, 267, 319, 340, 431, 455, 478, 525, 547
Edinburgh hospital for infectious disease, 571
Edinburgh, incorporation of extra-mural school, 202
Edinburgh Medico-Chirurgical Society.—The etiology of rachitis—the lateral movement of the ulna in provation and supination, 556
Edinburgh, reform in university teaching in, 522
Edinburgh royal infirmary and the town council, 522
Edinburgh, royal medical society, 208
Edinburgh, the fever hospital question in, 222
Edinburgh university, 176, 388
Edinburgh university council association, 18
Edinburgh university court, 203, 268, 319
Edinburgh, proposed battles for, 268
Edinburgh, graduation ceremony, 388
Edinburgh, university, of summer session, 431
Edinburgh, water closet accommodation in, 107
Education and its physiological aspect, by John Foster, M.D., F.R.C.S., 437
Elbow-joint, new splint for compound fractures in neighbourhood of, 539
Elections, the coming, 541
Elementary details, the disregard of, 371
Embolism, a case of, 441
Embolism of the left middle cerebral artery, 211
Empyema, treated by antiseptic incision and drainage, 329
Empyema, treatment of in children, 123, 279
Endo-cardial concretion, 212
Endo-carditis, ulcerative, 218
Enamelling, a novel form of, 427
Enteric fever, recent investigations into the outbreaks of, 361
Entropion and trichiasis, operations for, 352
Epilepsy, 352, 376
Epilepsy, by Dr. Porter, 370
Epilepsy, the pathogenesis of, 152
Epithelioma, cutaneous, 533
Epithelioma, removal of rectum for, 464
Epithelioma, sublingual, 493
Epithelioma, unusual, 10
Erysipelas and the employment of antiseptics, 290
Erysipelas, pilocarpin in, 58
Ethmoid cells, inflammation abscess and new growths of, 11
Eustace, Dr. Marcus (obituary), 225
Examiners and their pupils, 36
Exostosis, ivory of auditory meatus, 351
Exostosis, pathology of multiple, 587
Eye accidents and disease, operative interference in, 400
Eye, diseases of the, by Swanzy (review), 19
Eye, relation of movements of to brain disorders, by R. J. Lee, F.R.C.P., 254
Eyes, sections of sclerosed, 517

F

Facial paralysis, double, 400
Faculty of physicians and surgeons, Glasgow, 221
Faith cures, 519
Faith healing, 199
Faith healing, an investigation into, by W. D. Spanton, M.D., 185
Faversham hospital, deadlock at, 317
Fever and small-pox in London, 389, 527
Fevers, chiefly tropical, 3
Fever cot for infants, 106
Fever hospital question in Edinburgh, the, 222
Fever nest, a London, 380
Fever patients, increased accommodation for, 35
Finny, Dr., hyperpyæmia in rheumatic fever, 413
Finny, Dr. Magee, age in relation to the diagnosis of disease, 181
Fish, brandy as a restorative for, 152
Fœtid feet, 502
Flat foot, astragaloid osteotomy for, 236, 350
Foster, John, M.D., F.R.C.S., education and its physiological aspects, 437
Foreign cities, the mortality of, 571
Fothergill, Dr. J. Milner, on gouty affections of the heart, 459
France, depopulation in, 290, 403
Franchise bill, effect on poor-law medical officers, 298
Franchise and medical relief, 541, 568, 572
Fraser, W., F.R.C.S.I., note on oxgall, 117
Frerichs, the late Professor, 265
Frerichs' successor, Professor, 339, 583
Fresh air for Londoners, 152
Frontal bone, abnormal development of left side of, 310
Frontal lobe, lesions of, 29

G

Gant, Mr. F. J., on the election to council of the royal college of surgeons, England, 571
Gastric ablutions, 172
General medical council, proceedings of, 443, 468
General medical councillors, the fees of, 173
Genu valgum, removal of wedge of bone in, 77
German congress for medicine, the fourth, 201
Germinal view of disease, the, 102
Glandular gout, 494
Glasgow death rate, 18, 61, 154, 176, 431, 478, 547
Glasgow, mortality in, 62, 267, 340, 455
Glasgow, honorary degrees by the university of, 361
Glasgow new obstetrical society, 565
Glasgow, the chair of botany at the university of, 222, 313, 361
Glasgow town council, 203, 340
Glasgow royal asylum for lunatics, 61
Glasgow university, handsome gifts to, 61
Glasgow university general council, 409
Glasgow university, proposed chair of pathology at, 410
Glasgow university medico-chirurgical society, 267
Glycerine for dryness of the tongue and thirst, 546
Glycosuria, case of, by G. de G. Griffith, 47
Good v. Whittle fund, 288
Gordon memorial, the, 264
Gordon, Surgeon-General, notes from the history of medicine and medical opinion, 461, 486, 509, 535
Gout, glandular, 494
Gout, the nature and treatment of, by Dr. W. Ebstein, 1, 45, 137, 207, 391, 511
Gouty affections of the heart, by Dr. J. Milner Fothergill, 459
Government and the medical bill, 453
Government poisons bill, the, 360
Goyder, David, M.D., on the motion of the brain, 157
Gratuitous medicine, the political aspect of, 475
Griffith, G. de G., on a case of glycosuria, 47
Gubb, Alfred S., M.R.C.S., L.R.C.P., the physiological action of cocaine on the frog, 210; permanganate of potash as an internal remedy, 456
Guide to the medical profession, Keetley's (review), 431
Gunn, Dr., recent cases from the accident ward, 268
Gynæcological abuses, 498
Gynæcological society, the new, 454
Gynæcological Society, the British.—Perforations of the bladder, 331; on congestive dysmenorrhœa, 331

H

Hair, sound, in a sound skin, 295
Hanging, 218
Harris and Power's manual for the physiological laboratory (review), 455
Hartmann's wood wool, &c, 441
Hart's topographical and sectional anatomy of the female pelvis (review), 431
Harvard university, research at, 295
Harveian society, 15
Harvey's manuscript lectures, 134
Head, enlarged, 310
Health bill for Scotland, 427
Health, helps to (review), 299
Health in the great towns, 317
Health officers v. vested interests, 267
Heart, gouty affections of, by Dr. J. Milner Fothergill, 459
Heart, malformation of, 213
Heart, weak, 240
Hermaphrodism in women, 402
Hemi-anæsthesia from brain disease, 75
Hernial sac, strangulation in, 8
Hemiplegia, left, with right homonymous hemianopia, 120
Hemiplegia with hemiopia, 123
Hemiplegia, case of, 51
Hernia and its radical cure, by John Wood, F.R.S., F.R.C.S., 529, 551
Hernia, strangulated, 76
Hernia, two unusual cases of strangulated, 464
Heroic or poisonous doses, 494
Heule, the death of Professor, 475
Hewitt, Dr. Graily, on the restoration of the perinæum, 227
Hiccough, Jaborandi in, 439
Highlands, longevity in the, 221
Hip-joint, amputation at, by Furneaux Jordan's method, 329
Hip-joint disease, 539
History of medicine and medical opinion, by Surgeon-General Gordon, M.D., 461, 486, 509, 535
Holloway sanatorium, the, 547
Homœopathy in excelsis, 37
Hope, M. W., M.D., notes on the etiology of infantile diarrhœa, 95
Honorary degrees at the university of Glasgow, 361
Honours to the profession, 524
Honours, the expected, 359
Horse ambulance in connection with hospitals, 382
Hospital fees to domestic servants, 268
Hospitals, taxation of, 521
Hotel, a gigantic, 452
How infection is propagated, 545
Hæmatoma of right side, 514
Hæmaglobin in chlorosis, 499
Hæmaglobulinurea, 443
Hæmophilia, 76
Hæmoptysis, significance and treatment of, by Alfred Drysdale, M.B., 49
Hæmoptysis, treated by induction of pneumothorax, 420
Hæmatemesis, recurrent, with urticaria, 30
Human body, the odours of, 561
Humerus, ununited fracture of, 33
Hunterian oration, the, 153
Hydrocele, too early repetition of iodine injections in, 128
Hyperæsthesia of the soles of the feet, 472
Hyperpyrexia in rheumatic fever, by Dr. J. M. Finny, 223, 413
Hypodermic injections of morphia, dangers attending the, 418
Hypophosphites, the, by Professor James, M.D., 435
Hyrtl, Dr., munificence of, 403
Hysterectomy, 145, 517; removal of uterine tumours by, 99

I

Ileus, washing out of stomach in 59

Inaugural address, 251
Inebriety, society for the study and cure of, 320
Index of surgery by Keetley, (review), 202
India, vital statistics in, 407
Infantile arthritis, by Chas. Atkins, F.R.C.S., 554
Infantile diarrhœa, etiology of, 99
Infantile diarrhœa, notes on the etiology of, by Dr. E. W. Hope, 95
Infantile drunkenness, 15
Inflamed breast, iodide of potassium in the treatment of, 345
Inguinal aneurisms, ligature of external iliac artery, 373
Infectious diseases, importation of into London, 502
Infectious diseases, notification of, 358, 408
Infectious diseases, notification of, in Edinburgh, 61
Inquest on a medical practitioner, 544
Insectivoromania, 451
Intermittent fever, the effect of tincture of iodine in, 440
International medical congress, 105
International sanitary conference, the, 358
Intestinal disease and obstructions (review), 385
Intra-ocular tumour, 539
Inventions, international exhibition of, 265
Iodine injections, too early repetition of in hydrocele, 128
Iodide of potassium in hydrocele, 128
Iodide of potassium for inflamed breast by Samuel Welch, M.R.C.S., 345
Iodo-glycerine solution as an injection in spina bifida, 490
Ireland, a school of pharmacy for, 219
Ireland, the health of, 428
Ireland, the Prince of Wales in, 338
Irish academy of medicine, 63, 408
Irish college of surgeons, ad-eundem fellowships to, 220
Irish college of surgeons, election of examiners in, 318, 381, 501, 524, 451
Irish college of surgeons, paper voting at, 496
Irish graduates' association, 260, 266, 501
Irish Lord Chancellor, the sudden death of, 359
Irish poor-law inspectorships, 201
Irish poor-law medical superannuation bill, the, 129, 243
Irish prisons administration, the, 242
Irish prisons board, the, 360
Irish prisons board, the medical department of, 200
Irish unions, dissolution of, 477
Irritable spine and and spinal myalgia, 16
Irwin, Dr. J. A., the influence of sea-voyaging upon the genito-uterine functions, 533, 555
Italy, strike of students in, 339
Itch, an ointment for, 454

J

Jaborandi in obstinate hiccough, 439
Jackson, A., M.R.C.S., "changed aspects of unchanged truths," 307
James, Professor, M.D., the hypophosphates, 435
Japan, medical schools, &c., 471
Jaw, dislocation of, by J. S. McArdle, F.R.C.S.I., 230
Jenkins, the late professor, F.R.S., 569
Jenner, Sir William, on the burning question, 317
Jones, Dr. Macnaughton, diseases of women (review), 246

K

Keetley's guide to the medical profession (review), 431
Keetley, Mr., F.R.C.S., index of surgery (review), 202
Keith, outbreak of an epidemic at, 267
Kelly, Dr. Dillon, death of (obituary), 272
Kildare infirmary, 106
Killing no murder, 36
King and Queen's college of physicians, 339, 571
Knee-joint, injuries in and about, 168
Knee, old disease of, 401
Knighthood, a, 453

L

Labourers' act, fees for medical officers of health under 477
Labourer's dwellings, fees for inspecting, 130, 338
Lacerated cervix, cocaine in operations for, 544
Lady doctors, forward! the, 265
Ladies only, to, 219
Lankester, Professor, on bacteria, 58
Laparotomy, the operation of, by Mr. Bryant, F.R.C.S., 227
Large intestine, catarrhal ulcer of, 32
Laureate as a critic, the, 390
Lead poisoning by snuff, 10

LEADING ARTICLES.

Abdominal section, Mr. Lawson Tait on, 100
Amalgamation scheme of the association of fellows and members of the royal college of surgeons of England, 473
Army medical department, the state of, 79
Bacilli at the medical and chirurgical society, 56
Bacillus debate, the, 80
Bacterial poisons, 335
Bradley, Dr., impriso ment of, 101, 377
Brown institution, the, 405
Change of air, the science of, 474
Cholera at home and abroad, 520
Cholera vaccination, 495
Coming elections, the, 541
Compensation of poor-law officers for abolition of office, 263
Corporeal punishment in schools, 216
Darenth small-pox camp, the, 78
Diphtheria recent views on, 520
Disqualification from voting by medical relief, 541
Doctors and doctoring, 290
Dublin hospitals, the proposed amalgamation of, 198
Dwellings of the poor, the, 170
Examiners and their pupils, 36
Faith cures, 519
Franchise bill, the effect on poor-law medical officers, 298
Gastric ablutions, 172
Health bill for Scotland, the, 427
Irish college of surgeons, election of examiners at the, 451
Irish college of surgeons, paper voting at, 496
Killing no murder, 36
Legal valuation of medical services, 79
Longevity, health, and disease, 426
Lunacy legislation in the lords, 293
Medical degrees for metropolitan students, 171
Medical degrees for London students, 292, 405
Medical men and overwork, 314
Medical reform prospects, 150
Medical relief and the franchise, 496
Miscarriage of justice, 13
New departure in lunacy practice, a, 55
Provincial medical students and London examinations, 54
Quackery, a novel instance of, 240
Question of degrees, the, 334
Revaccination, 313
Reform at the English college of surgeons, 12, 215, 239, 376
Robbing the young practitioner, 263
Rossa's life, the lesson of the attempt on, 127
Royal college of surgeons, agitation for reform at, 425
Scarlatinal infectivity, duration of, 194
Shall the council act? 450
Scottish universities, administration of the, 543
Small-pox hospitals, 214, 261
Soudan expedition, the, 149
Surgery, the extension of the field of, 149
Teachings of the medical register, the, 316
Threapeutic delusions, 125
Tubercle, the inoculation of, in the human subject, 198
University for London, a real, 34
University reform, 404
Uxbridge murder case, 12
Weak heart, 240
Women, admission of, to the profession, 34

Leap, an extraordinary, 458
Lee, Robert J., F.R.C.P., on the movements of the eyes and their relation to brain disorders in children, 254
Leeds general infirmary, 220
Leer, gangrene of, 212
Leucocythemia, spleen and heart from case of, 518
Leukæmia, splenic, 376
Lettsomian lectures on the disorders of digestion, by T. Lauder Brunton, M.D., 68, 91, 111, 189
Lettsomian lectures the, (editorial) 151
Levée, presentations at 243
Licensed experimental physiology, 524
Lioness, self-mutilation of, 211
Lipoma, two cases of diffuse, 233
Lithotomy, the thigh operation for, 440
Liver, bullet wound of right lobe of, 5, 41
Liver, suppurating cyst of, 441
Liverpool Medical Institution.—Aneurism of the valves, 9; multiple perforation of the intestine, 9; multiple fracture of the bones of the upper extremity, 9: card specimens, 9; the use of muriate of cocaine in ophthalmic surgery, 10; unusual epithelioma, 10; sympathetic ophthalmic, 10; lead poisoning by snuff, 10; chorea treated with continuous inhalation of choloroform, with recovery, 10; catarrhal ulcer of large intestine, 32; a case of septic pericarditis, 35; spinal curvature, in which death took place from diphtheria, 32; case of diabetes in a boy of seven, 32; paralysis of ulnar nerve, 32; plugging of the pulmonary arteries, 95; osteo-sarcoma of the leg, 194; nephrectomy for sarcoma, 195; note on a case of aphasia, 195; thrombosis of the cerebral sinuses, 212; necrosed vomer and sphenoid, 213; malformation of the heart, 213; case of stenosis of the throat following syphilitic ulceration of the tongue, 213; subcutaneous nodules associated with rheumatism, 213; the Good v. Whittle fund, 288; specimens, 288; the treatment of secondary syphilis, 288; ruptured bladder, 400; double facial paralysis, 400; operative interference in eye accidents and diseases, 400; examination of lunatics and lunacy certificates, 401; sarcoma of the pelvis, 464; left lumbar colotomy, 464; removal of rectum for epithelioma, 464; two unusual cases of strangulated hernia, 464; colour blindness, 465; the use of carbolic acid in scarlet fever, 465; an analysis of 105 cases of Colles's fracture, 465; abscess of the brain with cortical paralysis, 539; surgical kidney and bladder, 539; intra-ocular tumour, 539; new splint for compound injuries in the neighbourhood of the elbow-joint, 539; congenital tumour of scalp, 539; hip-joint disease, 539; treatment of certain forms of syphilis, 540
Local government board, thirteenth annual report, 169
Local government board, supplement to thirteenth annual report, 74
Locomotor ataxy, without disease of posterior columns, 190
London college of physicians, lectureships at, 105
London hospital, the Princess Christian at, 357
London students, medical degrees for, 292, 405
London water companies, the, 357
Londoners, decadence of, 105
Longevity in the Highlands, 231
Lumleian lectures, on some points in the natural history of primitive dry pleurisies, by Sir Andrew Clark, Bart., 275, 304, 321, 346
Lunatic asylums, the proposed abolition of private, 296
Lunatics, examination of, and lunacy certificates, 401
Lunatics in workhouses, 267
Lunatics, criminal in England, 49
Lunacy customs, foreign, 554
Lunatics, dangerous, 81
Lunacy (Ireland) bill, 196
Lunacy law amendment bill, the Lord Chancellor's, 363, 384, 501, 503
Lunacy law amendment bill in the Lords, 388
Lunacy legislation, 195, 424, 515
Lunacy legislation in the Lords, 293
Lunacy literature, 270, 479
Lupus and its treatment, 51
Lupus, sodium ethylate in, 153

M

Maclean, Professor, retirement of, 128
Mackenzie, Dr. Morell, on diseases of the throat, &c., (review), 41
Mahomed, the memorial to the late Dr., 359
Mammalian descent (hunterian lectures, 1884), 481
Male nurses, 563
Manchester colliery disaster, 566
Manchester medical society, 133
Marriages (see last page of each number)
Marshall's, Mr., successor, 266
Mastoid process, implication of in ear disease, 402
Materia medica, physiological and applied, 246
M.B. of the university of Durham, 266
McArdle, Mr. F. S., F.R.C.S.I., on dislocation of the jaw, 230
McCleland, Dr. (obituary), 457
Mechanics, preliminary examination in, 201
M.D.. every man his own, 384, 432, 462, 571
M.D., usurpation of, 103
Measles, epidemic of, in Dundee, 61
Medical act amendment bill, the, 429
Medical advice for prisoners, 453
Medical benevolent fund, 87
Medical benevolent fund for Ireland, 430
Medical council's promises and performances, 544
Medical man, charge against, 85
Medical degrees for London students, 171, 292, 405
Mental disease, Sankey's lectures on (review), 223
Medical man sentenced to ten years' penal servitude, 428
Medical men and overwork, 314

Medical officers of health, reports of, 238
Medical register, the teachings of, 266, 316
Medical reform prospects, 129, 150
Medical relief and the franchise, 388, 496
Medical sickness, &c., society, 365
Medical society of London, the, 225
Medical staff corp, the volunteer, 248
Medical temperance association, 501
Medico-chirurgical society of London, rules of, 67
Medico-psychological association and the lunacy bill, 425
Mesentery, a darning needle in the, 375
Mesmerism, 53
Methyl, chloride of, spray, 290
Methyl iodide, 81
Metropolitan hospital Saturday fund, the, 106
Microcephalic family, a, 524
Microtomist's vade mecum (review), 504
Midwifery for midwives by Burton, 133
Midwives, the licensing of, 429
Migraine, by Alfred Drysdale, M.D., F.R.C.P., 488
Milk as a spreader of disease, 105
Milk dealers, legal provisions relating to, 238
Military hospitals for hot climates, 289
Militia surgeons, the grievances of, 218
Mill, Dr. John (obituary), 476
Miscarriage of justice, 13, 86
Mitchell, death of Dr., 268
Morphia poisoning, atropine in, 499
Mortality of foreign cities, 133, 179, 203, 225, 299, 319, 341, 365, 389, 431, 505, 527
Multiple fracture of bones of upper extremity, 9
Multiplying burdens, 476
Murrell, Dr., award of the academy of medicine of Paris, 481
Muscular sternalis in anencephalus fœtus, 309
Musical murmur, aortic, 33
Myrtle, Dr. Andrew Scott, clinical remarks on secondary syphilis, 843
Myrtle, Dr., on a case of sweating to death, 164
Mysterious illness, 82
Myxœdema, case of, 143
Myxœdema, discussion on, 192

N

Navy, statistical report of the health of, for 1883, 362
Nephrectomy for sarcoma, 195
Nephro-lithotomy, case of, 171
Netley hospital, 104
Newcastle-on-Tyne infirmary, 545
Newcastle-on-Tyne, the vacant physiciancy at, 497
New remedies, summary of, 27, 72, 118, 187, 281, 397
Nitro-benzol, poisoning by, 130
Nævus of orbit, 38
Nomenclature of diseases, the revised, 522
Northumberland and Durham medical societies, 241
North-eastern hospital for children, 557
North-west London hospital, 41, 82
North-west London hospital and medical directory for 1885, 18
Notification, compulsory, at Hastings, 109
Novelties, 225, 248
Nurses, training school for males, 563
Nutrition by absorption in granulating surfaces, 499
Nystagmus, muscular, 38

O

Obstetrical society, a new one for Glasgow, 565
Obstetrics, spinal deformity in relation to, 271
Odours of the human body, 561
Œsophageal cancer, treatment of, 81
Œsophagotomy, a case of successful, 489
Œsophagotomy, a case of, 490, 491
Officier de santé, abolition of title, 145
Ogston's operation for flat-foot, 350
Ogston, Professor, 319
Ogston's, Prof., services accepted for Egypt, 222
O'Neil, Dr., redness of the skin of the palms and soles, 369
Ophthalmic cases, 96
Ophthalmia, sympathetic, 10, 11
Osteitis deformans, a case of, 420
Osteo-sarcoma of leg, 194
Otorrhœa, natural drainage in, 77; by Charles Atkin, F.R.C.S., 186
Out-patient difficulty, the, 264
Ovarian osseous tumours, 98
Ovariotomy, adhesions in, 37
Ovariotomy, case of, by Mr. Chas. Steele, 27
Ovariotomy, case of, with extensive adhesions, 27
Ovariotomy, three cases of, 31
Ovariotomy, unusual sequels, 234
Overcrowding at Nottingham, 14
Overcrowding in a London workhouse, 880
Ox-gall, note on, by W. Fraser, F.R.C.S.I., 117

P

Paget, Sir James, on St. Bartholomew's hospital and school fifty years ago, 560
Pantaleoni, Dr., 59, 423
Papilloma of bladder, a case of, 489
Paralysis and anæsthesia, a case of limited, 308
Paris cholera epidemic, the teachings of, 219
Paris, proposed drainage scheme for, 266
Patella, bony union of fractured, 517
Patella, transverse fracture of, 52
Patent medicines, 242
Patent medicine statistics, 58
Pathological society of London, 14
Paupers, liquor rewards for, 83
Pauper lunatics, the control of, 547
Pearse, W. H., M.D., the alcoholic balance, 114
Pelvis, sarcoma of, 464
Pericarditis, case of septic, 32
Pericarditis in a horse, 213
Perihepatitis, case of, 166
Perinæum, restoration of the, 242
Perinæum, on the restoration of, by Dr. Grally Hewitt, 227
Peritoneal abscess, two cases of, following enteric fever, 258
Peritonitis, acute circumscribed, treated by abdominal section, 398, 399
Permanganate of potash as an internal remedy, 456
Permanganate of potash, therapeutic uses of, 4
Perforation, multiple, of intestine, 9
Pessary, modification of Smith's modified Hodge's, 375
Pettenkofer on cholera (review), 527
Pharmacy, a school of, for Ireland, 219
Pharmaceutical congress, 502
Pharyngitis, phlegmonous, 144
Photo-micrography (review), 430
Phthisis, treatment of, 167
Physician charged with child murder, 494
Physiological laboratory, manual for (review), 455
Physiology, manual of, by G. F. Yeo, M.D., F.R.C.S. (review), 178
Pigeon breast, 517
Pistol-shot wounds of abdomen, chest, and head, 235
Pilocarpin in erysipelas, 57
Plugging of pulmonary arteries, 95
Pneumonia, four cases of acute, 283
Pneumonia, treatment of, 259
Pneumonia, the treatment of, by Dr. Burnie, 255
Pneumothorax independently of external injury, 402
Pneumothorax, induction of, in cases of hæmoptysis, 420
Poison bottles, 339
Poison, death by, 391
Poisoning by arsenic, 546
Poisoning, strychnia, 345
Poisons bill, the government, 296, 360
Poisons, by Blyth, 43
Poor-law medical officers v. guardians, 525
Poor-law officers, compensation for abolition of office of, 263
Poor-law superannuation, 53
Population, decrease of in France, 145, 169
Porter, Dr., on epilepsy, 370
Post-puerperal treatment, 166
Potts, Mrs. Longshore, at the hospital for women, 340, 362
Pregnancy, quinine in excessive vomiting of, 358
Preliminary scientific examination of the London university, new regulations for, 457
Preston, the high death-rate, 238
Pregnancy, the uncontrollable vomiting of, 562
Probe for bullets, an electric, 456
Profession, the state of, 453
Prostate, cancer of, 516
Provident dispensaries and hospitals, 84, 567
Pseudo-charity at Brighton, 104
Pseudo-hypertrophic paralysis, 517
Ptomaines, 499
Puerperal septicæmia, 16

Q

Quackery, a novel instance of, 240
Qualification, the age for, 476
Queen, at Netley, the, 454

R

Rabbeth memorial, 365
Rabbeth memorial fund, 338
Rachitis, the etiology of, 558
Rating of charitable institutions, 544
Raynaud's disease, two cases of, 491
Recreation, Sunday, 265
Rectum and anus, on the diseases of (review), 271
Rectum, foreign bodies in, 242
Rectum, removal of from epithelioma, 464
Rectum, sloughing of the, 287
Redness of the skin of the palms of the hands and soles of the feet by Dr. O'Neil, 369
Registrar-general's quarterly returns, 129, 452
Relief of widows and orphans of medical men, society, 341, 481, 500
Remedies, summary of new, 27, 72, 118, 187, 281, 397
Renal lithotomy, a case of, 374
Renal tumours, 492
Resorption by the skin and its significance for the physiological action of baths (review), 504
Retina, case of detachment of, 283
Revitalisation, 313
Rheumatic fever, hyperpyæmia in, by Dr. Finny, 413
Rheumatic fever, hyperpyrexia in, 223
Rheumatism, subcutaneous nodules associated with, 213
Rickets, arrested, 191
Ricord, contagion of cholera, 15
Rogers, Dr., and the Westminster guardians, 359
Routh, Dr. H. C. F., on the alleged constitutional treatment of the uterus and its appendages, 483
Royal college of physicians of London, 108, 410, 505
Royal college of surgeons of England and its charter, 545
Royal college of surgeons of England, the elections at, 542, 564, 571
Royal college of surgeons of England, portrait group of council, 84
Royal college of surgeons of Ireland, 478
Royal Edinburgh hospital for sick children, 383
Royal infirmary medical society, 85
Royal institution, lectures at, 353
Royal Irish university, 526
Royal medical benevolent college, mode of election at, 567
Royal medical benevolent fund society of Ireland, 477
Royal medical and chirurgical society of London, 179

S

Sanitary conference, the international, 358
Sanitary department, 478
Sanitary organisation in Ireland, 155
Sanitary protection (review), 223
Sanitary science, importance of a knowledge of, 522
Sarcoma of pelvis, 464
Sarcoma, nephrectomy for, 195
Saturday night drinking, 357
Scalping by machinery, 38
Scapula, removal of, 33
Scarlatinal patients, how long are they infectious? 85, 107, 131, 154, 177, 197
Scarlet fever, carbolic acid in, 465
School, the terrors of, 406
Schools, corporeal punishment in, 216
Schools, overpressure in, 336
Scotland, 245, 298, 502
Scotland, the new health bill for, 427
Scottish universities, the administration of, 543
Scotland, why do students come to? 17
Scrofula, the meaning of, 152
Scrofulous gland disease, with phthisis, 75
Senile dementia, 424
Sea voyaging in its influence on the genito-uterine functions, by J. A. Irwin, M.A., M.D., 533, 555
Secondary syphilis, treatment of, 283
Semple, Dr. Armand, case of tubercular meningitis with tubercle of the choroid, 557
Septic monad, a new, 174
Sham certificate system in Ireland, the, 297
Sheffield Medico-Chirurgical Society.—Removal of scapula—ununited fracture of humerus—scalping by machinery—aortic musical murmur—aortic valvular disease—muscular nystagmus (tumour of the brain?)—urticaria and dyspepsia—nævus of the orbit—ovum removed from a retroflexed uterus, 33; strangulated hernia—hæmophilia, 76; genu valgum, removal of a wedge of bone—natural drainage in otorrhœa, 77; peri-hepatitis causing stricture of the bile and pancreas ducts and cystic enlargement of pancreas—post-puerperal treatment, 166; a case of Charcot's joint disease—thoracic aneurism—treatment of phthisis, 167; abnormal development of the left side of frontal bone—enlarged head, probably hydrocephalic, 310; modification of Smith's modified Hodge's pessary—portions of the femoral and radial arteries

perfectly rigid from atheromatous change—a darning needle in the mesentery, 375; splenic leukæmia — case of aortic stenosis—epilepsy, 376; old disease of knee—cases of splenic enlargement—hermaphrodism, 401; malformations in women —pneumothorax independently of external injury—implication of the mastoid process in ear disease, 402; cancer of testicle, 442; large vaginal tumour—Addison's disease—atheroma of heart—hæmoglobulinuræa, 443; sections of sclerosed eyes —bony union of fractured patella—pseudo-hypertrophic paralysis — pigeon breast — hysterectomy, 517; the spleen and heart from the case of leucocythæmia, 518
Shirley Murphy testimonial, 429
Siebold, Professor, 337
Sigmoid flexure, cancerous stricture of, by Dr. Quinlan, 8
Skating to death, 407
Skin disease, a peculiar form of, 330
Skin diseases, from obstructive circulation, by Professor G. Unna, 324
Small-pox, an anomalous case, 355
Small-pox and fever in the metropolis, 432
Small-pox hospitals, 214, 261
Small-pox in London, 407
Small-pox in Manchester, 388, 407
Small-pox, outbreak of, in Arbroath, 525
Snow cure, the, 355
Snuff, lead poisoning by, 10
Social science association, 358
Society for the study and cure of inebriety, 320
Sodium ethylate in lupus, 153
Soldier, war diet for, 339
Soudan expedition, 149
Spanton, Dr. W. D., an investigation into faith-healing as practised at Hanley, 185
Specific bacilli in syphilitic tissues, 502
Sphenoid and vomer, necrosis of, 213
Sphincter ani, subcutaneous division of, 442
Spina bifida and its treatment, 490
Spina bifida, series of cases treated by plastic operation, 233
Spinal columns, injuries and diseases of, 236
Spinal column, fractures of, 236
Spinal cord, on the, Byrom Bramwell (review), 42
Spinal cord, on sclerosis of, by Julius Althaus, 42
Spinal curvature, with death from diphtheria, 35
Spinal deformity, treatment of, by mechanical arrangements, 442
Spinal deformity in relation to obstetrics, 271
Spinal myalgia, and irritable spine, 16
Spine, concussion of, 236
Spitzer, Dr., 99
Splenic enlargement, cases of, 401
Splenic leukæmia, 376
Strangulated hernia, 76
Syphilis, chrome water in the treatment of, 527
Syphilis, clinical remarks on secondary, by Dr. And. Scott Myrtle, 343
Syphilis, dissemination agitator, the work of the, 296
Syphilis, notes on the treatment of secondary, by Dr. Bernard, 281, 288
Syphilitic treatment of throat leading to stenosis, 213
Squaring an examiner, 60
Squire, the late Mr. Peter, 430, 476
Steam road cars, the dangers of, 316
Steele, Mr. C., case of ovariotomy, 27
Stenosis, aortic, case of, 376
Stenosis of throat following syphilitic ulceration, 213
Stewart, General Sir Herbert, 175
St. Andrew's graduates association, 565
St. John's ambulance association, 272
Stomach, washing out of, in ileus, 59
Street nuisances, 454
Stricture of sigmoid flexure, 8
Stricture, malignant, of œsophagus, 76
Stricture, treatment of urethral, 97
St. Thomas's hospital medical school (distribution of prizes), 549
Strychnia poisoning, by William Donovan, L.R.C.P.Ed., 345
Suakin, en route for, 333
Suakin, special correspondence from, 465, 540
Sub-lingual epithelioma, 498
Summer session, the 407
Sunday recreation, 265
Superannuation, the Irish poor-law bill, 243
Surgery at the Inventories, 546
Surgery, extension of field of, 149
Surgery, index of, by Mr. Keetley, F.R.C.S. (review), 202
Surgery, the annals of, 128
Surgery, the science and art of (review), 364
Surgical congress, the fourteenth, at Berlin, 354
Surgical dressings, in Germany, by T. E. Cahill, 117
Surgical kidney and bladder, 539
Surgical section, 31
Surgical specimens, the right of property in, 501
Swanzy, H. R., M.B., F.R.C.S.I., on the transplantation of skin flaps without pedicle, 161
Swanzy's diseases of the eye (review), 19
Sweating to death, by Dr. Myrtle, 164, 172
Sword swallower, an unfortunate, 102
Synovitis, the rubber bandage for, 173
Syphilis, treatment of certain forms of, 540
Syphilitic free trade association, 452
Syphilitics, the home treatment of, 358

T

Tait, W. Lawson, series of one thousand cases of abdominal section, 65, 89, 100
Tape worms treated by chloroform, 220
Tar cancer, 538
Teaching university for London, 409
Telephone for hospital work, the, 336
Testicle, dermoid tumour of, 360
Testicle, undescended, a case of, 349
Thames drainage nuisance, 41
Thoracic aneurism, case of, 165
Thorburn, death of Professor, 498
Thorburn, Dr. (obituary), 504
Tell, oh Tell! 522
Throat and nose, manual of disease of, by Dr. Morell Mackenzie (review), 41
Tibbits, Dr. (obituary), 365
To ladies only, 223
Tongue depressor, new self-adjusting by Dr. Ward Cousins, 468
Tracheorrhaphy, by Vulliet (review), 504
Transplantation of skin without pedicle, by H. R. Swanzy, M.B., F.R.C.S.I., 161
Trephining for tympanic disease (review), 62
Trichiasis and entropion of upper eyelid, operations for, 352
Tropical fevers, 3
Trypsin and digestive ferments, 516
Tubercle, inoculation of, in the human subject, 198
Tubercular meningitis, case of, 557
Tuberculosis, propagation of, by genital organs, 99
Turner, the late Dr. Dawson, 128
Tympanic disease, trephining for (review), 62
Typhoid bacillus prize, 339
Typhoid, direct drain developed, 475

U

Ulcerative endocarditis, 218
Ulna, the lateral movement in pronation, 558
Ulnar nerve, paralysis of, 32
Uncontrollable vomiting of pregnancy, 562
Universities bill (Scotland), 504
University, a real, for London, 34
University degrees for medical students, 151
University of Durham, 273
University of London, new regulations for the preliminary scientific examinations, 457
University of Oxford, 341
University reform, 404
University reform in Scotland, 107
Unna, Professor G., on skin diseases from obstructed circulation, 324
Uric acid, an unusual form of, 429
Uræmia, case of, by Dr. Alfred S. Gubb, 190
Urticaria and dyspepsia, 38
Uterine functions, the influence of sea-voyaging on, 533, 555
Uterine tumours, five cases of, under the care of Dr. More Madden, 536
Uterine tumours, removal by abdominal hysterectomy, 99
Uterus and its appendages, alleged constitutional treatment of, by Dr. C. H. F. Routh, 482, 507
Uterus, displacement of, by Dr. Fancourt Barnes, 205, 231
Uterus, ruptured, 98
Uxbridge murder case, 12

V

Vaccination, another attempt to discredit, 294
Vaccination, certificates of proficiency in, 178
Vaccination, instruction in, 199
Vaginal hæmorrhage following first coitus, 498
Vaginal tumour, 343
Vaginismus, cocaine in, 84, 108
Vena azygos major, abnormal position of and bearings, 310
Vermiform appendix, ulceration of, 372
Vesical calculus, latent, 516
Vienna, an Imperial health office for, 296
Vital statistics in India, 407
Vivisection, 545
Vivisection in Germany, 175
Vital statistics, 87, 133, 179, 203, 225, 273, 299, 341, 365, 389, 432, 457, 481, 527, 560
Volkmann, (Prof.), ennobled, 565
Volunteer medical staff corps, 243, 521, 566
Vomer and sphenoid, necrosis of, 223
Vomiting of pregnancy, quinine in the treatment of, 358

W

Walker, Mr. G. E., F.R.C.S., on sight to the blind, 572
Watson, death of Professor Morison, 298
Weak heart, 240
Welch, W., M.R.C.S., iodide of potassium in inflamed breast, 345
Wells, Sir Spencer, address on cremation, 267
West London medico-chirurgical society, transactions of, 319
WEST-LONDON MEDICO-CHIRURGICAL SOCIETY. — A case of sympathetic ophthalmia, 11; the uses of sulphide of calcium, 11; inflammation, abscess, and new growths of the ethmoid cells, 11; the treatment of urethral stricture, 97; ovarian osseous tumour with malignant disease of peritoneum, 98; ruptured uterus, 98; subcutaneous nodules over knuckles, knees, and ankles, 98; uterine tumours removed by abdominal hysterectomy, 99; note on the etiology of infantile diarrhœa, 99; papers and discussion on myxœdema, 192; two cases of peritoneal abscess following attacks of enteric fever, 258; colotomy in disease of rectum, 441; suppurating cyst of the liver (probably hydatid) followed by recovery, 442; treatment of spinal deformity by mechanical arrangements, 442; subcutaneous division of the sphincter ani, 442; trypsin and digestive ferments, 516; latent vesical calculus, 516; cancer of the prostate, 516
Westminster hospital, 200
Wheeler, Mr., on excision of the clavicle for osteo-sarcoma and for necrosis, 559
West, on diseases of children (review), 155
White lead poisoning, 103
Whittle, Dr. Ewing, on disqualification from voting by medical relief, 572
Women, admission of, to the profession, 34
Women, diseases of, by Dr. Macnaughton Jones (review), 246
Women, hospital accommodation for, 523
Wood, John, F.R.S., F.R.C.S., lectures on hernia and its radical cure, 529, 551
Wood wool, &c., 87, 341
Workhouses, lunatics in, 267
Workhouse medical officers as coroner's witnesses, 38
Workhouse, overcrowding in a London, 330

Y

Yeo, G. F., M.D., F.R.C.S., manual of physiology (review) 178

END OF THE THIRTY-NINTH VOLUME.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX." 225.

WEDNESDAY, JANUARY 7, 1885.

CONTENTS.

ORIGINAL COMMUNICATIONS.

The Nature and Treatment of Gout. By Dr. W. Ebstein, Professor of Medicine and Director of the Medical Clinic at the University of Göttingen 1
Notes on the Treatment of Fevers, Chiefly Tropical. Collated by Surgeon-General C. A. Gordon, M.D., C.B. 3
The Therapeutic uses of Permanganate of Potash. By Dr. Roberts Bartholow, Professor of Materia Medica in the Jefferson Medical College of Philadelphia 4

CLINICAL RECORDS.

Tuschen de Vrienden Hospital, Demerara. Case of Bullet Wound, involving Right Lobe of Liver—Extraction—Recovery. By W. F. Smartt, F.R.C.S.I., District Medical Officer, Philadelphia District, Demerara 5

SPECIAL ARTICLES.

Brief Notes of American Practice 6

SANITARY DEPARTMENT.

Local Outbreaks of Diphtheria 7

PAGE

TRANSACTIONS OF SOCIETIES.

ACADEMY OF MEDICINE IN IRELAND—
Pathological Section 8
LIVERPOOL MEDICAL INSTITUTION—
Aneurism of the Valves 9
Multiple Perforation of the Intestine 9
Multiple Fracture of the Bones of the Upper Extremity 9
Card Specimens 9
The Use of Muriate of Cocaine in Ophthalmic Surgery 10
Unusual Epitheliomas 10
Sympathetic Ophthalmia 10
Lead Poisoning by Mu... 10
Chorea Treated with Co... Chloroform, with Re... 10
WEST LONDON MEDICO-CHIRURGICAL SOC.—
A case of Sympathetic Ophthalmia 11
The Uses of Sulphide of Calcium 11
Inflammation, Abscess, and New Growths of the Ethmoid Cells 11

EDITORIAL ARTICLES.

REFORM AT THE ROYAL COLLEGE OF SURGEONS OF ENGLAND 12
THE UXBRIDGE MURDER CASE 12
A MISCARRIAGE OF JUSTICE 13

PAGE

NOTES ON CURRENT TOPICS.

The British Gynæcological Society 14
Overcrowding at Nottingham 14
Pathological Society of London 14
Clinical Society of London 15
The Harveian Society 15
The Bacillus Controversy 15
British Medical Temperance Association—Irish Branch 15
Infantile Drunkenness 15
Ricord on the Contagion of Cholera 16
Puerperal Septicæmia 16
Irritable Spine and Spinal Myalgia 16
The International Congress of 1887 16

SCOTLAND.

Clinical Teaching in Edinburgh 17
Why do Students come to Scotland? 18
Edinburgh University Council Association 18
Health of Edinburgh during 1884 18
Edinburgh—Health of the City 18
Glasgow Death-Rate 18

CORRESPONDENCE.

The North-West London Hospital 18
The Medical Directory for 1885 and the North-West London Hospital 18
Literature 19
NOTICES TO CORRESPONDENTS 20

WITH TITLE-PAGE AND INDEX.

Original Communications.

THE

NATURE AND TREATMENT OF GOUT.

By Dr. W. EBSTEIN,

Professor of Medicine and Director of the Medical Clinic at the University of Göttingen.

Non fingendum, aut excogitandum, sed inveniendum quid Natura faciat aut ferat.—*Bacon.*

CHAPTER II. *(continued).*

Of the elliptic very flat lenticular cartilage corpuscle that lies in the upper layers of cartilage parallel to the surface of the joint no trace is present. As one can easily convince oneself in the figure the pale-yellow tinged zone extends in many places not only into the layer of cartilage that is provided with round cartilage cells, but also in many, more or less deeply into the thicker third layer, in which the cartilage cells have a direction horizontal to the surface, and which is provided with long capsules. In these cell-less regions of cartilage that have been infiltrated with crystalline urates, independent of the destruction of the cartilage corpuscles, the basement substance of the cartilage shows a change of character, becoming fibrous, partly slightly granular, and partly completely homogeneous. The fibres do not by any means run all in one and the same direction, but partly horizontally, partly vertically, and partly obliquely. The demarcation of this textureless zone, in which thus nothing of normal cartilaginous substance is to be seen, and which, when coloured with Bismarck brown, is distinguished by much clearer tones, is completed, as already remarked, for the most part quite, or almost quite, abruptly. In some places, however, the parts of the cartilage that have lost the texture are less sharply marked off from the surroundings. In those places where the demarcation is complete the basement substance at once shows as dark a colouration as the adjoining normally coloured basement substance (I). Where the demarcation is not quite complete the basement substance is distinguished in the usually rather narrow transition zone by a colouration that is clearer in comparison with the surrounding parts (II). But there are also places where, as already remarked, no demarcation has taken place, but where a very gradual transition exists between the tissue that has lost its texture and the normal basement substance (III). When, however, the changes in the basement substance of the cartilage described are complete and the cellular elements have quite disappeared, so that the cartilage structure can no longer be recognised as such, there is at least a certain tendency to destruction. For even if the cartilage structure in this completely changed condition on the whole preserves its coherence, yet one sees in one section of the diseased structure numerous lacunæ, and here and there a breaking up or crumbling of tissue. It has already been remarked that the upper layer is separated from the lower over considerable tracts in these parts. How these necrosed cartilage patches—they must be designated as such—have in general still preserved their coherence is explained by the want of vascularity and the firm texture of cartilage. The breaking down of a tissue after it has been gangrenous depends simply and totally on its contained blood, and the firmness of its texture. We know, indeed, that a necrosed bone, contrary to what takes place in one that is carious, preserves its smoothness, its coherence, and its usual microscopic texture.

Now when the demarcation of necrosed cartilage tissue from the surrounding parts is complete, the cartilage tissue that lies beyond the textureless patch shows here and there a slightly fibrous character, and follows the lower limiting line of the degenerated part. When the demarcation is more gradual, however, one often finds at the lower end of the pouch-shaped processes a pencil-shaped softening of the basement substance. This takes place for the reason that the patches undergoing degeneration consist of innumerable delicate diverging

fibrillæ rejuvenating downwards, between which lies some apparently completely unchanged basement substance, and which is distinguished from the other by its brighter colouration. These pouch-shaped processes have mostly a straight lined border; far more rarely they show in places ampulla-like dilatations (4). One can convince oneself that these pouch-shaped processes have contained crystalline urates by the remains that are here and there demonstrable in them. Nuclei are nowhere to be seen in the walls of the processes. As regards the cartilage cells, I have already mentioned that, in the completely textureless parts nothing more, of them is to be seen, and that in some places objects are simply to be observed which at best can be pointed out as residua of cartilage capsule. But in other parts of the cartilage also in which the changes are much less advanced, and which I have designated as necrosing, there are found, and indeed in direct proportion to the intensity of the pathological process, very noteworthy changes in the cartilage tissue, for the examination of which staining and examination with polarised light revealed the most valuable disclosures. These changes permit of being so far grouped together, that the cartilage cells with their nuclei are indeed still present, but the latter are no longer colourable, or that the nuclei of the cartilage cells are as a rule no longer visible, and only the cell contours can be made out, and even these indistinctly, like shadows, or, finally, that in the neighbourhood of the crystalline deposits, on going further off, no cartilage cells are any longer visible, but only a basement substance, generally much less coloured than the surrounding parts. In order to illustrate the changes in the necrosing patches as clearly and distinctly as possible, I have had figures accurately prepared, which represent the changes of gouty cartilage in a much less advanced stage than are depicted in Fig. 9 after solution of the uric acid compounds. I refer to Fig. 10 and 11.

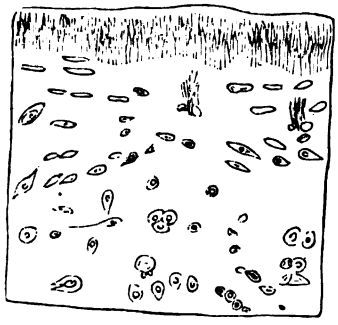


FIG. 10.

In Fig. 10 a preparation is shown from which the crystalline deposits have been removed by digestion in warm water, whilst in Fig. 11 is depicted a preparation

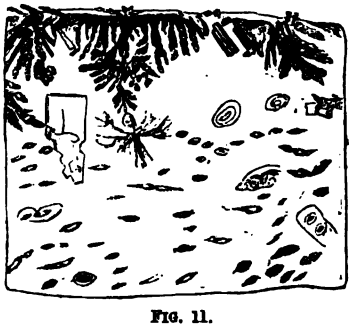


FIG. 11.

which was for some time digested in water acidulated with hydrochloric acid; whereby in place of crystalline needles of urates uric acid crystals have become separated. In both drawings the above-sketched changes that take place in cartilage in consequence of the gouty process in their various initial phases may be accurately followed in the zone (A) infiltrated with acicular crystalline deposits of urates.

In the preparation here described and illustrated there are frequently present in the neighbourhood of the changes of the cartilage cells peculiar to the gouty process luxuriant growths which have been described by other observers—thus by Cornil and Ranvier—as two stages of gouty cartilage (p. 519). They have nothing in them peculiar to gout; they rather come on in all possible conditions of irritation of the cartilage. I may thus pass over them. They are analogous to the reactive inflammation in the neighbourhood of the gouty necrosed patches of the kidney, where this makes its appearance in the form of a small-celled growth, such as was described above. That the dissolving materials made use of for the uric acid deposit, whether slightly alkaline, or weakly acid, or water alone, are without any influence on the advent of the changes of cartilage here discussed is shown, as may be here incidentally stated, by the exactly similar treatment of normal articular cartilage, which was undertaken for the purpose of controlling or checking the observations here made.

The illustrations are all taken from sections stained with Bismarck brown. This was done simply that the plates should not be too complicated, so that they might be more easily reproduced. The above-mentioned delineations, when for the purpose of rendering representation easy they rely on the illustrations figured, are yet sketched out with reference to experiences with other staining material. In particular, the behaviour of the nuclei of the cells of cartilage corpuscles in the gouty portion of cartilage was always controlled by staining with Grenacher's alum carmine. This control was of special value to me, on account of the well-known prompt action and reliability of his nucleus-colouring material, and forms a material and necessary complement to investigation by means of aniline dyes. As regards staining with Bismarck brown, this agent, as is known, has the characteristic that it does not simply cause staining of nuclei. It produces also staining of the basement substance, and I have in part chosen such preparations for illustration in which the staining of the basement substance was particularly deep, in order to show the contrast to the faintly stained necrosed patches. It is not by any means always and in all organs that the necrosed patches of gout are more brightly coloured. In discussing gout of tendons we shall return to this point. Fuchsine and gentian violet were also employed in staining, in order to bring to light any bacteria that might possibly be present in the gouty patches met with in hyaline articular cartilage. I have never succeeded in finding them, however. I remark here, that in examining for this purpose, homogeneous immersion was employed (obj. 1-12th of Zeis of Jena).

Amyloid degeneration in the parts of the articular cartilage affected by gout that were examined by me was not observed. I coloured with solution of potassium iodide alone and with this and sulphuric acid. In staining with iodine violet a reddish coloured shade occasionally appeared at the edges of the section. This, however, was of no significance *ad hoc*, as the same colouration was produced in sections made through healthy hyaline articular cartilage.

As regards the significance of the changes just described as taking place in gouty cartilage, there can be no doubt that here, as in the case of gouty kidney, wherever the urates are deposited the tissue is injured, and finally breaks down and dies, and that also, after this has taken place, the necrosed tissue is marked off from its surroundings, for in gouty cartilage, just as in gouty kidney, destruction of the tissue takes place with complete annihilation of the normal texture or structure. What materially distinguishes the process that completes itself in the cartilage from that which takes place in the non-amyloid gouty kidney consists simply in this, that

round-celled development can never be demonstrated in the vicinity of the line of demarcation of the completely necrosed parts of the cartilage. The disturbance of nutrition also of the cartilage in gout is completed gradually, and not at a stroke. The terminal is necrosis of the affected parts of the cartilage; the preceding conditions may be designated as necrosing processes. In the neighbourhood of the necrosed patches irritative processes of the cellular elements of the cartilage take place, which consist in their luxuriant development. It is easy to determine the patches of cartilage that are already necrosed; we are able to ascertain this as soon as, so to speak, the substance of the cartilage is discovered and laid open by solution of the urates. For the study of the area of extension of cartilage the nutrition of which is injured by the gouty process, as well as for the study of the necrosing processes that precede the completed necrosis, staining, as we have seen, gives valuable indications, and especially as regards the nuclei of cells. A still more efficient mode of control than that of staining is afforded by examination of gouty cartilage by polarised light.

This method of examination, as has already been mentioned has already been made use of by Garrod in examining gouty cartilage, but with another object in view. He made use of it for the purpose of confuting Budd, who, in his well-known work, had stated that the deposits of urates appeared in many places granular or amorphous, in others crystalline. Garrod says: "I have made many hundreds of sections through such cartilage from various gouty patients and from various joints, and, although the mass deposited occasionally at first showed the granular form, further examination, particularly with the aid of the polariscope, showed that it always consisted of crystals, and that the amorphous appearance had its origin in the direction of the needles, and not in actual want of crystallisation."

We can, indeed, easily convince ourselves that Garrod is right, and that all deposits of urates in cartilage doubly refract light, whether they come into view as crystalline deposits or as apparent amorphous points and specks. When the deposits of urates are digested for some time in warm water, whereby they are dissolved, it often has the appearance when examined in ordinary light as if in those places where crystalline needles have hitherto lain amorphous masses were present. Examination of them in polarised light teaches us that these apparently amorphous masses also refract light doubly, and do this until the last particles are dissolved.

Independently of this, simply in regard to the appearances depending on the power of double refraction of the uratic deposits of gouty cartilage, examination of delicate sections of gouty cartilage in polarised light gave interesting disclosures regarding participation of the cartilage substance even outside the zone encrusted with urates.

For the purpose of control I also examined, at the same time, along with gouty cartilage from the upper tibial epiphysis, the normal articular cartilage of an individual of the same age and from the same locality.

It is now known that if we examine a thin section of normal cartilage taken from the middle and not from the outer border, which does not give so regular an image, and preserved in Canada balsam, by the aid of the polarisation microscope and with crossed Nicol prisms we see immediately below the free surface of the cartilage, corresponding to the lenticular cartilage capsule, a clear line. Next to this is a dark line corresponding to the dark capsule. Then follows a second clear line, which corresponds to the zone of the cartilage, where lie the long capsules arranged in rows and perpendicular to the surface of the cartilage. This second clear line is of lesser luminosity than the first. The transitions between the middle dark and the upper and lower bright band, which shows a straight-lined border, are not sharp, but complete themselves gradually. Ranvier, in his "Traité Technique d'Histologie," has given a very instructive drawing of the appearances described. Examination in polarised light allows us to demonstrate a very marked molecular structure in the hyaline apparently completely structureless substance. We explain this optical behaviour differing in the various parts of the cartilage simply by the various forms of the cells which lie in them. Whilst the basement substance of the cartilage may be completely homogeneous, the cause named may occasion the various forms of the cells, as well as the single and double refraction of the basement substance. In the superficial layer the cells and the basement substance are compressed from above downwards, and in the layer with the vertical capsules these and the basement substance laterally. This compression in the upper and lower layer makes the basement substance of the cartilage doubly refracting.

(To be continued.)

NOTES ON THE TREATMENT OF FEVERS, CHIEFLY TROPICAL.

Collated by Surgeon-General C. A. GORDON, M.D., C.B.

THE great point to be attained by means of the study and actual experience of fevers, as of other diseases, is a correct knowledge of the method of treatment which is best calculated to conduce to the recovery of the patient. It was a sense of this circumstance that led Sir William Burnett, when writing of the Mediterranean fever of 1810-13, to express himself thus: "The good or evil effects of treatment will in a great measure depend upon whether the affection be treated as an inflammatory, or as a *typhoid* affection, by emetics and stimulants." For the former he employed antiphlogistic measures, but the expression *typhoid*, like *inflammatory*, as used by him, is evidently employed to indicate a *condition* merely of the then prevailing fever, not a specific form of disease. It is a similar sentiment which in 1880 led Dr. Chevers to observe with regard to the discussion then in progress in India on the subject of *enteric* fever, that it "is one of the most practically momentous questions with which medical men in that country have to cope, it being a plain fact that if we, encountering a case of paludal remittent fever with bowel implication, insist upon calling it true enteric fever, and treat it as such, withholding that free and steady use of quinine which is *the only* remedy, that case will invariably end in death."

I give the subjoined brief abstract of an address by Sir W. Jenner, from the *Lancet* of 15th November, 1879, merely premising that the remarks of this very high authority refer to the specific disease *typhoid* or *enteric* fever, as recognised in England:—

1. Typhoid fever cannot be cured, but more lives can be saved by judicious treatment, and more lost by improper treatment, than of any other acute disease.

2. For a large proportion of cases no other treatment is really required than rest in bed, quietude, fresh air, pure water, regulated diet, and in most cases a little wine in the third and fourth weeks. If medicinal in addition to hygienic treatment is required, it is because special symptoms by their severity tend directly or indirectly to give an unfavourable course to the disease. At the same time, certain symptoms indicative of lesions, as of Peyer's patches, are beyond the possibility of successful treatment.

3. When drugs are required to hold in check a special symptom, their use should be discontinued as soon as the gravity of the symptom for which they have been prescribed has been moderated.

4. Dangerous rise of temperature of body, so as to favour degenerative changes of tissue, is present in exceptional cases only. For such alone is the application of cold to the general surface desirable.

5. Alcohol carefully and with a definite object administered is of the highest value.

6. There must be unceasing attention to small things.

7. Year by year the physician learns diffidence in his

own powers, and greater confidence in the powers of Nature.

With reference to these rules, it is, I think, evident by their very nature that the conditions to which they are suited are altogether different from those of the more decided acute types of fever met with in India, and which in a longer or shorter period pass into a low, adynamic, or typhoid state, attended by organic lesion of some sort, sometimes, but by no means always, of the aggregated glands in the ileum. It is to cases of the latter nature that the rules of treatment laid down by Twining, Johnstone, Martin, Morehead, and other Indian writers refer.

A good deal has of late years been said on the subject of cold as an application to the surface and in the form of drinks in cases of fever. The application of this measure dates from the time of Hippocrates; but so long ago as 1581 its employment appears to have been so far abused that Masini wrote a work having for its object to guard the profession against the extent and manner of its employment. In 1792 the advantages of sponging the surface with vinegar and water in cases of *typhus* were pointed out by Dr. Brandreth, of Liverpool. He observed that "it invariably lessens not only the heat, but in a singular manner the hardness of the skin; it diminishes the frequency of the pulse, and often lessens—nay, sometimes removes for a time the delirium." Of its use, with or without effusion, in ardent fevers in India, as urged by Mr. Hill, of the Bengal Medical Service, many years ago in India, readers of the Indian Annals of Medicine have doubtless a lively recollection. Dr. Mason Good thought the application of cold water less useful in cases of fevers as seen by him in England than that of tepid; he also recommended that a little brandy or other spirit should be mixed with the water to be used as an apothem, or to sponge the surface of the body.

Dr. Hughes Bennett's general treatment of continued fevers in Britain consisted during the stages of excitement of saline antimonials, slight laxatives, and cold to the head; at a later period, wine and support.

According to recent teaching the effects of quinine employed in the treatment of a case of fever in India is considered to supply a test as to whether a particular case is of material origin or specific typhoid or enteric in its nature; hence this point has of late assumed a greater measure of importance than it formerly possessed. We shall presently see that opinions are as much divided in regard to this point as they are in regard to almost every other particular in connection with our present subject. Before analysing those opinions, however, it appears well to remark in this place that the theory according to which quinine is prescribed in specific typhoid fever by those who advocate its employment in such cases, is that it acts as an antipyretic, thus illustrating the remark already made in my previous articles on fever, that *heat* is looked upon as of itself coustituting the disease, rather than one of its numerous phenomena. Dr. Cayley observes that in order to obtain its antipyretic effect the blood should be highly charged with it; he accordingly recommends that it be given in doses of thirty or forty grains, or in ten grains every ten minutes until its effects are produced. He alludes to the occurrence of cinchonism as resulting from such large doses, but believes that it is of little consequence. He says that a dose of the larger quantity hardly affects the temperature in health, but in *typhoid* fever will generally reduce it three or four degrees, and keep it down for several hours. According to him, "in cases of the disease in which intestinal hæmorrhage occurs, when the temperature rises again, we can give quinine, and sponge the body with cold water."

We find that in 1781 Dr. Reynolds employed "bark," that is, cinchona bark, in the treatment of agues, and with very favourable results. On the other hand, the uncertainty of bark in the treatment of the malarial fever of Walcheren in 1809 was dwelt upon by Dr. Davis in his work on that disease. In 1829 Dr. Mason Good recorded the "invariable success attending the use of bark" in agues; he, however, used sulphate of quinine in preference, together with acetate of ammonia, camphor, nitre, calomel, &c., and wine or spirits in moderation. In 1863 Dr. Barker noticed that the quinine treatment of typhoid fever was much in vogue, but that it did not appear to cut short the fever in his own person in any way. Dr. Dundas, looking upon all fevers, whether continued or periodic, but as various forms of the same disease, considered that they were all alike curable by quinine; his experience was obtained in Brazil. Prior to the date of the mutiny in India the administration of quinine in large doses in cases of Indian fevers, while considered to produce no actual benefit upon the fever, gave rise to results peculiar to itself, and such as were then looked upon as aggravating the danger to the life of the patient. On the West Coast of Africa it was considered unsafe to administer quinine in cases of "Coast fever" until after the ninth day of the attack. According to Dr. Hughes Bennett, in his hands the system of cutting short fever by means of quinine has entirely failed; he, however, has confidence in emetics with that object. Dr. Roberts recommends the administration of mineral acids and small doses of quinine in *typhoid*, but adds they have not appeared nearly so efficacious as in *typhus*.

On these points I refer to what has been adduced in my special reports on enteric fever, summarised as follows at page 197 of my second, namely—*a*. Rules are laid down with regard to that of the *typhoid condition*; *b*. The uncertainty of the *quinine* test as between malarial and filth fever is indicated; *c*. The evils of misdirected treatment are alluded to; and *d*. The expectant treatment is unsuited to Indian fevers.

THE THERAPEUTIC USES OF PERMANGANATE OF POTASH. (*a*)

By DR. ROBERTS BARTHOLOW,

Professor of Materia Medica in the Jefferson Medical College of Philadelphia.

THE therapeutic uses of permanganate of potash ($K_2 Mn_4 O_7$) have been investigated for some time past, not only in England, but on the Continent and in America. It has long enjoyed a reputation as a deodoriser, and this property it owes to the facility with which it parts with its oxygen in the presence of unstable organic compounds, resulting in their immediate and complete oxygenisation or combustion. It is less efficacious, but by no means without value, as an antiseptic. It is second only to bichloride of mercury in the list of antiseptics drawn up in order of merit by Dr. Miguel in the "Bulletin Général de Therapeutique," vol. 107, page 80; but the fact of its not being a virulent poison, like the bichloride, compensates in many cases for this inferiority. The property of deodorising has nothing necessarily in common with that of a germicide except in those cases where the smell itself seems to constitute the *fons et origo mali*. Thus, brought into contact with snake poison, it decomposes it and renders it inert, a property first ascertained by Lacerda, who instituted a series of experiments with a view to proving the practicability of neutralising the poison in the blood by internal administration, or injection into the veins, but these experiments were unsuccessful, although the unsuccess is probably attributable to the small proportion of salt which is enabled to reach the blood, the effect of the salt being merely chemically antidotal, and not physiologically antagonistic. Its action, then, is in this respect purely local, but this local action is rapid and reliable; poisoned bites or stings are at once relieved, and further symptoms obviated by the immediate application

(*a*) A *résumé* of the results of investigations recently made, with remarks.

of a strong solution to the site of injury. Its action, when applied as a strong solution to an abraded surface, is to cause some tingling and smarting, with some superficial escharotic action. When mixed with water, in the proportion of 2 to 5 grains to the ounce, it is of service in recent gonorrhœa, leucorrhœa, and suppurating buboes; the latter being aspirated, and the contents have been drawn off the cavity is filled with a 10 grain to the ounce solution. It is, moreover, extremely probable, with the results of Lacerda's experiments on snake poison in view, that its local application to an infecting chancre may be productive of excellent effects. In all forms of unhealthy and sloughing syphilitic sores—in sloughing phagedæna for example—its employment in the form of a fine powder sprinkled over the sore is signally efficient in promoting local recovery. Its efficacy as a wash in ozæna, otorrhœa, and offensive sweating of the feet or axilla, are probably too well recognised to require notice.

Internally, it is somewhat irritating to the stomach if unduly concentrated or in too large a dose, but if administered in doses of two or three grains well diluted no such effects are produced. The possibility of its being directly absorbed into the blood has been denied on account of the alleged appropriation of its oxygen by the organic constituents of the mucous membrane, but physiological and clinical facts point to the fact of such absorption taking place.

Inasmuch as the theoretical advantages of the internal administration of this drug are attributable to the nascent oxygen, or rather ozone, which is the result of its decomposition, it is desirable as well as interesting to ascertain, in the first instance, what the effect of this agent is. The recent studies of Binz (*Berliner Klin. Wochenschrift*, No. 43, 1882) are particularly instructive in this respect. He finds that ozone has a hypnotic action, a calmative effect on the central nervous system, due, he supposes to an impression on the cells of the grey matter, whereby this functional activity is suspended. In some trials on his own person he experienced the following results: His respiration became deeper and more easy, and he had that feeling of well-being produced in the healthy by the respiration of a pure and exhilarating atmosphere. Some drowsiness came on, with an agreeable languor, and afterwards there was experienced some heaviness in the head (hebetude), together with a general sense of fatigue, but no other disagreeable sensations.

The powers possessed by the permanganate of potassium as a general stimulant are well exhibited in the active emmenagogue property which it has been shown to possess by Drs. Ringer and Murrell. In cases of amenorrhœa due to torpor, anæmia, or deficient activity of the menstrual apparatus, it seems to promote the function in a remarkable degree when given in doses of two to five grains three times a day for some days prior to the menstrual molimen. It is contra-indicated in cases of acute congestion or where a general condition of sthenic reaction exists. The same power which can so stimulate the sexual functions must, when exerted in other directions, prove equally effective.

As this drug is possessed of a more or less irritating quality, its use is contra-indicated in cases of acute inflammation of the stomach. It is especially indicated in chronic gastric and gastro-intestinal catarrh accompanied by fermentative changes in the food. Eructations of gas, vomiting of a yeast-like material containing sarcinæ and an acid fermentation of the starchy and saccharine constituents of the food, are often relieved very promptly by the administration of this salt. As the action is intended to be restricted to the stomach contents, the proper time for its exhibition is two or three hours after meals.

When the catarrhal process extends into the duodenum and involves also the bile ducts, this remedy has seemed to be highly efficient, and this in several ways—it checks fermentations, acts favourably on the catarrh of the mucous membrane, but especially promotes oxidation in the tissues undergoing metamorphosis, and while it stimulates metabolism, helps to consume in the normal way the products of waste. Uric acid, which appears in the urine, under the action of permanganate of potash is converted into urea, the form in which it is normally excreted. It follows then that it is a remedy of great value in lithæmia. It follows too that it must also be useful in affections cognate to lithæmia, viz., the hepatic form of glycosuria, and here again clinical experience confirms physiological observation. The special field of its usefulness in relation to diabetes is in those cases in which there appears to be an over-production of glycogen and insufficient consumption or combustion or oxidation of this material. It will be found most useful in the obese subjects of glycosuria in whom the presence of much uric acid in the blood signifies at the same time inadequate preparation for absorption of certain food constituents by a supply of oxygen insufficient to convert uric acid into urea. For the same reason it is a remedy for obesity, although (of course a judicious dietary and exercise must be obtained at the same time. Under suitable conditions the surplus and useless materials which under existing circumstances is converted into fat is oxidised and consumed.

Method of Administration.—As this salt is so readily decomposed it is obviously necessary to be very careful in preparing and administering it. The best methods are to give it either in pure water or in compressed tablets as pellets. I have found the *Wyeth Tablets*, prepared in the way suggested by Dr. Murrell, a convenient and reliable vehicle for administering the drug, as they contain no extraneous material the presence of which might deteriorate from its stability.

The solution should be well diluted when taken, and should be given when the stomach is empty. A small dose repeated at short intervals, say a grain or two every half-hour till four or six grains have been taken, is preferable to the exhibition of this amount in one dose. Given in this way, and commencing the administration in about four hours after meals, the diffusion of the salt into the blood is probably secured. There are two periods during the day when it can be given—the proper interval after breakfast and after dinner or luncheon. The same considerations should govern the administration of the pellets or tablets, or compressed pills undissolved, and sufficient pure water should be taken after them.

Clinical Records.

TUSCHEN DE VRIENDEN HOSPITAL, DEMERARA.

Case of Bullet Wound involving Right Lobe of Liver—Extraction—Recovery.

By W. F. Smartt, F.R.C.S.I.,
District Medical Officer, Philadelphia District, Demerara.

On November 4th, 1884, Ramtohul, a coolie, was admitted to the Tuschen de Vrienden Hospital at 6.15 a.m., having been shot by a fellow-coolie with a revolver carrying a bullet eighty grains in weight, at a distance of about three yards, some ten minutes previously.

I reached the hospital at 6.25 a.m., and found the patient lying, with his shirt saturated with blood, in a state of extreme collapse.

On examination a wound was found over the sixth rib of the right side, about one inch from the sternum. On inserting a probe, the course of the bullet could be traced for a distance of about one and a-half inches, in a downward and outward direction, where it was lost in the intercostal space of the sixth and seventh ribs.

On further examination, pressure on the epigastric space gave rise to considerable pain, more especially at a point opposite the junction of the cartilages of the seventh and eighth ribs. I, therefore, concluded that the bullet must have penetrated the abdomen.

Having given the patient fifty drops of laudanum in an ounce of brandy, I proceeded to operate, without the administration of an anæsthetic. Placing him on his left side, I drew the skin well down over the edge of the ribs, and made

an exploratory incision, two and a-half inches in length, through the skin and subcutaneous cellular tissue, over the edge of the cartilage of the eighth rib. On using my finger as a probe through this opening, the circumscribed pain above-mentioned was much more severely felt. I then cut down through the abdominal wall, when, with my finger again used as a probe, I was able to feel a slight elevation on the surface of the liver. On cutting to about the depth of half an inch into its substance, my knife struck the bullet, which I easily extracted with a small pair of artery forceps.

The wound was then well swabbed out with a 1-20 solution of carbolic acid, and its edges were brought together with fine carbolised silk ligatures. Dry iodoform, with a pad of marine lint, was used as a dressing, and a broad bandage was firmly placed round the abdomen.

℞ Opium 1½ gr., calomel ½ gr., in pill. One such to be given every hour for three doses.

A diet of milk and soup was ordered.

At 2 p.m. I again saw the patient, and found him in a state of utter collapse. Enemata of brandy and beef essence in arrowroot starch were ordered to be given every hour.

At 4 p.m. I again visited, and found him to have rallied somewhat. He had not passed water since 4 a.m. I drew off 18 oz. high-coloured, but otherwise healthy, urine.

At 7.30 p.m. I saw him again, and found him very restless, with a temperature of 100° F., and complaining of pain in the region of the bladder, and inability to urinate. Drew off 10 oz. urine. ℞ Opium 1 gr., camphor 5 gr., in pill, at once.

Nov. 5th, 6. a.m.—Still unable to pass water. 18 oz. drawn off per catheter. Temperature normal. Recovered from collapse. Redressed wounds. No suppuration. Omit enemata. Nourishment frequently. ℞ Opium 1½ gr., camphor 3 gr., in pill now. Brandy 8 oz. daily.

5th, 6.30 p.m.—Catheterism. 14 oz. urine drawn off. Repeat pill of this morning. ℞ Ol. ricini ℥vj. gr.

6th, 7 a.m.—Catheterism. 18 oz. urine drawn off. Oil has acted thrice. Complains of pain over liver. There is slight tympanitis. Turpentine fomentations over abdomen ordered.

9.45 p.m.—Tenderness over liver and tympanitis have disappeared, Has passed water without difficulty during the day. ℞ Pil. opii 1 gr.

7th.—Redressed wound as before. Doing well. No suppuration.

9th.—Exit wound has united. Sutures removed. Strapped with adhesive plaister. Entrance wound oozing slightly (serous bloody fluid). Dressed as before.

13th.—Dressings removed. Entrance wound has scabbed.

19th.—The patient is now quite well, and doing light work in hospital.

22nd.—He has been discharged from hospital to-day, and has returned to his ordinary work.

This case is, I think, interesting, if from no other cause, in that it shows the very great utility of iodoform as an antiseptic.

This man must have suffered very serious injury, as the bullet in all probability traversed a considerable portion of the liver.

During the entire course of treatment, extending over a period of eighteen days, there was at no time the slightest trace of suppuration, nor was there any adverse symptom, with the exception of a slight manifestation of peritonitis, which yielded very readily to treatment.

I merely bring this case forward in the hope that it may elicit the opinions and experience of others on the utility of iodoform as an antiseptic.

ACCORDING to the census taken in 1881, there were in all India at that time, among male British-born subjects, 321 "surgeons and physicians;" 30 "apothecaries, hospita and medical assistants and students;" two "unqualified practitioners;" and 30 "chemists and druggists." Among the native population, in the inclusive class of "physicians, surgeons, and druggists," there were 123,579 males, and 75,239 females.

Special.

BRIEF NOTES OF AMERICAN PRACTICE.

[FROM OUR EXCHANGES.]

THERAPEUTICAL REMARKS ON HAMAMELIS VIRGINICA.—Dr. J. R. Black, of Newark, Ohio, in the *Medical and Surgical Reporter*, writes most favourably of the effects of hamamelis in the treatment of piles, hæmoptysis, and diarrhœa. In the case of hæmorrhoids they must be readily returnable. Relief is not given where strangulation and inflammation exist, nor will relief be experienced so long as aggravating causes, such as very dry and long-retained fæces, diarrhœa, and obstructed or turgid states of the portal system are not rectified. When these sources of mischief are attended to and removed, the following application is found a most efficient palliative treatment:—Equal parts of fluid extract of hamamelis and glycerine, with a little starch or other excipient. The piles should be well smeared with the foregoing preparation and then returned. In Dr. Black's experience relief is always afforded. In the treatment of diarrhœa, he does not believe that benefit will be derived where an inflammatory condition of the bowel exists, accompanied by soreness and tenderness to pressure. The cases in which he has found it useful are those of an atonic and colliquative character. The particulars of two very interesting cases are given—the first, a lady far advanced in consumption, and who, at the time the hamamelis was first tried, was passing ten motions daily, the evacuations being copious and characteristic of the last stage of tuberculosis. Dessert-spoonful doses of a mixture of equal parts of fluid extract of hamamelis and glycerine were given four or six times a day, according to the frequency of the stools. Immediate benefit was experienced, and within a week the dejections were under control. From being almost dying for three months, she regained a state of comparative health: at the end of that time she succumbed to a sudden and fatal attack of hæmoptysis. The second, a farmer who for eighteen successive years was disabled by severe attacks of summer diarrhœa from looking after his harvests, &c., &c. He had undergone a great variety of treatment, and had been told that his complaint was incurable. The same treatment was adopted as in the preceding case, the medicine to be taken *pro re nata* before meals. In three months he reported the diarrhœa as being completely under control, and that he was once more able to attend to his farming duties at harvesting. In the treatment of hæmoptysis, a very good case is given illustrative of the benefits derived. Dr. Black believes that this drug has special elective affinities for the mucous membranes, specially the bronchial mucous membrane. He draws attention to its astringent effect in cases of bronchial catarrh, in which he finds evident diminution in the mucous secretion. In the commencement of his paper he discusses the action of ergot, and believes that it has some disadvantages as a hæmostatic, since its action is contractile of all the arterioles of the body, and consequently its effects must be accompanied by general increase of blood pressure in the large vessels throughout the body. Theoretically such an objection may appear sound, but we think the weight of clinical experience is against attaching too great importance to it.

SPINAL ACCESSORY SPASM.—At a meeting of the Philadelphia Neurological Society, Dr. Sinkler presented a patient troubled with this affection, and gave the notes of the case. The patient, Anna B. K., æt. 41, single, subject to neuralgic headaches, and a sufferer from rheumatism in the left shoulder, first noticed in the spring of 1882 that whilst sitting sewing her head would turn toward the right shoulder. The movements, at first to a great degree under control of the will, gradually became more and more involuntary and uncontrollable, until in July she was unable to restrain them. All treatment, including galvanism and static electricity, seemed useless, though faithfully tried. When shown she presented the following condition:—Spare and thin. Every few seconds the head was rotated to the right, this movement becoming more frequent if she gets excited or nervous. The chin was strongly turned to the right, and the head was slightly inclined in the same direction. The head was not drawn back. After about two seconds the spasm passed off, and the head became straight

again. There was marked hypertrophy of the left sterno-cleido-mastoid muscle, with tenderness to the touch. Pain felt at the insertion of the right sterno-mastoid muscle, but not in the left. The trapazius muscle unaffected; the voice unchanged; no laryngeal spasm. The urine contained no sugar or albumen. The eyes, on examination by Dr. Harlan, of Wills Eye Hospital, were found normal. Vision—R, $\frac{20}{30}$, L, $\frac{20}{40}$.

TREATMENT OF CHRONIC MALARIA AND ENLARGED SPLEEN.—Dr. E. A. Waggener, of Carrollton, Mo., finds the following formulæ most useful in this affection, as well as in the treatment of other glandular enlargements and fibroids:

℞ Potass. iodidi, ʒij. ℈;
Liq. potass. arsen., fʒij. ℈;
Vin. ferri amari., ʒiv.
M. ʒj. after each meal.

℞ Tr. iodinii comp., fʒj.;
Liq. potass. arsen., fʒij. ℈;
Ergot, ex. fid., fʒv. ℈;
Elix. simplicis, q.s. ft. fʒiv.
M. ʒj. after each meal.

Ibid., p. 387.

EARLY PARACENTESIS OF THE MEMBRANA TYMPANI IN THE TREATMENT OF ACUTE NON-SUPPURATIVE AND SUPPURATIVE CATARRH OF THE MIDDLE EAR.—This proceeding is strongly recommended by Dr. A. Proudfoot, of Montreal.—*Canada Medical Record*. The advantages of the operation are illustrated by the results obtained in a number of typical cases. Within the last twelve years Dr. Proudfoot has performed this operation a great many times, both in public and private practice. He has never yet seen a case in which the membrane did not heal after operation, or where it was not of decided benefit to the patient. He regards paracentesis of the membrane in acute inflammation of the middle ear in much the same light as iridectomy in glaucoma; it relieves tension, and prevents spread of disease to the labyrinth, or mastoid cells. The following are the conclusions he draws:—1st. That paracentesis is not a very painful or formidable operation. 2nd. That in it we have a quick, safe, and permanent means of relieving the patient from probably the most agonising pain to which mortal man is subject. 3rd. That in it we have a most valuable and reliable means of cutting short the attack and bringing about a favourable termination to the disease. 4th. By it we have a valuable means of preventing the extension of the inflammation to the labyrinth and mastoid cells, by affording a free exit to the pus, and a means of applying our remedies directly to the cavity of the tympanum. Dr. Proudfoot enjoys exceptional opportunities for experience, being Lecturer on Diseases of the Eye, Ear, and Throat at Bishop's College, Oculist and Aurist to the Western Hospital, Montreal Dispensary and Infants' Home, Montreal; his views are therefore worthy of careful consideration. These views are not new; the paper is, however, confirmatory of the benefits to be derived from this plan of treatment. Many interesting references will be found in Sect. 1805:1 of "Neale's Digest" on the subject. Amongst them is one referring to Dalby's paper in the *Lancet*, 2/72, p. 735, entitled "Incisions to let out Pus." The treatment is rational, and likely to be attended by all the benefits anticipated from it. It is worthy of being very generally adopted in all cases which may be thought suitable for it.

Sanitary Department.

LOCAL OUTBREAKS OF DIPHTHERIA.

SEVERAL additional interesting inquiries have recently been made into the conditions under which the incidence of diphtheria upon more or less rural parts occurs by, medical inspectors of the Local Government Board, who both make use of the rapidly accumulating material of the Department, and bring to bear upon the investigations minds skilled in the science of eliciting facts.

Dr. Blaxall was commissioned to institute inquiry into the prevalence of this disease in the Eastern Division of the Chippenham Rural District, which took place between November 1883 and April 1884. Curiously enough, whilst tracing out an epidemic in the vicinity previously, Dr. Blaxall had connected the origin of it to a certain family in this very division. He then relates the history of these Calne cases, and shows that they were dependent by direct infection upon the cases in the Chippenham family, and further adduces several most interesting details of how this subtle disease is spread; amongst others, instances of mediate contagion by persons not affected are related. An inspection of the district in 1875 had revealed an unwholesome water-supply, foul cesspit privies, and absence of drain-trappings at the village of Lacock, and on his renewed visit, Dr. Blaxall found practically very little alteration, an exception being however shown in the provision of pail-closets in some houses. He also discovered faults of construction, ventilation, flushing and fall in the main sewers. Dr. Blaxall now narrates in detail the early cases of the outbreak, and draws attention to mild cases of sore-throat preceding these, which were not recognised as of diphtheritic nature until the various consecutive paralyses had made their appearance. The epidemic lasted altogether less than six months, and involved 72 cases in 38 families, causing 8 deaths, and it was clearly made out that there were marked intervals of abeyance, which corresponded more or less accurately with periods of school closure. Thus, during a certain period of 28 days, 14 invasions occurred, of which 13 were of school children, whilst during an ensuing period of sixteen days closure only 2 families were attacked. Further, 32 out of 38 first attacks were school-children. Hence the conclusion that school attendance was a powerful factor in keeping up the epidemic. The 38 families resided far apart and presented marked divergence in sanitary condition, so that the disease could not be directly connected with any definite insanitariness. The origin of the very first case was not precisely determined; but seeing the existence of the disease previously, and the easy opportunities of its dissemination by personal infection, it was not unfair to assume that it was contracted outside school. Once started, however, school influence proved of unquestioned ability to foster and develope it. Dr. Blaxall in terminating his inspection drew the attention of the medical officer of health and inspector of nuisances to certain administrative negligences, and left with them an important code of recommendations relating to (*a*) Water supply, and its protection from filth spakage; (*b*) Excrement disposal by the dry earth system; (*c*) The re-sewering of the village of Lacock; (*d*) Proper inspection of the district and registration of sanitary procedure; and (*e*) Provision of infectious isolation accommodation.

Dr. Parsons inspected the Huntingdon Borough with a view to elucidate the prevalence of diphtheria. He had previously visited the place in 1880, and first relates what differences in its sanitary condition he noticed. The ventilation of sewers had been improved, but the flushing of private drains was still meagre. The disposition of the wastes had been ameliorated, but the odious bell-trap was still in common use. He speaks well of the construction and working of the numerous new water-closets put up since his visit, but remarks on the presence even then of offensive middens. Strong animadversion is made on the mode in which scavenging was conducted by private contract. Though the waterworks has been extended, shallow wells still continued to afford some, at least, of the water-supply. The "pest house," which affords the only means of isolation, was inadequate, and suitable for the treatment of only one infectious disease at a time. Dr. Parsons speaks approvingly of the improvement in nuisance abatement since his first visit, but again draws attention to the need of proper by-laws, and preferably the model ones of the Board at Whitehall. He relates a curious correspondence between the Town Council and the Board, in which it is clearly seen that the former body endeavoured only too successfully to shirk its responsibility. Coming now to the diphtheria prevalence, Dr. Parsons found that 10 deaths had occurred in 1883 between March and October, and several others during his inspection, but was unable to give any precise account of their origin. However, in view of the antecedent fatal illness of this sort in the neighbouring town of Godmanchester, the constant communication by school children and others, and with the possession of clues of direct infection, it was no difficult matter to account for the epidemic. Moreover, it was distinctly associated, in Dr. Parsons'

opinion, with gross sanitary shortcomings in the matter of position of buildings, their proximity to privies, offensiveness and defectiveness of drains, and contamination of the water of shallow wells.

The same medical inspector re-visited the Godmanchester Urban District with respect to incidence of diphtheria upon it. He had previously inspected the town on account of scarlet fever prevailing there, and found the place low-lying, the houses dilapidated and overcrowded, the sewers badly constructed, the water supply polluted, and offensive excremental nuisances widely existent. On his second visit, he found but little improvement in the character of the houses (indeed, in some cases freshly-constructed rain-water pipes communicated directly with the sewers), still grave defects in sewer construction and arrangement, and the same horrible middens and privies. The water supply, again, is solely from wells sunk for a short distance in gravel exposed to contamination from sewers, cesspits, and the like. The amount of chlorine in the Godmanchester wells is given, from which it is seen that they all contain evidence of animal fouling in excess, in one case the amount being ten grains in a gallon. There being a local dispute as to the nature and potability of the water from a certain pump, it was submitted to Dr. Dupré for analysis, who, finding it greenish-brown, to blacken on ignition, and to contain chlorine and free ammonia in excess, pronounced it unfit for use. Dr. Parsons relates how this very water was tasted by the town council themselves at a previous date, and pronounced excellent. A public water supply is, therefore, urgently needed in his opinion, and he recommends extension of the mains of the Huntingdon waterworks to Godmanchester. The diphtheria incidence in 1883 comprised six deaths, two from so-called "croup," and some twenty non-fatal cases. They occurred chiefly in the spring, and at the same time as those in Huntingdon. Precise origination of the first case was not able to be determined, but instances of direct infection to the subsequent ones were forthcoming. It was also observed that scarlet fever had previously occurred in houses where fatal diphtheria took place. Privy nuisances, untrapped drains, and contaminated well-water were found to exist at most of the invaded houses, but as these conditions were more or less common to the whole town, Dr. Parsons wisely forbears from drawing too particular a connection between them and the disease under investigation.

Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND.

Pathological Section.

A meeting of the Pathological Section was held at the College of Surgeons on Friday, Dec 5, the President (Dr. Foot) in the chair.

Surgeon-Major Hamilton made the following communication:—A soldier of fine physique, æt. 30, was admitted to the Portobello Hospital, complaining of palpitation. He had been for some time employed on police work, and he knew that his heart was affected. There was extreme precordial dulness, a well-marked systolic bruit at apex and over base, a loud systolic and regurgitant bruit. His condition remained the same for about a month, when anasarca set in, rapidly increasing. He sat up one night against orders, and died almost immediately.

Post-mortem.—The viscera, with the exception of the heart, were all found healthy, but the serous cavities and cellular tissue contained much fluid. The heart, enormously enlarged, weighed 1 lb. 12 oz. Mr. Abraham examined it, and found all the cavities dilated, and the walls hypertrophied. The inner surface of the pulmonary artery was of a remarkably deep purple colour. The principal lesion is seen in the aorta and its valve. Large bulging particles of atheroma not calcified exist in the ascending arch, and between the openings of the coronary arteries a large rough calcareous nodule projects opposite the junction of the anterior and left posterior segments of the valve, which are here confluent; and at this point of the valve is a wide, irregular opening, admitting a large finger. The rest of the valve is more or less thickened and frayed, and an ulcerated spot is to be seen on the ventricular surface. Just below the nodule a cavity 2 cm. wide and 1 cm. deep, extending below the bottom of the sinus behind the endocardium, and into the muscular substance of the heart.

Dr. Hy. Kennedy remarked that great contrasts were afforded by the different durations of these cases. The one in question had been an exceedingly rapid course. Seven years ago a young man having a well-marked rheumatic diathesis, and who had had rheumatic fever, consulted him. He had extensive disease of the aortic valves. From that time to the present the youth, now aged only 22, had constantly hunted, and had only recently been forbidden to do so.

Mr. Abraham called attention to the microscopic preparations of the specimen which were exhibited.

Mr. Arthur Baker read the notes of a case in which he had removed from the left side of the upper jaw of a lady a small osteoma. The fact that such growths rarely occur in situations where diagnosis is attended with difficulty made the case interesting, since it was impossible before removal to tell that the growth in question was not a buried tooth or an odontome, springing as it did from the site of the first left upper molar tooth. The case was further complicated by the existence of a cyst near the front of the jaw combined with absence of the permanent canine tooth. The tumour on section showed lacunæ disposed irregularly, varied with vascular canals, which penetrated its substance for some distance. Near the periphery, however, some lacunæ were seen arranged in parallel rows. The communication was illustrated by a cast of the mouth, and some etchings of the microscopic and macroscopic appearances of this growth.

The President remarked that this was the first communication connected with dental pathology received in the section, and there were several points in it of surgical interest.

Dr. Quinlan submitted a case of cancerous stricture in the sigmoid flexure of the rectum. A woman, aged 47, in a state of great prostration and partial collapse, was admitted to St. Vincent's Hospital. Her abdomen was enormously distended, her bowels not having been relieved for eleven days. A turpentine enema was administered, but came away without effect. On examining the rectum, he thought he perceived a tumour, but it was beyond the reach of his fingers. A great distension of the abdomen prevented an exact diagnosis, and treatment was altogether directed to getting the bowels to act and to keep down pain. Some vomiting was quickly relieved. On the third day she sat up vomiting, and fell back dead. At the post-mortem the body was found emaciated and bloodless. The small intestines were enormously distended with gas. The descending colon was full of fæces. At the sigmoid flexure the cause of the obstruction was found to be a cancerous mass of a malignant character. Beneath the rectum was a peculiar structure affected by malignant disease. Mr. Abraham had pronounced the tumour to be an infiltrating adenoma caseating in parts.

Dr. Biggar asked, had cancerous formation occurred in any other part.

Dr. Hy. Kennedy cited a London writer as laying down that out of every 100 cases of malignant carcinoma, caseous degeneration occurred in four.

Mr. O'Grady exhibited a case of strangulation within a hernial sac, the specimen being from the body of a man aged 33. The hernia came down in the morning. He was admitted into hospital at one o'clock. The symptoms being urgent, he was operated on at five. When the sac was exposed a tense stricture appeared at the external rim. The intestine, a little highly coloured, could be seen through the sac. The hernia was reduced without opening the sac. For two days after the operation, with the exception of two attacks of vomiting, which were relieved, he was free from the usual symptoms. On the third day stomach sickness with pain returned, and he died next day, 87 hours after the operation. The question of when internal strangulation occurred was of interest. It was not light, and the gaseous contents of the intestine could be passed backwards and forwards. Another question was the expediency of operation without opening the sac. This case did not exhibit such symptoms as to indicate that course, yet events showed that, had the sac been opened, he might have recovered.

Mr. NIXON exhibited a hard calculus removed from one of the tonsils of a gentleman who complained of a slight obstruction of his throat. Being in the habit of singing, he complained of the obstruction. Both tonsils were considerably enlarged. Detecting a small white speck, the probe elicited a metallic ring. Having failed to grasp the mass with instruments, he enucleated it with his finger. The greater portion was up behind the soft palate. There was considerable hæmorrhage.

Prof. BENNETT said the specimen was of great rarity, and moved that it be submitted to the Committee of Reference to ascertain its constitution. It indicated articulation either with another calculus or adjoining bone.

Mr. CORBETT thought the formation was identical with the tartar that often formed about neglected teeth resulting from constitutional disposition. He had seen several teeth blocked together by it even in young mouths.

Mr. NIXON, in reply, said the gentleman's tonsils were very large, and were not atrophied. This calculus was similar to the tartar formation on teeth. The facet was observable. The teeth were black, and had a good deal of tartar. The gentleman was a great smoker.

The SECRETARY, Mr. Abraham, for Mr. J. K. Barton, exhibited a large mammary tumour removed at the Adelaide Hospital from a girl, æt. 12. Her grandmother had died of recurring cancer of the breast. One brother was now suffering from Potts' caries. The other near relatives were well. The girl's general health had been good, and there was no history of injury to the breast. Three months ago a small lump was observed in the left breast, which increased steadily, being at first painful. Mr. Abraham reported the constitution of the tumour to be soft, homogeneous and elastic, the cut surface bulging, and the whole easily peelable out from the surrounding encapsulating tissue. The microscopic sections exhibited enlarged glandular alveoli lined with proliferating epithelium, and separated by thick septa, principally made up of embryonic and spindle-shaped cells, and resembling some form of sarcoma. He regarded the growth as a form of adenoma with cellular hyperplasia of the inter-alveolar tissue, and he suggested its reference for further consideration to the Committee of Reference. The specimen was, on the motion of Mr. Abraham, seconded by Prof. Bennett, referred to the Committee, Prof. Bennett observing that last year he himself showed a tumour of a character usually regarded as benign sarcoma of the breast, about 14lbs. weight; but though its removal was effected in a complete manner, tumours recurred in six months in the axilla, in the neck, and in every direction, some being as big as a man's head.

Mr. ABRAHAM exhibited the left lung of the old lion which had been born in the Zoological Gardens, had lived there twelve years, and recently died. The father of the lion had been also born there, and the animal in question had had good health till 1st October last, when there was a sudden snap of cold weather. The lion refused food, seemed feverish and thirsty, and his respiration became exceedingly rapid. He appeared to have pleurisy, his chest being fixed, and his breathing abdominal. An attempt to administer medicine failed. He took little food, except occasionally, although everything tempting was offered. He drank some nitre in water with diuretic effect. He had no cough, but two or three times he spat out mucus, which towards the end became bloody. Ultimately he became terribly emaciated, and died. His viscera were healthy, except the lungs. There was no sign of pleurisy; but the lungs were extremely diseased, mottled in appearance, and hard and lumpy to the touch. On dissection they presented a curious honey-combed aspect. The bronchial tubes were enormously enlarged. In the lower lobe of the left lung was a large cavity. The miscroscopic sections of various parts of the lung did not show the structure of tubercle, nor did one of the bronchial glands. He was not sure what the disease was. The father of the lion died in precisely the same way. It was remarkable that, notwithstanding the enormous disease in the lungs, the animal had no cough.

Mr. BAKER remarked that lung disease was common among cats, which frequently suffered like the lion in question.

The PRESIDENT observed that monkeys are subject to consumption. In the lion's lungs exhibited he had no doubt the cavity existed for years, and a small amount of cold sufficed to kill one of the large carnivora. The lion in question had chronic disease of the lungs, and would be, therefore, doubly susceptible to pneumonia.

Mr. ABRAHAM said that long ago Dr. Haughton discovered that tubercular phthisis was not so common in monkeys as was generally thought, and he showed it in a paper read many years ago before the old Pathological Society. In a paper read before the Zoological Society of London, Dr. Sutton had recently come to the same conclusion.

The Section adjourned.

LIVERPOOL MEDICAL INSTITUTION.

THE fifth ordinary meeting of the Session was held on Thursday evening, Dec. 4th, Dr. GEE, President, in the chair.

ANEURISM OF THE VALVES OF THE HEART.

Dr. RICH showed a specimen of aneurism of the valves of the heart, from a patient who died in the Royal Infirmary under the care of Dr. Davidson. The cusps of both aortic and mitral valves were seats of the disease.

Dr. J. CAMERON showed a case of

MULTIPLE PERFORATION OF THE INTESTINE,

from a patient dying of typhoid fever. The perforations were eight in number, and the case was remarkable for the prolonged existence of the patient after perforation took place, and also for the curious range of temperature observed. The case came under observation on the 10th day of the disease, and thus early the symptoms were of unusual severity, but diarrhœa was not excessive, nor was it throughout. On the 16th day rigor took place, and on the 18th intestinal hæmorrhage. This continued till the 24th, when great pain, increased on pressure, was observed, with collapse. This led to diagnosis of perforation of intestine. After this time the case improved, temporarily, but four or five paroxysms of pain occurred, each one followed by collapse. The temperature range was a typical, and as many as four distinct accessions of fever occurred in the 24 hours. Death took place on the 35th day of the disease. On post-mortem examination of the body, in addition to the eight separate perforations mentioned, ulcers in various stages were met with. All the contents of the abdomen were glued together from peritonitis.

Mr. PUZEY exhibited a case of

MULTIPLE FRACTURE OF THE BONES OF THE UPPER EXTREMITY,

showing ununited and badly-united fractures. The patient was a man admitted into the Northern Hospital in December of last year. Whilst oiling some machinery at rest, it was suddenly put in motion: the man's arm was caught in a fly-wheel and he was thrown down. On admission into hospital the arm was so much swollen that the injuries could not be accurately ascertained, and a patient attempt was made to preserve the limb. In November last, however, disorganisation showed itself in the wrist-joint and the second phalangeal joint of the middle finger, and the arm was amputated. Amongst the injuries brought to light were the following: Oblique fracture of upper part of humerus, below this a united oblique and comminuted fracture, and below this again an ununited fracture. In the upper part of the fore-arm was a comminated fracture of radius and ulna; in the lower part a fracture of the radius that had united to the ulna.

CARD SPECIMENS.

Dr. IMLACH showed two card specimens from the Hospital for Women. One was the two Fallopian tubes and ovaries removed from a woman who had suffered from pelvic hæmatocele and hæmato-salpinx. The right tube had been adherent to the cæcum and vermiform appendix, while the left one was deeply buried in Douglas's space. After separation from adhesions, numerous bleeding points were ligatured, and a slight uterine laceration was also stitched. This was his fifth case of hæmatocele treated by abdominal section. All had made a satisfactory recovery. The

other was from a case of intestino-vesical fistula. During life the patient had passed for at least x weeks liquid fæces *per urethram*. No surgical treatment was attempted. On post-mortem examination epithelioma of the rectum was discovered. The sigmoid flexure of the colon was perforated, and through the perforation fæces had been discharged into a pelvic cesspool, whose walls were formed by adhesive inflammation of the mesentery, uterus, and bladder. There was also a communication between this cesspool and the ileum, and there was an overflow into the bladder.

Mr. BICKERTON showed an improved eye speculum and an improved spectacle frame, the latter the invention of Mr. Toswell, of Exeter.

Mr. PAUL showed Fleming's lamp battery, Pooley's physician's weighing machine, and a new splint for talipes devised by himself. The latter was an ingenious and apparently effective apparatus, as by simply loosening a screw, "fixing" foot-piece, and re-tightening, the necessary and progressive adjustments were rapidly made. The framework consists of a modified Thomas's leg splint with patten.

Mr. WALKER related some of his experiences in

THE USE OF MURIATE OF COCAINE IN OPHTHALMIC SURGERY.

In one case a cataract had been removed under its influence, and the patient, an old lady, bore the operation without feeling pain. For or five drops of a 4 per cent. solution were dropped into the eye, the instillation was repeated in five minutes, and a third time immediately before the operation.

Mr. RUSHTON PARKER showed a specimen and the patient from whom it was removed of

UNUSUAL EPITHELIOMA.

The patient, æt. 56, was admitted into the Royal Infirmary in Jan., 1884, suffering from an ulcerated tumour of the left submaxillary region, attached to the jaw in front of the facial artery. The previous duration had been four or five months, accompanied by an ulceration of the upper lip, chiefly of the left side, and slightly affecting the adjacent lower lip. Both affections began together. The lip affection had healed under zinc ointment, and had been well a fortnight when Mr. Parker saw the patient. The growth was excised on Jan. 29th, and included the submaxillary salivary gland. The bone was left bare on stripping the tumour, and some layers of the outer plate and edge were chiselled off to a thickness of about $\frac{1}{8}$ inch. Acid nitrate of mercury was applied to the bone, the wound being treated by a mild antiseptic. A mild attack of erysipelas came on during the process of healing. Salicylic acid dissolved in eight parts of *collodium flexile* was painted on during the latter stages of granulation, which ended in complete cicatrisation in about eight weeks. The patient's health has been good since. Microscopic examination by Mr. Paul of a scraping from the surface before removal showed the bird's-nest structure of the epithelioma distinctly, and section subsequent to removal manifested most unmistakably a luxuriant growth of Malpighian cells and epidermic globules, but the interstitial framework was fibrous, and round-celled infiltration was wanting. There was no trace of lymphatic glandular structure.

Mr. RICHARD WILLIAMS read notes of a case of

SYMPATHETIC OPHTHALMIA (Patient exhibited).

The case was brought forward as an example of a class that does well under any treatment. The patient, a young man 20 years of age, was kicked by a horse in 1883. After a good deal of suffering, he came to Liverpool in October last, and to Mr. Williams on November 5th, with both eyes in a very bad state—left disorganised, and right irritable. On the 6th all the symptoms were aggravated; on the 7th the stump was removed; on the 8th leeches were applied a second time, and calomel and opium were given. After this the symptoms subsided. On the 17th vision was $\frac{5}{30}$. 24th.—Slight redness and lachrymation; vision the same. The fundus could not be made out; tension normal. Dec. 4th.—Vision rather worse—a cataract forming.

Dr. WEAVER, Frodsham, narrated the following case of

LEAD POISONING BY SNUFF.

About twelve years ago a solicitor, æt. 35, had an attack of colic. He afterwards found some difficulty in writing, and had to employ an amanuensis. He then had another attack of colic. This led to a suspicion of lead poisoning, and on examination a blue line was found on the gums. The water in use was free from lead, and no source of lead poisoning could be discovered. At last the snuff of which the patient partook very freely was suspected, and tested by passing sulphuretted hydrogen through an infusion of it. The result was negative. As the patient got no better, a second attempt was made. Two kinds of snuff were used—"Lundy Foot" and "Brown Rappee," the latter being a rather moist kind. Samples of both were sent to Dr. Campbell Brown, of Liverpool, for analysis, and he reported that the Lundy Foot contained no lead, but that the Brown Rappee did, but in what proportion he could not say, as the sample sent was insufficient in quantity to allow him to determine. The speaker himself subsequently tested samples of each, and showed a series of bottles containing solutions of snuff ash before and after passing the sulphuretted hydrogen through it. He concluded that the lead found entrance into the snuff from the wrapper in which it was distributed. He then referred to the literature of the subject, and stated that he had found thirty-four instances of similar cases recorded. As much as 2·50 per cent. of lead had been found in some samples.

Dr. BOSTOCK read the history of a case of

CHOREA TREATED WITH CONTINUOUS INHALATION OF CHLOROFORM, WITH RECOVERY.

The case was that of a little, slightly-built girl, in whom the affection was developed in most marked form. The patient was in the Royal Infirmary, under Dr. Davidson. Scarcely any food could be given or sleep obtained. The skin over the elbows and buttocks was broken through constant movement. All ordinary remedies were tried, such as conium, chloral, and bromide, in increasing doses, Calabar bean, and nux vomica, but with but little benefit. She had to be restrained in bed. Chloroform was now given. This easily put her into a sleep that lasted two hours, and before complete consciousness was obtained food was got down. This plan was kept up for about eight days, when the chloroform was given continuously for thirty hours. She now became a little better. The limbs were wrapped in wadding, and the patient strapped down on to the bed. After this but little chloroform was required. She had passed the worst, and recovery took place. He thought chloroform was of service here, and tying down also.

Dr. GRAVES thought the case was almost the worst he had ever seen, and that the chloroform was of service. There had been something like an epidemic at the Children's Infirmary—some ten or twelve cases within a short period. He thought more stress should be placed on nourishment than drugs. The case reported supported this view.

Dr. ARCHER thought that as a general rule, where there was much muscular action it was bad to restrain the patient, as more force was then expended than when no restraint was used. If arsenic and bromide were given and plenty of fresh air, recovery would take place.

Dr. J. CAMERON spoke to the value of chloroform. A case of his own corresponded to Dr. Bostock's. It recovered under continuous inhalation of chloroform. It had something like a specific influence on the disease. He did not agree with those who were opposed to the use of drug remedies. There was a stage when they were of the greatest value.

Dr. CARTER thought the life in the case reported by Dr. Bostock was saved by the chloroform. There was one remedy that was useful after quiescence had been obtained, and that was strychnia in gradually increasing doses. One patient, a lad of 17, had taken doses of 1-5th grain. A primary matter was to produce quietude.

Dr. WILLIAM WILLIAMS had had a case in which, after other remedies had failed, ether was applied to the spine, when the patient slept immediately.

Dr. ALEXANDER had applied ether in a case in the Workhouse Hospital. The patient was so frightened that she immediately left the hospital.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

Meeting held Dec. 5.

Frederick Laurance, M.R.C.S., President, in the chair.

Mr. Spencer Watson read a paper on

A CASE OF SYMPATHETIC OPHTHALMIA.

The patient, a farm labourer, injured the right eye, and went about his work, applying only a wet linen rag to it. Fourteen days after, left eye became sympathetically affected. No active treatment was used till his admission into the South London Ophthalmic Hospital, six weeks after the accident, when local applications of cold water and mercury internally were employed to reduce the swelling of the eye and orbit. Enucleation was performed two months after the accident. The ciliary processes, iris and capsule of the lens were found matted together, and the pupillary area occupied by a firm membrane. There were traces of neuro-retinitis. The lens was *in situ*, and the vitreous scarcely altered. The sympathising eye has retained the same amount of vision as before the operation, and tension, though at times high, is normal. Patient can read No. 16 Jäger. Main features of treatment throughout have been mercury, eserine drops, blisters to temple, and exclusion of light. The author remarked on the carelessness of patient in using the eye without a shade. The ultimate result was conjectural, but probably in one or two years an operation for opening the pupil and perhaps removing the lens would be required. With the sight in its present state, expectant treatment would be followed.—Mr. J. R. Lunn recommended early enucleation of the injured eye. Dr. Alderson thought the name sympathetic ophthalmia confusing, owing to its likeness to the term sympathetic irritation. Great care should be taken to observe the early symptoms which were generally in the iris.

Mr. Spencer Watson, in reply, said the disease might come on months, or even years after the injury to the other eye. He agreed with Dr. Alderson as to the value of blisters.

Mr. R. F. Benham read a paper on

THE USES OF SULPHIDE OF CALCIUM.

The author remarked that in his opinion very many of the failures in the use of this drug were due to too sparing administration. Dr. Ringer drew the attention of the profession to this drug in a paper in vol i., *Lancet*, 1874, in which he stated that sulphide of calcium possessed the power of arresting and preventing suppuration in such cases as boils, carbuncles, scrofulous and glandular enlargements, and in many skin diseases. After reading many cases treated by various practitioners, the author remarked on the number of unsuccessful cases, and said the quantity given had been too small. A 1-6th gr. dose might cure in one case, but not necessarily in another. He regarded the appropriate dose for an adult to be 1 gr. in pill "ter die," but if, after say a week, no improvement occurred, he made an increase of 1 gr. per diem, or every few days until about 8 grs. daily were reached. The dose which had hitherto been regarded as poisonous he found did not produce alarming toxic symptoms; 2ndly, only a small quantity of the drug taken is decomposed in the alimentary canal to form H_2S; and last, but not least, from the ordinary dose he did not find anæmia produced, but on the contrary, even where 6 or 8 grs. daily were given, general improvement in health resulted even when the drug failed in curing the symptoms for which it had been administered. The author maintained that the physiological action of the drug is not due to its conversion into H_2S in the organism; it could not be that only a small portion is absorbed and the remainder passed off unchanged, for if so, why should a large dose effect a cure when a small one failed? The author preferred giving the drug in pill, as by this means the taste is unobserved. Mr. Benham read notes of a series of a large number of cases treated with success, and also recommended the drug in phthisis, typhoid, and small-pox.

The President had found the drug cause intestinal derangement; he had found it useful in gum-boil. Dr. James Thompson found 1-10th gr. the safest dose to begin with. Mr. Maitland Thompson had not found it useful in strumous glandular affections. Dr. Bennett asked if the drug resembled turpentine in causing more irritation in small than in large doses. Dr. Huggard and Mr. Edwards referred to non-success with the drug.

Dr. Thudichum read a paper on

INFLAMMATION, ABSCESS, AND NEW GROWTHS OF THE ETHMOID CELLS.

Inflammation he described as acute and chronic, as simple or dyscratic. The specific diseases lead to the chronic form with acute outbursts. In the latter the symptoms become very precise, and yield the data by which to diagnose the milder cases. Pain between the eyes, loss of smell, excess of nasal secretion, swelling of glabella, swelling and discolouration of eyelids can mostly be distinguished on one or both sides. Hypertrophy of the ethmoid cells leads to obstruction of the upper nasal meatus. In such cases the author had removed the hypertrophied parts on both sides successfully with the electro-cautery. In other cases he had removed the middle concha on one side and thereby cured ozæna. The author next described some severe cases of abscess of the ethmoid cavities; these opened either into the nose, or on the upper eyelid or below the inner angle of the eye without involving the lachrymal apparatus. He further described new growths, mycomatous as well as cancerous, proceeding from the ethmoid cells, and the manner in which they had in several cases produced blindness of one or both eyes. He described a new apparatus for flushing the nose in cases where the septum was perforated or destroyed and in which therefore the one-current douche originally described by him was not applicable.—Mr. Spencer Watson thought loss of smell a very valuable diagnostic sign. Sulpho-carbolate of soda was a useful drug for lotions and sprays in these cases.

Dr. Campbell Pope and Mr. Benham related cases where the disease extended to the lachrymal apparatus. Mr. Keetley showed cases of hernia cerebri, syphilis of nose, MacEwen's osteotomy, &c., and Mr. Percy Dunn showed morbid specimens of the parts after gastrostomy, &c.

In getting up a Parliamentary agitation for the purpose of "squeezing" Government or impressing the public, experience has shown that no mistake is so fatal as veracity. The anti-vaccinationists, the anti-vivisectionists, the anti-contagious diseases agitators, the disease compulsory notificationists, and other political organisations who have raised themselves and their causes from obscurity to notoriety, have done so solely by a few (or many) well-constructed, unblushing lies, which have been repeated into the ears of a public which has not time to make inquiry and a Parliament which does not trouble itself with matters which do not stir constituencies. As a consequence the public have been got to believe that "there must be something in it," and successive Governments have increased in weak-kneedness.

On Monday evening Dr. Lauder Brunton, F.R.S., delivered the first of the three Lettsomian Lectures before the Medical Society of London, the subject being "Digestive Disorders: their consequences and treatment." These we hope to place before our readers as they are delivered.

If we except London, with its few cases of small-pox, and Glasgow, slight epidemic of measles, there is at present an almost complete immunity from diseases of the zymotic class throughout the United Kingdom. Fevers may be said to be non-existent, whilst almost any principal foreign city yields a larger number of fatal cases of diphtheria than Great Britain and Ireland combined. Such is the sanitary outlook of 1885. May it so continue with us!

REGISTERED FOR TRANSMISSION ABROAD.

The Medical Press and Circular

Is published every Wednesday morning. Price 5d. Post free, 5½d.

POST FREE TO ANNUAL SUBSCRIBERS . . . £1 2 0
„ IF PAID IN ADVANCE 1 1 0

* Post-office Orders and Cheques to be drawn in favour of—
A. A. TINDALL, 20 King William Street, Strand, London, W.C.
A. H. JACOB, 3 Molesworth Street, Dublin.

Agents for Scotland:—
MACLACHLAN and STEWART, South Bridge, Edinburgh.
A. and W. STENHOUSE, Hillhead, Glasgow.

Sole Agent for the Continent:—
JOHN F. JONES, 31 Bis, Rue du Faubourg Montmartre, Paris.

ADVERTISEMENT SCALE—Whole Page, £5 0s. 0d. Half Page £2 10s. 0d.; Quarter Page, £1 15s. 0d.; One-eighth Page, 12s. 6d.

Small Announcements of Practices, Assistancies, Vacancies, Books &c., of Seven lines or under, 4s. per insertion; 6d. per line beyond

Considerable reductions are made from the foregoing Scale when orders are given for a series of insertions. Letters in this department should be addressed to the Publishers.

SUBSCRIPTIONS FOR FRANCE are received by Messrs. BAILLIERE, Rue Hautefeuille, Paris—post free in advance, £1 3s. 6d. per annum.

SUBSCRIPTIONS FOR RUSSIA are received by Messrs. RAJCHMAN and FRENDLER, 18 Senatoren Street, Warsaw—post free £1 5s. 0d. per annum.

SUBSCRIPTIONS FOR THE UNITED STATES are received in New York by Messrs. WILLMER and ROGERS; Philadelphia, by Dr. BRINTON: post free in advance, 5½ dollars (£1 3s. 6d.) per annum; or direct from the Offices in this country for the same amount, if remitted by International Post-Office Order.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 7, 1885.

REFORM AT THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THERE can no longer be any doubt respecting the real intentions of the Council of the Royal College of Surgeons of England respecting its own reform, and though we had entertained the hope that better counsels were prevailing within, the last spark of trust in this connection has been extinguished beyond reillumination by the proceedings at the meeting of the Council on December 19th. On this occasion the Council held an extraordinary sitting for the purpose of receiving the report of a committee of its members appointed to consider the mode of electing into the council, and other matters. The recommendations of the Association of Fellows were of course mainly the subjects of discussion, and the Council was soon called on to vote on the question of accepting or rejecting the demands of the Association for reform. On the subject of election to the presidency annually by the Fellows, the committee registered six votes to three against the proposal, but a minority report signed by Messrs. Holmes, Erichsen, Cadge, and Smith was submitted to the Council, in which a mode of election conforming to the recommendation of the Association was advised. A division on this was therefore taken in the Council, and it is in the first degree necessary that the following lists of names should be well remembered in connection with the vote. There were nineteen members present, the absentees being Sir Spencer Wells and Messrs. Hutchinson, Heath, Smith, and Jones. *For* the motion, which was in effect to give a satisfactory answer to the Association of Fellows, five gentlemen only gave in their names, viz., Sir Joseph Lister and Messrs. Erichsen, Holmes, Cadge, and Allingham. *Against* it, and consequently against responding to the universal cry for reform, there voted, Sir James Paget, Messrs. Marshall, Lund, Savory, Wood, Power, Forster, Bryant, Hulke, Croft, Sir William MacCormac, and Messrs. *Lawson, Hill, and Durham.* It will thus be observed that the first prominent act of at least three of the last-elected members of the Council is a direct declaration of war against the Association of Fellows; and it remains to be seen how far the latter will permit vacancies to be filled in the future by candidates on whom no dependence can be placed.

We do not propose to examine the justification of its proceedings put forward in the report presented to the Council by the committee. One and all, they hinge on the fixed determination to keep all the power now in the hands of the Council; and the reasoning on which such action is defended is most childish in the extreme. On the burning question, for instance, of election to the presidency, the argument of the Council amounts in the end to an opinion that the interests of British surgery will best be served by adhering to the plan so long in vogue. It practically declines to believe that a choice made by the Fellows of the College, or the Fellows and Members together, could be so satisfactory to "British Surgery" as the plan of hoisting into the chair whoever has been longest enjoying the advantages pertaining to a councillor. Certainly in one sense this is true, but only if, as is probably intended, the terms "British Surgery" and the present Council of the Royal College of Surgeons are synonymous. It is, however, quite possible that the Fellows and Members, if called on to express an opinion, might not always show the enthusiasm exhibited by the Council in respect to the chief representative for the time being; although it must sometimes of necessity happen that the surgeon whose turn it is to be president deserves the dignity to which he is elevated by the mere influence of time. It is the object of the Association of Fellows to ensure that such a result shall not be dependent on chance, but that it shall be rendered a certain consequence of free election.

There is nothing now to interfere with the regular progress of the movement which the Associations of Fellows and Members, respectively, have been founded to promote. An opportunity has been afforded to the Council of showing itself, if not in harmony with, at any rate not wilfully opposed to, the spirit of reform alive within the body of the College. The opportunity has been rejected in such a fashion as to leave it manifest that nothing less than a determined siege of the works to be carried is to be contemplated; and if in the fight thus precipitated the Council finds to its cost how unwisely it reckoned on its own power as against that of the hosts it is opposing, only its own perversity will be to blame for the misfortune that must befall it.

THE UXBRIDGE MURDER CASE.

THE decision of the Home Secretary to recommend the exercise of Her Majesty's clemency in favour of the convict Elizabeth Gibbons, condemned to death for the murder of her husband at Uxbridge, is one that will commend itself to every candid reviewer of the facts of the case. We have already briefly referred to the circumstances, especially with reference to the important bearing of the medical evidence, on which almost entirely the verdict of the jury was founded; and after once more most attentively considering the whole of the circumstances, we are unable to admit anything stronger than extenuation to suggest a reason for interference with the course of the law. It is true that petitions largely and influentially signed have been lodged at the Home Office, praying for a fresh inquiry into the case; but while admiring the humane and charitable motives which have instigated such action on the part of those grieving at the terrible position in which a neighbour is placed, we cannot permit our judgment to be swayed by what is in itself mainly a sentimental argument. The case was carefully and patiently heard, the evidence adduced was convincing to the jury, and the opinion arrived at *by* the jury was emphatically endorsed by the judge before whom the prisoner was tried. That popular opinion does not unanimously regard the result as satisfactory should not in any way influence us to neglect the impressions conveyed by a perusal of the statements on which the verdict was based; and we cannot but regret that one of our contemporaries should have been so led away by the sentiments of a moment, as to assume a position of antagonism towards the profession of which it is the oldest journalistic representative. It seems to have been forgotten that the most trivial circumstances may sometimes be productive of results as disastrous as they are unintentional; and a little reflection will convince anyone how accidents of the most terrible description may be due to momentary impulses of passion, such as no one of us can hope to escape entirely. In domestic life it often occurs that acts are committed which are bitterly regretted, and which nothing but the irresistible influence of excitement can explain. A case in point came recently under our own notice; and as it may very well have a bearing in connection with the Uxbridge tragedy, it will be instructive to detail it in this place. We were one morning consulted by a gentleman for a considerable wound of the scalp, evidently of recent infliction, and the history of which was as follows:—While dressing, this gentleman, who was on the most affectionate terms with his wife, and to whom the latter, as we had reason to know, was fondly attached, had entered into a discussion, half serious, half comic, with her. For some time the lady bore his teasing good-humouredly, but eventually becoming annoyed at certain remarks intended in the purest spirit of *badinage*, but misinterpreted by her, she flung, without a moment's thought of what her action might result in, the brush with which she was smoothing her hair at her husband; and thus the wound for which we were consulted was caused, the missile, an ivory-backed brush, being sufficiently heavy to produce a laceration some two inches in length. Now, for the moment this lady was absolutely without control over herself, and had it chanced that a pistol ready loaded lay before her on the dressing-table, it is by no means improbable that exasperation would have compelled her to seize it as a means of revenge for the fancied slight she had suffered. Presuming such a modification of the circumstances of the case, and we have here an exact parallel to the history of the Uxbridge tragedy; and it offers also, abundant reason for admitting the plea of extenuating conditions, the force of which has been acknowledged in the commutation of the death sentence of Mrs. Gibbons.

The most important matter in connection with this unfortunate affair, as far as the medical profession is concerned, is the action taken in regard to it by our contemporary above referred to. It is always a subject of deep regret to us to witness any indication of a willingness to yield to outside clamour on the part of any of our professional brethren; but in the case of a representative paper, we cannot but think the most jealous precautions ought ever to be observed against the commission of any act subversive of the honour and dignity of our body as a whole. That the *Lancet* has on this occasion exceeded the just limits of medical criticism can hardly be gainsaid, for it has thrown aside the attitude of strict impartiality in order to press home a personal opinion respecting the innocence of a woman convicted of murder on the verdict of a full jury. The mischief arising from such action is not merely present; it must affect the future also; for having once departed from its legitimate *rôle*, the utterances of the *Lancet*, when occasion may call for them on another important question of like kind, must necessarily lack the force attaching to a judicial opinion; and such a result we cannot afford to contemplate as anything less than a misfortune to all connected with medicine.

A MISCARRIAGE OF JUSTICE.

WE invite the earnest attention of the profession to the case of Dr. David Bradley, lately practising at Brimmington, near Chesterfield, who at the last Leicester Assizes was convicted of an indecent assault and sentenced to two years' imprisonment and hard labour. The following are the facts so far as it has been possible for us to verify them:—

Dr. Bradley was educated in the Queen's College, Belfast, and graduated as M.D. and M.Ch. of the Queen's University in 1878. He acted for two years as Assistant to Dr. Thompson, near Darlington, and then entered practice on his own account at Brimmington, having subsequently been married and become the father of one child. Brimmington is a colliery district, and Dr. Bradley had several out-surgeries, where he attended on certain days weekly. In last July he was called to see a Mrs. Swetmore, wife of a collier, at her own house, and, having prescribed, he directed her to come to one of the out-surgeries for medicine. The woman did so, was alone with Dr. Bradley for not more than five minutes, and then presented herself in an adjoining house in a somewhat excited and tossed condition, where she declared that Dr. Bradley had criminally assaulted her. Others of the neighbours were called in and

heard the story, and with them the prosecutrix went to Dr. Bradley and accused him. He indignantly repudiated the charge, and said that the woman had had a fit, and that he had attended her to recovery, when she had left without making any such charge. Nevertheless he was accused before the police, indicted for rape, and, though acquitted of that crime, convicted of the minor charge. We have examined the depositions and informed ourselves as fully as possible respecting the evidence given at the trial, and we do not hesitate to express the opinion that the story told by the prosecutrix is absolutely incredible, and is, in all essential particulars, entirely uncorroborated; and that outside her testimony, no proof of his guilt worthy of being so called was adduced. Our grounds for these conclusions are as follows:—

1. That the offence was alleged to have been committed at 3 o'clock on a July afternoon, in a small room of a cottager's house with an unlocked door opening in front upon the street, and a second door (which the prosecutrix herself admitted was some inches ajar) opening on the back room of the house; that the front door was half glass, and neither it nor the window, which anyone could look through from the outside, were—as admitted by the prosecutrix—closed by blinds.

2. That if it were possible under any circumstances for one man to forcibly violate a stalwart collier's wife, it is totally incredible that he could do so twice in five minutes (as sworn by the prosecutrix), once on the seats of two small chairs, and a second time on the floor, and absolutely impossible that he could have effected such purpose (as also sworn) sitting straddled across the woman's closed legs.

3. That it was totally impossible that the prosecutrix could have resisted violently and screamed loudly (as she swore) in a ground floor room of a row of flimsy cottages with door ajar, in immediate connection with the street, and in close contiguity to a number of people, without one of them having heard a sound, except one, who thought he heard the words "Oh, don't!"

4. That if such a struggle had taken place, abundant marks would probably have been found on both the woman's and the doctor's person, and other convincing marks on their linen; but no mark was, in fact, found—though an examination was made immediately after the alleged assault—except a slight bruise on the woman's neck.

5. That Dr. Bradley's statement that the prosecutrix had a fit is fully consistent with the proved fact that she was the subject of frequent epileptic seizures for years before, and several times after, the alleged offence.

6. That the jury did not believe her evidence, inasmuch as they found not guilty on the indictment for rape, but, nevertheless, acted on the same evidence by finding the doctor guilty of an offence of which the prosecutrix did not accuse him.

7. That Dr. Bradley's antecedents and social and professional character entirely repel, as in the highest degree improbable, such an accusation.

For these reasons, based as they are upon the depositions and notes of examination of all the witnesses, we hold Dr. Bradley perfectly innocent, and, in the name of justice and pity, we appeal to the Home Secretary to cause further inquiry to be made without delay with a view to Dr. Bradley's release, if it shall appear that the evidence against him did not warrant the verdict.

The strength of public feeling in the locality in which Dr. Bradley practised is so great that a memorial is in course of signature by professional brethren amongst whom he walked in his daily life, and we believe that the greatest indignation at the result of the trial, and sympathy for the unhappy victim, are evinced by the working classes who knew him.

Notes on Current Topics.

The British Gynæcological Society.

THE foundation of a new medical society must always be a matter of interest to the profession, and in the case of that which first came into being on the 27th ult., there is, at least, sufficient reason why it should have an existence. The truth of this, moreover, is shown in the fact that already nearly a hundred names of gentlemen wishing to be members have been received; and there is every prospect that by the time the first meeting of the Society is held in April next, a very considerable increase on these figures will be made. The field of subjects open to an association of gynæcologists is so wide that no dearth of topics for discussion need ever be anticipated; while the interesting nature of the questions arising in connection with the diseases peculiar to women will ensure at all times a goodly attendance of members and visitors. The new society, moreover, commences its work under very favourable auspices, its officers leaving nothing to be desired, either in eminence or proved administrative capacity; and it remains only for it, by means of its first volume of *Transactions*, to justify the high opinions already formed of its importance.

Overcrowding at Nottingham.

AT an inquest presided over by the Nottingham Borough Coroner on Friday last, revelations of the most distressing kind were made, indicating the existence of a species of overcrowding among the poor which finds a parallel only in the worst quarters of great cities. The inquiry was held concerning the death of an infant fifteen hours old, and which, together with the father, mother, and two other children, occupied the one bed in the house, the sole covering of the family being an old piece of cocoa-matting. The husband of the parturient woman declared that he had been out of work for some time, and to this circumstance it was due that his family was in such a destitute condition. The coroner very properly censured him for omitting to seek aid from the parish rather than leave his wife uncared for in such a state; but the terrible deprivations suffered by these unfortunates is probably not without equal in several districts where depression in trade is now being felt.

Pathological Society of London.

THE annual general meeting of the Pathological Society, for the election of officers and council, was

held at the Society's rooms on Tuesday, January 6th, 1885, at 8·30 p.m. The following is a list of officers and council proposed for election for the year 1885:—*President:* John Syer Bristowe, M.D. *Vice-Presidents:* H. Charlton Bastian, M.D., F.R.S.; William Cayley, M.D.; George Johnson, M.D., F.R.S.; Samuel Wilks, M.D., F.R.S.; Arthur E. Durham; John W. Hulke, F.R.S.; George Lawson; Thomas P. Pick. *Treasurer:* John Wood, F.R.S. *Honorary Secretaries:* James F. Goodhart, M.D.; Henry T. Butlin. *Council:* Robert Barnes, M.D.; Arthur E. T. Longhurst, M.D.; Norman Moore, M.D.; Joseph F. Payne, M.D.; George V. Poore, M.D.; Frederick T. Roberts, M.D.; Felix Semon, M.D.; Seymour J. Sharkey, M.B.; Francis C. Turner, M.D.; Samuel West, M.D.; Arthur E. J. Barker; William W. Cheyne; Henry Hugh Clutton; W. Harrison Cripps; Frederic S. Eve; Cuthbert H. Golding-Bird; A. Pearce Gould; R. Clement Lucas; Henry Morris; Samuel G. Shattock.

Clinical Society of London.

THE Clinical Society will hold its annual meeting, for the election of officers and other members of the Council, on Friday, January 9th, 1885, at 8.30 p.m. The following gentlemen are nominated for election for the year 1885:—*President:* Thomas Bryant. *Vice-Presidents:* John W. Ogle, M.D.; James Andrew, M.D.; William Cayley, M.D.; Arthur E. Durham; W. Morrant Baker; Thomas P. Pick. *Treasurer:* Christopher Heath. *Council:* H. Radcliffe Crocker, M.D.; Sidney Coupland, M.D.; Arthur W. Edis, M.D.; William Ewart, M.D.; David W. Finlay, M.D.; F. de Havilland Hall, M.D.; David B. Lees, M.D.; Felix Semon, M.D.; T. Gilbart Smith, M.D.; John Williams, M.D.; Arthur E. J. Barker; Henry Hugh Clutton; J. N. C. Davies-Colley; Clinton T. Dent; A. Pearce Gould; J. Warrington Haward; R. Clement Lucas; John H. Morgan; Henry Morris; Gifford Ransford. *Honorary Secretaries:* Stephen Mackenzie, M.D.; Rickman J. Godlee, M.S.

The Harveian Society.

THE annual general meeting of the Harveian Society will be held on January 15th, 1885, at 8 o'clock p.m. precisely, for the purpose of electing the officers and Council for the ensuing year, and transacting the usual business. The following is a list of persons proposed by the Council as officers of the Society for the year 1885:—*President:* T. Morton, Esq., M.D. *Vice Presidents:* D. Ferrier, M.D., F.R.S.; Malcolm Morris, Esq.; J. H. P. Staples, M.D.; Charles Vasey, Esq. *Treasurer:* Thomas Buzzard, M.D. *Honorary Secretaries;* J. Ernest Lane; W. Ewart, M.D. *Council:* T. Bryant, Esq.; J. Cavafy, M.D.; H. E. Juler, Esq.; E. Symes Thompson, M.D.; A. Dunbar Walker, M.D.; G. P. Field, Esq.; F. Otley Lovell, Esq.; P. Kirkpatrick Picard, M.D.; W. H. Platt, Esq.; Henry Power, Esq.; T. Gilbart Smith, M.D.; John Williams, M.D. The President and Council of the Society have issued cards to a *conversazione* on the same evening at 8 o'clock. The President will also deliver his address.

The Bacillus Controversy.

In *Nature* for Dec. 25, 1884, there appears an important article on Koch's researches on the cholera bacillus, the writer being Professor Ray Lankester, F.R.S. The communication takes the form of a letter in reply to, and in criticism of a careful and complete *résumé* of Koch's work which appeared in *Nature* a short time prior to the publication of Prof. Lankester's rejoinder. In this the writer takes exception to the attitude assumed by pathologists in respect to bacteria, concerning the natural history of which he insists that botanists are of necessity much better informed than are they whose study of such organisms is confined to particular groups. On this account, according to Prof. Lankester, Pasteur, as well as Koch, has fallen into serious error, both in describling varieties of bacteria, and the changes, reproductive and developmental, which they undergo. The whole letter, indeed, is couched in a spirit directly antagonistic to the conclusions arrived at by the great German pathologist, and the nature of the arguments employed by Professor Lankester is of sufficient importance to justify that full consideration should be paid to them. He further declares his intention of presenting ere long to the scientific public a detailed examination of recent researches in bacterial pathology, and this will be awaited with much interest.

British Medical Temperance Association.—Irish Branch.

ON December the 18th the President, Deputy Surgeon-General Gunn, received the members and associates at his residence in Rathmines. The hon. sec., Dr. MacDowel Cosgrave, reported that the Branch was steadily gaining ground. A student associate was appointed from each medical school to represent the Association in his school. The hon. sec. was instructed to lay before the next Council meeting a card shortly explaining the objects of the Association, and which might be sent to the various hospitals and medical schools, with a request that it might be hung where the students could see it. The Association is composed of abstaining medical men and medical students. No pledge is exacted, and the liberty of prescribing stimulants is not interfered with.

Infantile Drunkenness.

AN inquest was held last week at Mercer's Hospital, Dublin, on the body of John Smith, aged six years, who had died in that institution from an overdose of alcohol. A day or two afterwards a boy named Nolan, about ten years of age, was found lying in the Coombe in a helpless state of intoxication. He was removed to the Meath Hospital, when it was found that life was extinct.

PROFESSOR POLK, of New York, has used hydrochlorate of cocaine successfully in two operations upon the cervix uteri. The results in these cases look toward an extensive usefulness of the new anæsthetic, not only in gynæcology, but in many of the minor surgical operations.

Ricord on the Contagion of Cholera.

M. RICORD, at a recent meeting of the Académie de Médecine, made what he described as a confession of faith. He had witnessed all the epidemics of cholera, the first, in 1832, included. At that moment there were 600 patients in the hospital where he was physician. Not one of these 600, either before the entry or during the residence of the cholera patients, was attacked with cholera. Not one of the nurses, male or female, nor of the medical officers, caught cholera. Dr. Ricord adds that, during this epidemic, he did not see any facts which lead him to believe that cholera is contagious. His conviction remains the same after studying the subsequent epidemics, and he is strongly opposed to quarantines, which are irksome and useless.

Puerperal Septicæmia.

DR. T. GAILLARD THOMAS, of New York, thus epitomises the treatment of a *declared undoubted* case of puerperal septicæmia, marked by the usual symptoms of pulse of 120, temperature 105° or 106°:—"1. Quiet all pain by morphine hypodermically. 2. Wash out the uterine cavity with antiseptics. 3. Lower the temperature at once below a hundred, not by the barbarous method of a cold bath, but by the far better one of the coil of running water. 4. Feed the patient upon milk, and nothing else, unless some good reason exists for changing it. 5. Exclude from her room all except the nurse and doctor, keeping her as quiet as possible."

Irritable Spine and Spinal Myalgia.

AN interesting paper on this subject appears in the December number of the *Practitioner*, written by Dr. Gee, Physician to St. Bartholomew's Hospital. He there defines "irritable spine" as meaning "painful spine," just as "irritable uterus" means "painful uterus." Pain constitutes the whole of the disease. Neither during life nor after death are any gross morbid changes to be detected. He takes exception to the view ordinarily put forword, that to an irritable spine may be traced a host of other aches and troubles, such as lumps in the throat, palpitation, dyspnœa, spasmodic cough, gastralgia, nausea, vomiting, irritability of the bladder, or suppression of urine. He believes all this to be a mistake, as he believes it also to be a mistake that the pain of an "irritable spine" is due to a "sub-acute inflammatory state of the posterior roots of the spinal nerves, or even of the spinal marrow itself." The symptoms mentioned may concur with an attack of irritable spine, but he maintains they are not the effect of it. Indeed, the idea of cause and effect must be reversed in the case of some of these supposed symptoms, such as menorrhagia. He points out the necessity for forming a correct diagnosis between two very different forms of irritable or painful spine; first, that in connection with co-existent painful affection of the spinal nerves emerging from the sensitive spot in the spine (neuralgic), and that in which the pain is confined to the spine, and which is usually due to myalgia; this Dr. Gee believes to be closely allied to fatigue, which may depend upon actual overwork in a fairly healthy body, or overstrain upon a muscle which is unfitted for a normal amount of work, in the case of general depression of bodily health in the sufferer. Spinal myalgia is increased by movement and diminished by rest. He illustrates this form of irritable spine, *i.e.*, that due to myalgia, by the notes of a very interesting case, in which all the features of such an affection were well marked.

In conclusion. he touches upon the treatment, especially upon the necessity for careful dieting and frequent feeding. Whilst commending rest to the muscles, he utters a warning note against the danger of condemning a patient to enforced rest in bed, or on the sofa, as likely to make the patient a confirmed hypochondriac and invalid. This portion of the treatment must be approached very tentatively, the inclination to give way to slothful indulgence upon the sofa being carefully watched and counteracted. Local applications, such as hot douches, belladonna liniment, &c., &c., are useful in fighting this complaint.

The International Congress of 1887.

A MEETING of the preliminary committee, to arrange for the Congress, was held in Washington on November 29th, when the following officers were elected:—President—Dr. Austin Flint, Sr., of N.Y. Vice-Presidents—Dr. Alfred Stillé, of Philadelphia; Dr. Henry I. Bowditch, of Boston; Dr. R. P. Howard, of Montreal, Canada. Secretary-General—Dr. J. S. Billings, U.S.A. The work of the Congress will be divided into eighteen sections, as follows:—(1) Medical Education, Legislation and Registration, including methods of teaching, and buildings, apparatus, &c., connected therewith; (2) Anatomy; (3) Physiology; (4) Pathology; (5) Medicine; (6) Surgery; (7) Obstetrics; (8) Gynæcology; (9) Ophthalmology; (10) Otology; (11) Dermatology and Syphilis; (12) Nervous Diseases and Psychiatry; (13) Laryngology; (14) Public and International Hygiene; (15) Collective Investigation Nomenclature and Vital Statistics; (16) Military and Naval Surgery and Medicine; (17) Experimental Therapeutics and Pharmacology; (18) Diseases of Children. The subject of therapeutics is thus restored to the list, and the number of sections is greater than at any previous Congress. At the London Congress there were but 15 sections, and a sub-section of laryngology, which has since been raised to the dignity of a full section. There are two sections quite new, viz., that on Medical Education, Legislation. and Registration, and that on Collective Investigation and Vital Statistics; and the obstetric medicine and surgery of former years has been split into two sections of Obstetrics and Gynæcology.

DURING the discussion in the French Chamber on the budget for public instruction, Dr. Bourneville proposed that all the Professors of Superior Instruction should retire at the age of 70 years; but the Minister claimed for himself and the Permanent Council of Public Instruction the right conferred upon them by the Decree of 1882, of compelling the resignation on pension of any professor whose teaching had ceased to keep up with the progress of science. The Chamber accordingly passed on to the order of the day.

DR. DENHAM, the distinguished obstetrician and ex-Master of the Rotundo Hospital, Dublin, has, in consequence of delicacy of health, retired from the active practice of the profession, and, having given up his house in Dublin, will reside in future in the suburbs. He has, therefore, resigned all the public offices, including his seat on the Council of the Irish College of Surgeons and on the Obstetrical Council of the Irish Academy of Medicine. It was not to be expected that those who have known and appreciated Dr. Denham's professional labours for the past half century would permit the occasion of his severance from practice to pass without indicating their estimation of his qualities socially and as a physician, and, accordingly, a movement has been successfully initiated to present him with a testimonial. The meetings in furtherance of this movement have been most representative—the chair being taken alternately by the Presidents of the two Colleges, and we are pleased to hear that the subscriptions already promised are numerous. The subscription is limited to £2 2s., which we think is to be regretted, inasmuch as there are many of Dr. Denham's professional brethren and friends whose feelings of regard for him are very inadequately represented by such a sum. The hon. secs. of the fund are Drs. Kidd and Atthill, but subscriptions will be gladly taken charge of by any of the committee. We anticipate a liberal response on the part of the profession to their appeal.

AT a meeting of the Metropolitan Asylums Board on Saturday last, the number of fever and small-pox patients under treatment was shown by official returns from the various hospitals to have decreased since the previous meeting.

THE rage for sanitation has spread even to the little kingdom of Servia, which country has sent a commission to this for the purpose of inquiring into and inspecting the various systems of drainage, water supply, disinfection, &c. On Saturday last Brighton was "interviewed' by the commission, and much interest was evinced in all that was there in this direction.

IN the churchyard at Fredericksburg, Va., is a tombstone on which may be deciphered these words:

"Here lies the body of
EDWARD HELDON,

Practitioner in Physics and Chirurgery. Born in Bedfordshire, England, in the year of our Lord 1542. Was temporary with, and one of the pall-bearers of William Shakespeare, of the Avon. After a brief illness his spirit ascended in the year of our Lord 1618—aged 76."

DR. O'NEILL, medical officer of the Athy workhouse, was last week bound over to keep the peace towards Mr. Redmond, J.P., one of the *ex officio* guardians, who summoned him for the use of threatening language on the occasion of a declaration by Mr. Redmond of his intention to repeat a visit of inspection which Dr. O'Neill had objected to as being unauthorised. Notice of appeal was given.

NOTWITHSTANDING the cold weather of last week, the average mortality in all the large towns of the United Kingdom was only 20 per 1,000 of the population. It may also be noted as a curious fact that, with perhaps the exception of Glasgow, that the death-rate gradually but very decidedly decreased during the whole of December, notwithstanding the milder weather that prevailed during the first half. In the five principal towns the rates of mortality last week were: London, 18·6; Edinburgh, 20·5; Liverpool, 25·0; Dublin, 26·6; Glasgow, 34·9.

MR. JAMES VAUGHAN, late Surgeon Major Bombay service, died at Builth on the 17th ult. He served in the Crimean war, in the Persian Expeditionary Force in 1857, and in the Indian Mutiny, and was honourably mentioned in general orders on several occasions. Mr. Vaughan was Sheriff of Breconshire in 1875, and of Radnorshire in 1878, and was also a magistrate in both counties.—Mr. George Nuttall, a retired army surgeon, residing at Ayr, committed suicide on the 28th ult., by cutting his throat. He died in about two hours after inflicting the wound.

AN examination of candidates for thirty-two commissions in the medical staff of Her Majesty's army is announced to be held at the London University on the 9th of February.

THE Queen's permission to Dr. James Andrew Sandiland Green to accept and wear the Insignia of the Third Class of the Order of the Medjidieh, which the Sultan has conferred upon him as a promotion in that order, was signified in the last official *Gazette*.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

CLINICAL TEACHING IN EDINBUGH.—There is a widespread, if not very articulate, feeling among the students of Edinburgh that clinical teaching in the wards of the Infirmary is not equal to the natural demands of the students. This does not arise from a want of capacity on the part of the teachers, for no one can deny that the present staff is in every way well competent for the task of imparting sound practical knowledge, but from the fact that the number of students is far in excess of the supply of teachers. The complaint of the students is that they cannot get near the beds, and that no opportunity is given them for becoming practically acquainted with the physical signs of the disease ably discoursed at the bedside, but which, from the number in the class, they are compelled to listen to on the outskirts of a phalanx five or six deep. It is generally admitted that it is not the large number of cases which a student sees, but the number in which he has thoroughly mastered all the details from which he learns anything. One thing is certain, either the infirmary authorities must provide more teachers with fewer beds, or provide other means for clinical instructions at Chalmer's or Leith Hospitals. If this is not done

the great medical school of Edinburgh will soon find that a very material falling off in the number of students will take place.

WHY DO STUDENTS COME TO SCOTLAND?—The answer to this question is not difficult to find; because, for a fee equal in amount to that paid for simple instruction at one of the London hospitals a candidate for the profession can obtain two University degrees in the same time that he can procure the Membership and Licence of the Colleges of Surgeons and Physicians, and at no greater mental strain. A man of very average mental capacity, a moderate amount of industry, a good note-taker, and ready to pay for *all* the "practical classes" which, in the aggregate, does not amount to the London charge for education, can, as we have just said, take the University degrees offered. That, after having retailed to his examiners what he has "noted," from them, he will be a better practical man than his London *confrère* may be questioned, but he will have this advantage over him, of displaying two degrees before the eyes of a public exquisitely partial to high-sounding titles and bright plumage. That the possession of a degree ensures ultimate success does not follow, but there cannot be a doubt but that at the start a degree does go a long way, and the great bulk of the profession admit by their travels abroad to foreign Universities to obtain degrees, that such is the case. A teaching University in London, willing and ready to give degrees on the lines adopted by the Scotch Universities, would largely diminish the number of students coming to Scotland. That we are correct in this surmise is shown by a letter in a contemporary from Dr. McVail, who has demonstrated that the removal of the University of Glasgow has caused the desertion of the Royal Infirmary. If the University, says Dr. McVail, "were to migrate to the top of Ben Nevis, thither would students follow it for degrees."

EDINBURGH UNIVERSITY COUNCIL ASSOCIATION.—This is an association admirably presided over by Dr. John Duncan to advocate the claims of the University Council to a more active share in the general administration of the University. A circular detailing the general principles of the scheme has been forwarded to the members of Council, and we trust that a hearty response will be accorded to Dr. Duncan and those associated with him.

HEALTH OF EDINBURGH DURING 1884.—The mortality has been 4,556, and the death-rate 19 per 1,000. There were 7,481 births, giving a birth-rate of 30 per 1,000. The death-rate of the New Town has been 16·2 per 1,000; of the Old Town, 22·81; and of the Southern Suburbs, 14·77. 555 deaths occurred from zymotic diseases, giving a percentage of 12·18; of these, nearly one-half was due to whooping-cough. The intimations of infectious diseases amounted to 4,716.

EDINBURGH.—HEALTH OF THE CITY.—For the week ending with Saturday, the 27th ult., the mortality in Edinburgh was 89, and the death-rate 19 per 1,000. There were 22 deaths under 1 year and 33 above 60, of which 10 were above 80, and 1 above 90 years. Diseases of the chest accounted for at least 50 deaths, and zymotic causes for 5, of which 1 was due to scarlatina, 3 to whooping-cough, and 1 to erysipelas. The intimations for the week comprised—fever 13, diphtheria 3, small-pox 1, scarlatina 28, and measles 8. The case of small-pox was imported directly from London.

GLASGOW DEATH-RATE.—The deaths in Glasgow for the week ending with Saturday, the 27th ult., were at the rate of 35 per 1,000 per annum of the population. The previous week the rate was 32 per 1,000, and the corresponding weeks in 1883, 1882, and 1881, 24, 33, and 27 respectively.

Correspondence.

THE NORTH-WEST LONDON HOSPITAL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Perceiving a note of inquiry with editorial reply relative to the staff of this unfortunate institution in your last issue, I also am led to ask for information, having just received an appeal from the authorities of the hospital in question which has excited my surprise and curiosity.

From a singularly-worded circular letter signed by the treasurer, it appears that the liabilities of the institution are £937, while the available funds are only £99. From printed documents which accompany this appeal it would appear that the whole of the medical staff resigned their appointments in June last, expressing their dissatisfaction with the general management of the institution. Since then a new staff has been in part obtained, and it is stated that the rules and regulations have been revised by a committee. An examination of these revised rules and regulations is hardly calculated to inspire confidence in the minds of intending subscribers. Rule 27 provides that in consideration of Mrs. Caroline Menzie and Miss Olivia Learmouth transferring the leases of certain houses held by them, they, "as founders of the hospital, shall retain, during their own pleasure, their present position in the management and superintendence of the hospital, and shall be members of the Committee of Management and of the House Committee." Rule 15 states that "at the Annual General Court all the Committee, except the *three* founders, shall retire, but shall be eligible for re-election."

On reference to the Medical Directory for the last few years it will be seen that Dr. B. Arcedeckne Duncan describes himself as a founder, and late Senior Physician to the North-West London Hospital for Women and Children—presumably the same establishment. If Dr. Duncan be also a founder, why is he excluded from participation in the privileges and advantages accorded to the *two* (or three?) founders, and provided for in their revised rules?

It is stated that the medical staff resigned at a very unfortunate period, viz., just before the annual bazaar, which is stated only to have realised half the usual takings. Even with this alleged reduction in view it is difficult to understand why a hospital which had no staff for some months, and therefore presumably no patients, should nevertheless contrive to make expenditure exceed income by over £800.

I would, moreover, call attention to the fact that, although the authorities that be carefully publish a list of the staff so far as they have been enabled to constitute one up to the present time, a list of the fresh committee has been by some strange error omitted.

Lastly, the maintenance in the Medical Directory, of 1885 of the names of Sir Andrew Clark and Mr. Christopher Heath as members of the consulting staff after their published declaration in the medical journals of June last calls for explanation.

I am, Sir, yours, &c.,
IGNOTUS.

"THE MEDICAL DIRECTORY" FOR 1885 AND THE NORTH WEST LONDON HOSPITAL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Referring to the letter of your correspondent, "M.D.," and your editorial comment thereon, allow me to state that the appearance of the names of Sir Andrew Clark and Mr. Christopher Heath as attached to the Consulting staff of this hospital, was *not* an error. Both these gentlemen gave their consent when asked to allow their names to be thus connected. In deference, however, to the united request of the former staff, they subsequently withdrew their consent, but not until after the "Directory" was in the press. I had already pointed this out to Sir Andrew Clark and Mr. Christopher Heath, and the former has assured me, in reply, that my explanation "is perfectly satisfactory."

I am, Sir, yours obediently,
ALFRED CRASKE, Secretary
Jan. 3rd, 1885. North-West London Hospital.

[Considering that nearly six months elapsed between the resignation of the medical staff and the printing of the "Medical Directory" for 1885, we fear the explanation vouchsafed by our correspondent will not be so "perfectly satisfactory" to the profession at large.—ED.]

Literature.

SWANZY'S DISEASES OF THE EYE. (a)

As we have had occasion to question the necessity for the redundancy of manuals on diseases of the eye issuing from the press, it is pleasing to meet with one of more value, and which may be said to justify its appearance. Mr. Swanzy's Handbook is quite an exception to the general run of text-books on eye affections. It is clearly and concisely written; it lends itself to no crotchets; it advocates no new operative procedure merely because it has been ushered in with a flourish of trumpets; its illustrations and type good, its matter varied and quite up to date; while it embraces the greater portion of the various diseases of the eye, and which may come under the observation of the student. It may be noted also that even the cover of the volume is made to do duty; on it samples of coloured wools are sewn, not so much for use as colour tests as for suggesting a proper selection. Having said so much generally on the merits of Mr. Swanzy's Handbook, we proceed to offer a few critical remarks on points of practice which appear to differ in some measure from those ordinarily accepted. The reasons assigned for omitting the anatomy and physiology of the eye from its pages are valid, otherwise it would have been almost impossible to bring so much practical information within the space of 400 pages. The first twenty pages are devoted to elementary optics; the author then passes to the consideration of normal and abnormal refraction and accommodation. It appears to ourselves, however, as a little out of place to discuss complications and organic changes presented by the fundus oculi in connection with progressive myopia before the use of the ophthalmoscope has been fully explained. In the next chapter diseases of the eye are fairly entered upon, commencing, as usual, with affections of the lids, and proceeding to the deeper-seated structures. There is not much to be said about diseases of the conjunctiva. With regard to blennorrhœa neonatorum, we take Mr. Swanzy's view, that prevention is better than cure, and a great deal of good might be done in this direction if antiseptic rules formed a part of the routine of the lying-in-room. Caustic applications are generally inadmissible in its treatment, and 15 and 20 grain solutions of nitrate of silver are scarely ever necessary even in acute blennorrhœa. We question also the value of a "free and daily use of the scissors for the relief of chemosis of the conjunctiva." We notice a sharp line is drawn, as it should be, between croupous and diphtheritic conjunctivitis; the former is always amenable to treatment, the latter very rarely so. Granular lids, formerly a too well-known sequela of blennorrhœa, for the most part due to an improper use of strong caustic solutions, are now rarely seen. The yellow oxide of mercury ointment is a usueful local application in phlyctenular forms of disease. The introduction of this remedy is improperly attributed usually to Pagenstecker; the ointment was, in fact, first made by the late Mr. Peter Squire for Mr. Guthrie, and a formula for it appeared in an early edition of "Squire's Companion." It is a useful ointment in diseases of the lids, and a reliable remedy in pediculi tarsi, an affection which Mr. Swanzy has inadvertently altogether omitted.

Clonic cramp of the orbicularis, a troublesome affection, and one which medical men are frequently called upon to treat, is dismissed too briefly; and ptosis, a disease of the third pair, although rarely improved by operative measures, is often amenable to a judicious course of medical treatment. Diseases and injuries of the cornea are fully discussed; the sclerotic, on the other hand, is somewhat too curtly treated. The massage treatment of H. Pagenstecker in chronic affections of the sclerotic savours too much of quackery; at any rate, we have found it useless. The treatment of iritis by the frequent instillation of a four-grain solution of atropine will be regarded as heroic, if it were not unattended with danger, but there can be no two opinions about the value of potassium iodide in either plastic or rheumatic iritis, and Mr. Swanzy in his next edition ought to substitute *should* or *must* for "may be given internally" (p. 200). There can be no doubt about the value of iridectomy in partially closed pupil; the method of doing the operation is quite in place under the head of "Operations on the Iris;" indeed, V. Graefe first proposed this operation for closed pupil, and for "antiphlogistic purposes in recurrent iritis." Its mode of action in cases of acute and subacute glaucoma, as Mr. Swanzy points out, is not yet clearly understood. V. Graefe, at one time, believed it to act by diminution of the secreting surface of the intra-ocular fluids, but later investigations go far to disprove this theory; they rather tend, indeed, to show that "the cure depends not on the removal of the portion of iris, but rather on the incision made in the corneo-sclerotic margin, and the resulting cicatrix, which admits of a certain amount of filtration through it of the intra-ocular fluids, in this way keeping down tension to the normal standard." If this be truly so, it is very difficult to see why sclerotomy and corneo-scleral section (section of the ciliary muscle) should not altogether replace iridectomy in acute as well as chronic glaucomatous affections. This question is still more difficult to answer, as by the instillation of eserine we can very effectually lessen danger from prolapse of the iris.

We have already exhausted the space at our disposal, but before concluding we would say we are in agreement with Mr. Swanzy as to the too frequent removal of the eyeball, both in cases of injury and sympathetic affections. His rules for the guidance of the surgeon in both cases are, on the whole, judicious. For our part, we would eliminate rules 4, 5, and 6, preferring in each instance to fall back upon the medical treatment and careful nursing of the fathers of ophthalmology. There is little room to say anything new about cataract that has not already been said over and over again. The author's views on the diagnosis and treatment of this disease are sound and judicious; with the exception of those applying to the diabetic and albuminuric forms of the disease, neither of which the majority of ophthalmic surgeons regard as at all favourable for extraction. We are glad to find Dr. Swanzy has not abandoned the good old flap operation, and looks with disfavour upon the employment of anæsthetics, which indeed will shortly give place to cocaine. Our criticisms are made in no carping spirit, but rather to invite attention to certain defects, and which strike us as needing some amendment on the part of the author in the preparation of a second edition, which we venture to think will soon be called for. Mr. Swanzy's Handbook is destined to take the place of more pretentious manuals, and become, as he intended it, "an important aid to the student and practitioner of clinical ophthalmology."

(a) "A Handbook of the Diseases of the Eye and their Treatment." By H. R. Swanzy, M.B., F.R.C.S.I., &c. London: H. K. Lewis, 1884.

LETTS'S DIARIES FOR 1885.

THE daily record of the practitioner's business engagements which Messrs. Letts have provided for his use in so comprehensive and convenient a form has reached us in anticipation of the year '85, and—so far as improvement was possible—in an improved form. The Medical Diary and Pocket-Book is a neat and eminently respectable-looking companion for one's rounds, the acme of convenience for ready reference, and the system upon which it is arranged for work is, we think, as nearly perfect as possible. This, as well as the many other publications of the firm for the coming year, show that they are alert to seize every suggested improvement, and to place it at the disposal of the profession and the public.

Pass Lists.

University of Dublin.—The following degrees have been recently conferred:—

BACHELOR IN SURGERY.—Baptist Gamble Frith, William Hallaran, Francis John Harpur, G. Kiddle, Telford Smith.

BACHELOR IN MEDICINE.—Alexander James Boyd, John Blacker Buchanan, Thomas N. Flood, Baptist Gamble Frith, Richard Whately Gilmore, William Hallaran, G. Kiddle, Francis Joseph George King, William Richardson Rice, Rowland Hill Scovell, John James Watson.

Royal College of Surgeons in Ireland.—The following candidates having passed their final examinations for the Letters Testimonial, were admitted Licentiates of the College at the December meetings of the Court:—

Alfred E. T. Barcroft, Patrick J. Barry, Anthony L. Blake, Henry Breen, Edward Browne, Alban Butler, William J. Darby, Vesey Davoren, Ignatius P. Doyle, John Emerson, John Esmond, Henry J. Flanagan, William F. Fullam, Joseph W. Gallagher, John J. Gaynor, George E. Greene, James Halpin, Ernest Howe, Francis Knox Blake, John E. Lanegan, William H. Suggar, Anthony J. Luther, Joseph D. McFeely, John McGuinness, Herbert C. Mooney, John L. Moore, Bernard Murray, James Normile, Marshall P. O'Donovan, Paul A. Pelle, James E. Riddle, Alfred J. S. Roe, John C. Sellers, Graves Stoker, Henry Stoker, Davis D. Tate, Robert C. Thacker, Richard H. Vereker.

Notices to Correspondents.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean and flat after it has passed through the post.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

DR. LE SOUDIER (Paris).—We have directed our publisher to forward you terms of subscription. Kindly address business inquiries to him in future.

PROFESSOR CHARCOT (Paris) will please receive our best thanks.

A PROVINCIAL PRACTITIONER.—Phosphate of ammonia, bicarbonate of potash, and especially citrate of potash, and small doses of mercury are indicated in the case under notice; and Hunyadi Janos, Friedrichshall, Carlsbad, and Vichy as mineral waters.

HIPPO asks—1. Where shall I get the best information on psoas and lumbar abscesses? The ordinary surgical works only treat of the subject in a few lines. 2. Is there any library where a medical man could get the loan of a work for a few days on payment of a certain sum and lodging price of book till returned? 3. Who is the publisher of Gamgee's treatise on Treatment of Wounds, &c., and what is the price?

[1. No monograph on the subject that we know of. 2. The only circulating medical library in Dublin has been long since discontinued. 3. Gamgee's work is published by Churchill, at 10s.—ED.]

MR. H. E. S. (Manchester).—Nitric and hydrochloric acids are the most reliable solvents of earthy and alkaline phosphates.

MR. ROBINSON.—Convincing as the argument may appear to those unacquainted with the fallacious nature of its premises, it is really most worthless. The proportion of recoveries must necessarily vary with the surrounding conditions, and these are entirely ignored in the account.

"WHITTLE AND HUTCHINSON FUND."

WE are requested to announce the following additional contributions to the above fund:—

Dr. J. Cameron	£10	10	0	Mr. F. W. Lowndes	£1	1	0
Dr. G. Walker	5	5	0	Mr. R. Williams	1	1	0
Mr. E. Lund	5	5	0	Mr. C. Puzey	1	1	0
Dr. E. H. Dickinson	5	5	0	Mr. G. E. Walker	1	1	0
Dr. Fitzpatrick	5	5	0	Dr. McAfee	1	1	0
Mr. R. Hamilton	3	3	0	Dr. Finnegan	1	1	0
Dr. Glynn	2	2	0	Mr. B. Blower	1	1	0
Dr. Adam	2	2	0	Dr. Hibbert Taylor	1	1	0
Dr. Burton	2	2	0	Dr. Caton	1	1	0
Dr. Bowen	2	2	0	Dr. Imlach	1	1	0
Mr. J. Hakes	2	2	0	Dr. Prytherch	1	1	0
Mr. R. Harrison	2	2	0	Mr. D. Harrison	1	1	0
Dr. Beaman	2	2	0	Dr. Rawdon	1	1	0
Dr. Wallace	2	2	0	Mr. N. March	1	1	0
Dr. A. Davidson	2	2	0	Dr. A. W. Pierce	1	1	0
Dr. Pierce (Hoylake)	1	1	0	Mr. J. Newton	1	1	0
Dr. Barron	1	1	0	Dr. J. P. Harris	1	1	0
Mr. E. Parker	1	1	0	Mr. C. Johnson	1	0	0
Dr. Weaver	1	1	0	Dr. A. Cameron	1	0	0
Dr. D. Hendry	1	1	0	Dr. Renshaw	0	10	6
Dr. Roger Parker	1	1	0	Mr. W. Turner	0	10	6
Dr. Hopper	1	1	0	Dr. Mules	0	10	6
Dr. Gorst	1	1	0	Dr. Pitcairn	0	10	6
Dr. C. B. Wilson	1	1	0	Mr. T. Dawson	0	10	6
Dr. R. Brannigan	1	1	0	Dr. Bailey	0	10	6
Dr. Sinclair	1	1	0	Dr. Bernard	0	10	6
Dr. Oxley	1	1	0	Mr. E. Jackson	0	5	0
Mr. E. A. Browne	1	1	0	Dr. Bradley	0	5	0

Subscriptions should be sent to Dr. NEVINS, 3 Abercromby Square, Liverpool, or to the "Whittle and Hutchinson Fund," North and South Wales Bank, Hardman Street, Liverpool.

DR. FRANCIS.—Our publisher has been instructed to send you the numbers required. You are mistaken in your supposition respecting the date of the inauguration. It took place in 1875, not 1879.

DR. COLLINSON.—The supply of cocaine is necessarily limited at present, since the demand for it has arisen so suddenly. Doubtless before long it will be obtainable in greater abundance, when its employment in dentistry will become more general.

F. K. N.—Nothing will be likely to prove so efficacious in the way of treatment as cold water bathing every morning. At this time of the year it may be well to raise the temperature of the water, however, to about 60°, unless it can be borne colder without an unpleasant sensation, and if reaction is speedy on emerging from the bath, other treatment should be of a general tonic kind.

MR. MARSTON.—Amputation of the cervix uteri is, under certain circumstances, not only justifiable, but legitimate. It may be questioned, however, whether other modes of treatment should not previously be carefully tried, removal of the neck being left for a final resort.

Meetings of the Societies.

THURSDAY, JANUARY 8TH.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—At 8.30 p.m., F. R. Cross—1. Case of Congenital Iridæremia; 2. Cystic Tumour of Iris; 3. Cholesterine Crystals in the Vitreous.—E. Nettleship, Total Detachment of Retina of long standing, with Retention of some Sight.—W. A. Brailey, Irido-cyclitis, with hyphæma and enormously deep ant. chamber (sequel of case shown at last meeting).—G. Hartridge, Opaque Nerve Fibres.—W. H. Jessop, Tubercle Bacilli in Blood Serum (cultivated), and in Iris of Rabbit (after inoculation).—Ophthalmoscopes will be exhibited by Messrs. Couper, Gunn, Morton, and G. L. Johnson, &c.—W. H. Jessop, On the Cocanised Eye.—Discussion on the action of Cocain (adjourned from last meeting).—W. A. Brailey, On the Condition of the Ciliary Nerves in various Eye Diseases, with microscopical specimens.—J. Couper, An Improved Ophthalmoscope.—A. S. Morton, An Improved Student's Ophthalmoscope.—Report of Committee on the Influence of the Vapours of Bisulphide of Carbon and of Chloride of Sulphur on the Vision and General Health.

FRIDAY, JANUARY 9TH.

CLINICAL SOCIETY OF LONDON.—At 8.30 p.m., Annual General Meeting for election of Officers and Council.—Dr. Hale White, Case illustrating Lesions of the Frontal Lobe, with very few symptoms.—Dr. Pringle, A Case of Recurrent Hæmatemesis with Urticaria.—Mr. B. Roth, A Case of Hydrocephalus in a boy aged 16, who has never walked (living specimen).

MONDAY, JANUARY 12TH.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—At 8 p.m., Annual General Meeting. Election of Officers and Council for ensuing year.—Communication from E. A. Bogue, of New York.—Mr. Storer Bennett, F.R.C.S., On Herbst's Method of Filling Teeth with Gold.—The President will deliver his Valedictory Address.

Vacancies.

Inverness Northern Infirmary.—House Surgeon. Salary, £50, with board, &c. Applications to the Secretary before Jan. 17.

Naas Union, Rathmore Dispensary.—Medical Officer. Salary, £140, and fees. Election Jan. 13. (See advt.)

Portumna Union, Eyrecourt Dispensary.—Medical Officer. Salary, £112 10s. and fees. Election Jan. 13.

Appointments

COLLINS, W. J., M.D., B.S., B.Sc. Lond., F.R.C.S. Eng., Ophthalmic Surgeon to the North-West London Hospital.

EVANS, J. F., M.B., C.M., House Surgeon and Senior Resident Medical Officer to the Bristol Royal Infirmary.

FLETCHER, W. W. R., M.B. Cantab., M.R.C.S., Medical Officer of Health for the Ormskirk Rural Sanitary District.

GELSTON, R. R., M.D Glas., L.R.C.S.I., Resident Medical Superintendent to the Ennis District Lunatic Asylum.

HUTCHINSON, J., jun., M.R.C.S., Surgical Registrar to the London Hospital.

LATCHMORE, Mr. E., Demonstrator to the Dental Hospital of London.

LIPTROT, A. B., M.R.C.S., L.R.C.P. Ed., House Surgeon to the Liverpool Eye and Ear Infirmary.

MACKRELL, A. S., M.R.C.S., L.R.C.P. Ed., Assistant Dental Surgeon to St. Bartholomew's Hospital.

MCCREADIE, W., M.D., Medical Officer for the Pariah of Logie, Coldstone, N.B.

POLAND, J., F.R.C.S. Eng., Surgeon to the Miller Memorial Hospital, Greenwich, S.E.

POWELL, A. W., L.R.C.P. Ed., L.R.C.S. Ed., Assistant Colonial Surgeon and Medical Officer to the Mount Gambier Hospital, South Australia.

ROE, R. G., L.R.C.P., L.R.C.S. Ed., of Carney, Coroner for the Baronies of Carberry and Tirrerill, and for the Parish of Ballisodare.

THURSTON, H. C., M.R.C.S., L.R.C.P. Lond., Assistant Resident Medical Officer and Pathologist to the Bristol Royal Infirmary.

Births.

CHANT.—Jan. 1, at 208 Adelaide Road, London, N.W., the wife of Thomas Chant, M.R.C.S., of a daughter.

M'CLEAN.—Dec. 31, at 22 Westland Row, the wife of Surgeon Francis M'Clean, dentist, of a son.

PATERSON.—Jan. 1, at Amatola, Aberdeen, the wife of A. Gordon Paterson, M.B., C.M., of a daughter.

STEPHEN.—Jan. 2, at 58 Queen's Gate Terrace, London, S.W., the wife of Andrew Stephen, M.D., of a daughter.

Deaths.

BAKER.—Dec. 31, at Gomersal, near Leeds, Edward L. Baker, M.B. L.R.C.S. Ed.

LEIGH.—Dec. 20, at Llanfabon, John Leigh, J.P., F.R.C.S., aged 65.

MAYNARD.—Jan. 1, at Hastings, Forster F. M. Maynard, L.R.C.P. Lond., M.R.C.S., late Health Officer for Rangoon.

M'DONNELL.—Nov. 21, drowned at Washipore, India, Richard M'Donnell, L.R.C.S.I., eldest son of the Archdeacon of Meath.

MORTON.—Dec. 23, at The Coed, Stroud, George R. Morton, M.D., Inspector-General, Indian Medical Service (retired).

ROSS.—Nov. 9, at Egwira, Axim, West Coast of Africa, of yellow fever, Frederick O Ross, M.B., aged 28.

VAUGHAN.—Dec. 17, at his residence, Llanvair House, Builth, James Vaughan, late Surgeon-Major Bombay Army, aged 56.

WRIGHT.—Dec. 28, at Clifton, John Freeman Wright, M.R.C.S., late of Seymour Street, London, aged 66.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 14, 1885.

CONTENTS.

ORIGINAL COMMUNICATIONS.

Lettsomian Lectures on Disorders of Digestion: their Consequences and Treatment. Delivered before the Medical Society of London. By T. Lauder Brunton, M.D., F.R.C.P., F.R.S., Assistant Physician to St. Bartholomew's Hospital 21

Case of Ovariotomy with Extensive Adhesions. By Charles E. Steele, M.R.C.S., Hon. Assistant-Surgeon Hospital for Women, Liverpool 27

A SUMMARY OF NEW REMEDIES. (Specially arranged and compiled for the Medical Press) 27

SPECIAL ARTICLES.

The Rival Theories of Cholera. Koch v. Klein 28

CLINICAL RECORDS.

The Bradford Infirmary—Case of Obstruction of the Bowels, treated by Colotomy. Under the care of Mr. Appleyard, M.B., Lond., F.R.C.S. Eng. 29

PAGE

TRANSACTIONS OF SOCIETIES.

CLINICAL SOCIETY OF LONDON—
On Lesions of the Fronta Lobe 29
On a Case of Recurrent Hæmatemesis with Urticaria 30

ACADEMY OF MEDICINE IN IRELAND
Surgical Section 31
Three Cases of Ovariotomy 31

LIVERPOOL MEDICAL INSTITUTION—
Catarrhal Ulcer of Large Intestine 32
A Case of Septic Pericarditis 32
Spinal Curvature, in which death took place from Diphtheria 32
Case of Diabetes in a boy of seven 32
Paralysis of Ulnar Nerve 32

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY—
Removal of Scapula 33
Ununited Fracture of Humerus 33
Scalping by Machinery 33
Aortic Musical Murmur 33
Aortic Valvular Disease 33
Muscular Nystagmus: Tumour of the Brain? 33
Urticaria and Dyspepsia 33
Nævus of the Orbit 33
Ovum removed from a Retroflexed Uterus 33

PAGE

BRADFORD MEDICO-CHIRURGICAL SOCIETY—
Obstruction of the Bowels, treated by Colotomy 33

LEADING ARTICLES.

A REAL UNIVERSITY FOR LONDON 34
ADMISSION OF WOMEN TO THE PROFESSION 34
EXAMINERS AND THEIR PUPILS 36
KILLING NO MURDER 36

NOTES ON CURRENT TOPICS.

Clinical Society of London 37
The Dangers of Adhesion in Ovariotomy 37
Homœopathy in Excelsis 37
Workhouse Medical Officers as Coroners' Witnesses 38
Colorado Beetles in the Stomach, &c. .. 38

SCOTLAND.

Brain Surgery 40
Criminal Lunatics in Ireland, &c. 40

CORRESPONDENCE.

Thames Drainage Nuisance 41
The North-West London Hospital 41
Case of Bullet Wound involving Right Lobe of Liver 41
Literature 41
Obituary 43
Medical News 43
NOTICES TO CORRESPONDENTS 44

Lettsomian Lectures

ON

DISORDERS OF DIGESTION: THEIR CONSEQUENCES AND TREATMENT.

Delivered before the Medical Society of London,

By T. LAUDER BRUNTON, M.D., F.R.C.P., F.R.S.,

Assistant Physician to St. Bartholomew's Hospital.

MR. PRESIDENT AND GENTLEMEN,—I thank you most sincerely for the honour you have done me in appointing me to deliver the Lettsomian Lectures before you this year. The subject I have chosen is one of much practical interest, but it is of such extent that, to deal with it completely, in a course of three lectures, is obviously impossible. I have already discussed the physiological processes of digestion at considerable length elsewhere, (*a*) and I have therefore less hesitation in passing over those which are well known, with a few general remarks, and dwelling at greater length upon some points which are not so fully described in text-books, although they have important bearings on the practice of medicine. Man has been defined as a cooking animal. This definition may not be absolutely correct, and there may be some of the lowest races unacquainted with methods of cooking, although other characteristics entitle them to be called men. Yet the definition is, in the main, true, and the fact that man cooks his food, while the lower animals eat theirs raw, is one of the most marked distinctions between him and them.

Health in man, as in other animals, depends upon the proper performance of all the functions. These functions may be shortly said to be three: (1) tissue-change, (2) removal of waste, (3) supply of new material. For the activity of man, like the heat of the fire by which he cooks his food, is maintained by combustion; and just as the fire may be prevented from burning brightly by improper disposition of the fuel, or imperfect supply of air, and as it will certainly go out if fresh fuel be not supplied, and may be choked by its own ashes, so man's activity may be lessened by imperfect tissue-change, and may be put an end to by an insufficient supply of new material and imperfect removal of waste products. It is with the supply of new material that we have to concern ourselves chiefly in the present lectures, although it is so closely associated with tissue change and removal of waste, that we shall be obliged to consider these also to a certain extent. The old proverb, "There is many a slip 'twixt the cup and the lip" shows how clearly our forefathers recognised that neither food nor drink was available for the wants of the body until it had actually been taken. Our knowledge carries us a step further than theirs; but even yet we are very apt to forget that both food and drink are useless for the wants of the organism, so long as they are simply in the intestinal canal. The body may be roughly compared to a cylindrical box, through the centre of which runs a tube, open at both ends, but not communicating with the cavity of the box. Here, it is evident, that anything put into the tube, remains as much outside the box as if it were laid against the outer surface. If the tube be of a different material from the outer wall of the box—if, for example, it be more pervious, liquids, or finely divided powders, might pass more readily from the tube through it into the box, than they would from the outer wall; but so long as they did not pass through in this way, they would remain, to all intents and purposes, outside the box; and this is the case with the intestinal tube.

Food and drink, when swallowed, are still outside the body, and in certain circumstances remain so just as much as if they had been laid against the skin. For we sometimes find that food which has been swallowed passes through the intestine, and is evacuated almost, or entirely unchanged. It has simply fallen, so to speak, from the mouth to the anus, much as it might have fallen from the neck to the feet, if it had been laid against the skin. There is one great difference between the skin and the intestine, namely, that the nerves of the intestinal tract

(*a*) Digestion and Secretion, forming Part III. of Sanderson's "Handbook for the Physiological Laboratory," 1873. London: Churchill. This Part has been revised for the French translation by Professor Moquin Tandon, 1884. Paris: Felix Alcan.

are more sensitive than those of the skin, and in passing over the mucous membrane the substance may have exercised a greater action on the body, reflexly through the nerves, than it would have done in passing over the skin, but otherwise the condition in the two cases is much the same. The epidermis also, which covers the skin, is much harder and less permeable than the epithelial covering of the mucous membrane lining the alimentary tract; and, therefore, liquids applied to the skin remained unabsorbed, while usually they pass pretty readily into the body from the alimentary canal. Solids in a very minute state of division, and especially when mixed with fat, may be absorbed by the skin, as we see in the case of inunction with mercurial ointment, where the minutely divided globules of mercury pass through the skin, are absorbed into the circulation, and are carried by the blood to the various parts of the body. It is most probable, although authorities are not completely agreed upon the subject, that solid particles in a minute state of subdivision are also absorbed by the mucous membrane of the alimentary canal, but the greatest part of the food is absorbed, not in a state of simple minute subdivision, but in a state of solution.

In the alimentary tract, we have provision made both for solution and for absorption, and those two processes are included under the term digestion. Digestion, like the health generally, may be strong or weak. Some persons are able to take with impunity quantities of fat, pastry, cheese, raw apples, and various kinds of indigestible food, which in other persons would cause discomfort, pain, vomiting, or diarrhœa. Some are able to take meals at all sorts of irregular hours, to do hard work for a whole day without food, and then consume an enormous dinner, to go through all sorts of anxiety without the least diminution of appetite, and to drink all sorts of strong liquors without appearing to be any the worse. Others, again, suffer if their meals are not served exactly at the usual times; a little extra work or a little anxiety will either destroy their appetite or impair their digestive power; a meal somewhat too hearty, or the slightest indulgence in wine or alcohol, is sure to be followed by unpleasant consequences. Yet even those persons may go on for months and years with comfort, digesting their food perfectly, provided only that they take care to fulfil the necessary conditions. Their digestion is healthy, but it is weak.

When digestion is imperfectly performed, we say that the patient suffers from indigestion. Indigestion may occur in those who habitually have either a strong or weak digestion, and by proper methods it may frequently be cured in both; nay, more, we may sometimes be able to strengthen the naturally weak digestion, though we can hardly expect to alter the natural constitution of the patient, so far as to enable a man who has naturally what is called "a weak stomach" to compete with one who has naturally got the digestion of an ostrich, at a civic feast or at a succession of private dinners.

We have already compared the food by which man's activity is sustained to the fuel which keeps up a fire, but this comparison is not altogether correct, for man is a complex machine, the different parts of his body require different materials, and the wear and tear of each must be replaced by its appropriate constituents, as well as energy supplied to the whole. A steam-engine not only needs fuel to keep it going, but metal to replace the wear and tear of its parts, and oil to lessen the friction of the various parts upon one another. No doubt some of those various necessaries may be replaced by others, and we might, for example, use oil instead of fuel; but this would be a wasteful and expensive proceeding. Similarly, a mixture of foods is best adapted to supply the energy and repair the waste in the human body. Like the steam-engine, we require oils or fats and proteids, which go, in a great measure at least, to repair the wear and tear of the tissues; carbo-hydrates, which may be looked upon as like coal supplying energy to the organism by their combustion. These various kinds of food are required in different proportions. According to Ranke, about 100 grammes of proteids and a similar quantity of fats are required daily by a man, while two and a-half times as much, that is, 250 grammes, of carbo-hydrates are necessary. Very few substances, indeed, will supply the requisite ingredients in proper proportion for the wants of the body, and so we usually employ a mixed diet. Black bread contains very nearly the proper proportion of nitrogenous and carbonaceous materials, and, when taken along with a little oil or a few olives, it may maintain a man in health and activity without the addition of almost anything else except that of a little salt, as is seen amongst the hard-working peasantry in the south of France.

In this country we have generally a more varied diet, and, as a typical meal, we may take a beefsteak with a piece of fat attached, a piece of bread, some salt and water. The beefsteak supplies fat and proteids, the bread supplies carbo-hydrates, and the salt and water make up the requisite constituents of food. But the beefsteak and bread cannot be absorbed in their solid condition, and unless they are absorbed, as I mentioned before, they are of no use to the body, nor is it sufficient merely to reduce them to a minute state of subdivision; they must be dissolved. The salt which we eat with the beefsteak dissolves in the water without more ado; but the beefsteak itself and the bread will not dissolve without first undergoing some change. In all processes of solution the first thing to be done is, if possible, to get the substance which is to be dissolved into a state of minute subdivision.

If we take coarse salt in large crystals it dissolves slowly as compared with table salt in fine powder, and we accelerate its solution very much by breaking it up, and by stirring it through the water. If we allow it to remain at rest, the layer of water in contact with it soon becomes saturated, and the process of solution goes on slowly, whereas by stirring we bring the particles of salt constantly into contact with unsaturated water, and thus solution goes on quickly. In the process of solution the particles of salt become separated from each other by the water, but the process is a physical one; each particle still continues to be salt, and if the water be removed by evaporation, the residue is salt just as it was at first. During digestion a similar process occurs in the case of proteids and carbo-hydrates, but it is carried a step farther. Not only do the particles of proteids and carbo-hydrates become separated from one another by the water, but it penetrates into the chemical molecules of which they are composed, so that a chemical change of hydration occurs, and the large chemical molecules of the proteids and carbo-hydrates split asunder into smaller and simpler ones.

In breaking down the beefsteak or bread mechanically we see that we are able to make the particles of which they consist smaller and smaller, until, perhaps, we may be barely able to see each particle with the naked eye. But the process of subdivision does not stop at the limits of our vision, nor even at the limits of our highest microscopic powers. In a perfect solution the most powerful microscope will fail to discover any particle, and yet we are able by certain methods not only to show the presence of particles, but even to judge of their size. We estimate the size of particles that we can see by the size of the mesh in a sieve through which they will pass, and by a similar method we are able to judge of the size of the molecules of chemical substances.

Graham showed that some bodies will diffuse through an animal membrane, others will not. Those that diffuse are generally crystalline; those that do not are generally non-crystalline; but it is probable that the connection between crystallisation and diffusion is to be regarded as accidental rather than necessary, and the real cause why some substances diffuse and others do not is that the molecules composing them differ much in size.

In experiments on diffusion through artificial membranes, Moritz Traube found that a membrane of tannate

of gelatine would allow nitrate of barium with a molecular weight of 130.6 to diffuse through it, and would also allow the passage of all compounds having a smaller molecular weight, but it stopped the passage of ferrocyanide of potassium having a molecular weight of 211.4. (Moritz Traube, *Centralblatt für der Med. Wiss.*, 1866, p. 114.) Membranes may thus be regarded as atomic sieves; and if one substance will not diffuse through a membrane which will allow another to pass, we may consider that the molecules composing the substance which diffuses are smaller than those of the other. This view has an important bearing, as we shall afterwards see, on the causation of certain forms of albuminuria. It is supported not only by the experiments of Traube on artificial membranes, but by the behaviour of hæmoglobin in regard to diffusion.

Crystalline bodies are, as a rule, diffusable, but they are usually also of much lower molecular weight than organic uncrystalline bodies. There is one crystalline substance—hæmoglobin—which will not diffuse, but it has a very high molecular weight, and probably the chemical molecules of which it consists are very large.

In the process of hydration, the molecules of albumen and of starch do not split down all at once into the smaller molecules to which they may be ultimately reduced by the action of digestion. Between the large molecules forming the myosin and starch of the beefsteak and bread and the small ones of peptone and maltose into which they are transformed during digestion, there are a number of intermediate products. In these products, the molecules are probably of varying size, and they diffuse with various degrees of rapidity. Thus the large molecule of starch breaks down, first into dextrine, and then into sugar. The large molecules of albuminous materials or proteids, including in this term ordinary albumen or white of egg, cooked meat, the casein of milk or cheese, and the vegetable casein of wheat or peas, break down into intermediate substances termed antialbumose, hemialbumose, antipeptone, and hemipeptone, before they are finally converted into peptones. There is less necessity for the molecules of fats to be broken down chemically, because, as we have seen, fats are absorbed even by the skin, and they seem to pass through the mucous membrane of the intestines, and become absorbed, even without decomposition. Their absorption is, however, aided by their being reduced to a fine state of subdivision or emulsion, and this minute subdivision occurs all the more readily by a partial decomposition into fatty acid and glycerine occurring in the digestive canal. The presence of a slight trace of fatty acid greatly aids the formation of an emulsion; and, as we shall presently find, decomposition of fats, with liberation of fatty acid, does occur in the process of digestion.

It may be worth while now to take a short survey of the digestive processes, although time will not allow us to enter at all fully into them.

The first part of the digestive process in man is a very important one, and one which does not receive anything like the amount of attention which it ought; it is the process of mastication. As I have already mentioned, whenever we wish to dissolve anything rapidly, we must comminute it finely. All the food should, therefore, be thoroughly broken up in the mouth. Thorough mastication not only subdivides the food mechanically, but the saliva which is secreted under the two-fold stimulus of the taste of the food and the movements of mastication tends to dissolve such parts of the food as are soluble in water, and to convert the insoluble parts into a pulp. At the same time, the diastatic ferment of human saliva begins to convert the starch of the food first into dextrin, and then into malt, sugar, or maltose. This conversion goes on very rapidly; and if one chews a piece of stale bread, even for a couple of minutes, a distinctly sweet taste will usually be perceived from the formation of sugar in the mouth. But the effects of mastication are not limited to the changes produced by it in the food within the buccal cavity; the taste of savoury meat, the rolling of a sweet morsel under the tongue, and the movements of mastication, exert an influence upon the stomach and upon the brain. In a case of gastric fistula, where the œsophagus was completely occluded, Richet noticed that the mastication of food induced secretion of gastric juice, although nothing could pass from the mouth into the stomach on account of the obstruction in the gullet. It is obvious that the secretion, both of saliva and gastric juice, takes place reflexly through the medium of the nerves; and if the nervous system be dull or depressed, the stimulus of food in the mouth is not likely to excite secretion to the same extent as when the nerve-centres are active. But provision seems to have been made for this; and the mere act of mastication not only supplies a stimulus to the peripheral ends of sensory nerves in the mouth, it leads to an increased supply of blood to the nerve-centres. This is well shown by some observations of Marey, who found that the current of blood in the carotid artery of a horse became three times as rapid during mastication as it was before. No doubt part of this increased supply of blood went to the salivary glands and to the muscles of mastication: but it is almost certain that a part of it went also to the nerve-centres. Even if one should deny that any part of the extra current of blood in the carotid, which is consequent upon mastication, goes to the brain, the fact would still remain that the movements of rolling the morsels about in the mouth, and sucking their sweetness and savour, increase the circulation in the brain, for this has been actually observed by François Franck in the human subject.

When the food has been thoroughly masticated it is swallowed, and the act of swallowing sets in action a mechanism which is calculated to increase the blood supply, not only to the nerve-centres, but to all the glandular structures concerned in the digestive tract. Kronecker has discovered that the act of swallowing seems to remove entirely the inhibitory action of the vagus upon the heart, for the time being so, that the pulse becomes exceedingly rapid. The extent to which this occurs will hardly be credited by any one who has not tried the experiment. In my own case, I find that sipping half a wine-glass full of water will raise my pulse from 76 to considerably over 100. So that, in fact, a glass of cold water, slowly sipped, will stimulate the heart as much, or more, as a glass of brandy swallowed at a draught.

When the food arrives in the stomach, it will, if mastication has been properly performed, and the digestive fluids have been properly secreted, find a supply of gastric juice already in the stomach, and this will continue to increase in quantity during the progress of the meal. The alkaline saliva swallowed with the food will act as a further stimulus to the secretion of the acid gastric juice, but soon the quantity of acid will be sufficient not only to neutralise the alkali, but to leave a little acid over. The amount of free acidity is, however, very slight, because the hydrochloric acid which the gastric juice contains, combines, for the time being, with pepsin and proteids, forming a compound which does not give an acid reaction. The starch which has begun to be converted into dextrin in the mouth, undergoes still further conversion by the saliva which has been swallowed. It has not yet been definitely settled whether or not the action of the saliva is so far arrested in the stomach as to prevent the formation of more sugar, but, at all events, it appears to be certain that dextrin is formed, and this is a fact of very considerable importance, as we shall see when we come to consider the order in which food is usually taken at meals. Albuminoids, or proteids, under the action of the gastric juice, swell up, and are more or less completely dissolved. The large and complicated molecules which compose them appear, as already mentioned, to be broken up into simple ones by a process of hydration. First of all they appear to form a compound with acid, termed syn-

tonin, or acid albumen. This is soluble in acid, but when the solution is neutralised the albuminoid is again precipitated. The next stage appears to be the formation of a body known as pro-peptone, hemi-albuminose, or parapeptone. The body is not coagulated by heat, and is soluble in water in the presence of weak acids or alkalies. It is precipitated by nitric acid, but when the mixture is heated it dissolves, and a precipitate forms again on cooling.

The last stage is the formation of true peptones, which are not coagulated by boiling, nor by nitric acid, nor by acetic acid and potassium-ferrocyanide. They diffuse very easily through animal membranes, and in this respect they differ very greatly from other forms of albumen. By dissolving albuminous substances in artificial gastric juice outside the body, we can produce peptones, and these are sometimes of great service as nutrients in disease. We almost always notice that the product of such artificial digestion has a disagreeable bitter taste. The cause of this bitterness has not yet been thoroughly investigated. We know, however, that amongst the strongest bitters with which we are acquainted are some of the organic alkaloids; for example, strychnine, the bitterness of which can be perceived in extremely dilute solutions. Now, the organic alkaloids are, to a certain extent, related to albumen, inasmuch as they both belong to the aromatic series of organic compounds, and several alkaloids have been obtained from decomposing albumen. To these alkaloids the name of ptomaines has been given. The relationship between alkaloids and albuminous substances would almost lead us to suspect that the bitterness developed during gastric digestion might be due to the formation of an alkaloid. As I have already said, it is not certain that this bitter substance is an alkaloid, but it is certain that an alkaloid has been obtained from peptones formed by gastric digestion by Brieger. By extracting a quantity of gastric peptones with amylic alcohol, he obtained an alkali free from peptones which had an action like that of curara.

Every effect has got a cause, if we can only find it out; but we not unfrequently ascribe effects to wrong causes. and perhaps this may be the case with regard to the activity of the pylorus. While the food remains in the stomach, it is mixed up thoroughly with the gastric juice by a sort of churning movement of the gastric walls of the stomach, the pylorus remaining contracted, so as to prevent the gastric contents from escaping in any large quantity into the duodenum.

At the end of three or four hours, however, the pylorus relaxes, and the chyme escapes out of the stomach into the duodenum. This alteration in the behaviour of the pylorus, at the end of a certain time, has been ascribed to the increasing acidity of the chyme; but this seems a little doubtful, inasmuch as we frequently notice cases of abnormal acidity, where the food is retained in the stomach for an excessive time, instead of being passed on too rapidly to the intestines. This is a point upon which we are at present quite unable to speak with any certainty; but the discovery that an alkaloid is formed during the process of digestion in the stomach opens up a new field of inquiry, and may lead us to ask whether the different behaviour of the stomach at the end of three or four hours is not due to the action of this alkaloid upon it.

During the process of digestion in the stomach, fats become partially decomposed, and a small quantity of fatty acids are formed, which aid in emulsifying the remainder of the fat. When the chyme passes through the pyloric orifice into the duodenum, it meets with the bile and the gastric juice. These neutralise the acid chyme, and render it alkaline. The further action of pepsine is thus prevented, and the albuminous substances, which have only been converted into syntonin or acid albumen, are precipitated. The pancreatic secretion is the most energetic and general in its action of all the digestive juices; it unites in itself the action of the saliva and the gastric juices, besides having properties of its own. Like the saliva, it converts starch into dextrine and sugar, and it finishes the work which the saliva had begun.

Like the gastric juice, it dissolves albuminous bodies, forming peptones, though it does not dissolve them in quite the same way. The gastric juice causes them to swell up before they dissolve. The pancreatic juice attacks them from the outside, and makes them crumble away. We do not yet know whether there is any distinct difference between the peptones formed by the action of the pancreatic and gastric juices, but it seems not at all improbable that differences should exist. In addition to this action on starch and albuminoids, the pancreatic juice emulsifies fats, and tends to split them up into fatty acids and glycerine. This emulsifying action is aided by bile, which appears to have a considerable power to facilitate the passage of fat through animal membranes. This can be readily shown by trying to make oil pass through an animal membrane wetted with water, and another similar one wetted with bile. The oil will pass through the latter much more readily than the former. The action of bile in dissolving fats is indeed popularly known. And it is used for removing oil-stains from articles of furniture. In an examination on physiology some years ago at South Kensington, the question was put, "What is bile, and what are its uses?" One candidate's answer was, "Bile is formed in the stomach, and is used for cleaning carpets." The knowledge of physiology displayed by this student was somewhat inaccurate. to say the least of it; but his answer may serve to impress upon our memories the fact that bile has the power not only of removing stains of grease from the surface of vegetable fabrics like carpets, but of enabling oil to pass through animal tissues, such as mucous membranes. But the bile has another very important function: it tends to prevent putrefaction. Now the minute vegetable organisms which give rise to putrefaction are to be found almost everywhere; and they pass into the intestine with our food and drink. The healthy stomach, with its acid secretions, does not afford them a suitable nidus, but the products of pancreatic digestion seem to form a soil especially favourable to their development. If we digest a piece of meat with pancreas for twenty-four hours at the temperature of the body, we usually find that not only has the meat become dissolved, and peptones formed, but that the peptones themselves have undergone a further decomposition, and that leucin, tyrosin, naphthyelmin, and a substance termed indol, nearly allied to indigo, but with an abominable smell, have been formed. Indol is not the product of the decomposition of nitrogenous matter by the pancreatic ferment; it is due to the presence of putrefactive bacteria.

The same changes which occur in pancreatic digestion outside the body may, and sometimes do, occur inside the body. In health, their occurrence is probably rather the exception than the rule; but, were it not for the antiseptic action of the bile, their occurrence would probably be the rule, and not the exception. It may seem, perhaps, that the occurrence of putrefaction might not be of any great consequence; but when we remember that, during putrefaction, organic alkaloids which have a poisonous action are formed in the body, it is evident that, if putrefaction takes place to any great extent in the intestine, there may be a risk of actual poisoning by the absorption of organic alkaloids formed in the intestinal canal.

From the duodenum onwards to the rectum, the reaction of the intestinal contents remains alkaline, and so there is nothing to arrest the further action of the pancreatic ferments. The action of the intestinal juice on the food is not as yet perfectly understood, and various conflicting statements have been made regarding it. One reason of this probably is, that the action of this juice has been tested upon the raw constituents of the food, and not upon foods which have already been altered by exposure to the action of the gastric and pan-

creatic juices. The intestinal juice is said to have no action on coagulated albumen, and this appears to be the case; but when I was working in his laboratory at Amsterdam, Professor Kühne informed me that pancreatic juice would dissolve coagulated fibrine, which had been previously rendered soluble, but not peptonised, by pancreatic juice.

In its course through the large and small intestine, the portions of food which have been rendered soluble by digestion are gradually absorbed by the veins and lymphatics, and carried into the general circulation. Almost immediately after entering the blood-vessels, changes appear to occur in the peptones. These appear to be taken up, to a great extent, by the red blood-corpuscles, and converted by dehydration into a larger and more complicated albuminous molecule, namely, that of globulin. The blood-corpuscles thus form, as it were, a store of albuminous material, which they convey to all parts of the body, and give off where it is wanted. But the whole of the peptones do not appear to undergo this change; part of them appear to be arrested in the liver, and to form glycogen, as it has been found that the quantity of glycogen in this organ is increased by the injection of peptones into the bowel. The sugar also becomes dehydrated, and glycogen is produced from it likewise. This is stored up in the liver for a variable time, and then gradually given out again to supply the wants of the organism. The liver, therefore, acts as a wise steward, laying by provision for the organism in the times of plenty, after a full meal, and giving it out again in times of fasting. But this is not all.

We know that one of the most striking points in the action of such powerful poisons as the venom of vipers and curara is that, though so deadly when injected into a wound, they are almostly completely innocuous when swallowed. We know that one reason of this is, that they reach the general circulation much more slowly from the intestine than from the wound, so that the kidneys have time to excrete them, and prevent their accumulating in the blood. It is the liver which is the chief agent in retarding the absorption of poisons into the blood, and thus rendering them comparatively innocuous when they are introduced into the intestinal canal. All the blood from the stomach and intestines must pass through the portal vein before it can reach the general circulation; and, as our forefathers recognised by the name they gave it, to the porta or gate of the liver, the hepatic tissues acts the part of a prudent porter at the gate, and turns back or destroys dangerous intruders. Poisons injected into the duodenum are absorbed into the portal vein; but they are removed from the blood by the secreting tissue of the liver, and poured back again with the bile into the intestinal canal. Again, they may undergo reabsorption, and round and round they may go in a circle, from intestine to liver, and from liver to intestine again, without ever being able to pass into the general circulation, or produce any direct effect upon heart, lung, brain, or kidneys.

But even this is not all. The liver actually destroys some organic poisons, such as nicotin; and, were it not for the faithful performance of its duty, we would be in danger of poisoning by every meal we take. For Ludwig and Schmidt and Mülhim have found that peptones when injected into the general circulation, act as poisons, producing loss of coagulability in the blood and great depression of the circulation. We see, then, that the products even of healthy digestion might prove fatal if they passed rapidly into the general circulation; and it is still more likely that such an effect would follow the absorption of the products of the putrefaction which occurs in cases of indigestion. Were it not for this power of the liver to obstruct the passage of poisons, and actually to destroy them, the alkaloids formed either by normal digestion or by abnormal putrefactive process in the intestine might readily pass to the heart, nervous system, and kidneys, and cause dangerous or fatal consequences.

The function of watching over the safety of the organism is not confined, however, to the liver, but is shared by other organs. The liver acts as a porter to prevent injurious substances passing from the intestine into the blood, but the tongue and palate are the porters, which prevent obnoxious substances from being taken into the intestinal canal. As a general rule, though by no means without exception, substances pleasing to the palate are useful and not injurious to the organism. The nerves of taste like those of sight and hearing, are nerves of special sense, and are capable of education. But, while we usually regard the education of the senses of sight and hearing as a noble thing, we are too careless of the education of our taste, and look upon it rather as something degrading. Yet the education of the nerves of taste should be considered in the same light as that of the other special senses; and cookery has, I think, a perfect right to be ranked with music, painting, sculpture, and architecture as one of the fine arts. The difference between cookery and music, or painting, is, that while the objects which give rise to sight and sound remain outside the body, we are obliged to swallow the substances which excite sensations in our nerves of taste. It is not quite sufficient to turn them over in the mouth and put them out again, because the full sensation is only obtained just in the act of swallowing. For this reason devotees to the art of cookery must either be content with a moderate enjoyment of the pleasures of taste, or consent, like some of the Roman emperors of old or German students of the present day, to eject again the food or drink which they have already taken and enjoyed. Only rarely does one meet with a dinner which gives one the sense of high artistic perfection, although I remember having partaken of one such when enjoying the hospitality of a city company. Each course seemed to excite an appetite for the one which succeeded, and was accompanied by a wine so carefully selected that it gave zest to the food, while the food appeared to give additional flavour to the wine.

This dinner was a revelation to me; it not only showed me that cookery might rank as one of the fine arts, but taught me that it might be a powerful moral agent. I went to the dinner exhausted with overwork, irritable in temper, and believing that City companies were wasteful bodies, who squandered money that might be employed for useful purposes, and that they should be abolished; I came away feeling strong and well, with an angelic temper, and firmly convinced that City companies had been established for the express purpose of giving dinners, and ought on no account to be interfered with. Nor was the good thus effected of a transitory nature; the irritability of temper, which had disappeared in the course of dinner, did not return; and the morning afterwards, instead of awaking with headache and depression, I awoke strong, well, and ready for work, and remained so for a considerable length of time. Nor do I think that mine is a solitary case. A succession of heavy dinners is, no doubt, injurious; but when the organism is exhausted, a good dinner, with abundance of wine, is sometimes of the greatest possible use. But there is one condition which must not be neglected, or otherwise the consequences will be anything but satisfactory; the dinner must be well cooked, and the wines must be thoroughly good.

It is, as I have said, only occasionally that one meets with real high artistic cookery. But even in the courses of an ordinary dinner an order is adopted which is thoroughly physiological, and which shows that, whatever men may be in other things, they are not "mostly fools" in regard to the plan of their meals.

The common order of courses in a plain dinner is soup, fish, joint, pudding, bread-and-cheese, and dessert. The reason why soup comes first has been admirably shown by Schiff in his experiments on digestion. This physiologist found that the stomach of an animal which some time before had digested a full meal had very little power to digest albumen introduced directly into it; and a similar fact was ascertained in regard to an extract made from the stomach itself, this extract hardly acting on

albumen at all. The stomach seemed to be exhausted by the effort of digesting a full meal several hours before, and to be incapable of producing pepsine. But if certain substances were introduced first into the stomach, the power to digest albumen was enormously increased. To these substances Schiff gave the name of "peptogens," and the most powerful of them he found to be dextrin, and soup made from meat.

If the human stomach resembles the stomachs of animals in this point as it does in others, then we may say that usually the power of the stomach to digest such substances as hard boiled eggs or boiled meat, when these are taken alone, will be very slight. But if the meal be begun with a plate of soup and a piece of bread, the bread partly converted into dextrin in the mouth, and the extractive matters of meat contained in the soup on reaching the stomach, will be absorbed, and will supply to the gastric follicles the power to secrete an abundance of pepsine. In this country, where our butcher's meat is tender and juicy, we not unfrequently find that people in the middle of the day will take a beefsteak or a mutton chop without soup.

In this case the savoury soluble substances are quickly extracted from the meat in the stomach itself, and being absorbed, supply the necessary secreting power to the gastric glands. But in other countries, where the animals slaughtered for food are often old and tough oxen which have been employed for agricultural service, the meat being less savoury and juicy, will not yield peptogenic matters so readily to the stomach. Consequently, the Frenchman generally boils his butcher's meat thoroughly, and adds pieces of bread to the soup with which he begins his meal, so that the stomach can absorb sufficient peptogenic substance before the hard and tasteless boiled beef is swallowed.

Next to the soup, as I have said, usually comes fish, which is digested more easily than butchers' meat. I have already mentioned, more than once, that the rapidity with which anything dissolves depends very much on the fineness with which it is divided. Now, this is quite true of the different kinds of meat. Beef is acknowledged to be less digestible than mutton, and mutton less digestible than fish. The breast of a chicken is also reckoned very digestible. If we compare these different kinds of flesh, we will find that in beef the fibres are longer and harder than those of mutton, and those of mutton longer and harder than those of the breast of a fowl. The muscle-fibres in fish are arrayed in flaky masses, and are not only very short, but are very readily separated from one another. We see, then, that the different digestibility of these different kinds of meat correspond exactly with the readiness with which the muscle-fibres can be broken up mechanically. That it is the physical confirmation of the muscle-fibres, rather than anything peculiar to the animal, from which they are derived, is shown, I think, by the fact that, although the breast of fowls is universally acknowledged to be readily digestible, the legs, in which the muscular fibres are long and hard, are by no means specially adapted for weak digestions. With the meat, come vegetables, which are not only useful as supplying inorganic salts, but probably play a considerable part in aiding the recomposition of peptones into albuminous material of the tissues, after their absorption. After the meal come the bread, cheese, and dessert. The bread will, no doubt, supply additional dextrin, and the cheese additional albuminoids; but, if we direct our attention only to the stomach, and to the chemical changes which are going on in it, it is not quite easy to see why bread, cheese, and dessert should be taken at the end of dinner. If we turn our attention, however, to the circulation and the nervous system, and remember the effect which I have already mentioned as produced upon them by the mastication and deglutition of savoury food, we can at once see a good reason for the common manner of terminating a dinner. In order to supply abundant gastric juice for the digestion of the food introduced into it, the stomach requires an abundant supply of blood, and the nervous system must be kept active in order to respond to the calls made upon it. The savoury cheese, swallowed in small morsels, and the sweet fruits, which strongly stimulate the nerves of taste, or nuts which require considerable mastication, cause an abundant flow of blood to the nerve-centres; while the frequent movements of swallowing stimulate the heart, and increase the rapidity of the general circulation.

In the case of ordinary meals taken by a healthy man, the food is quite sufficient to stimulate the various parts of the digestive canal, the nervous system, and the circulation sufficiently to insure complete digestion. But if the meal be more than ordinarily heavy, if the person be exhausted by long fasting, by severe exhaustion, or have a weak digestion, other aid must be invoked. One of the most powerful stimulants, both to secretion and the circulation, is alcohol; and we find that persons of weak digestion sometimes take sherry and bitters before a meal, or take a glass of sherry with their soup. During the course of a meal, an effervescent wine like champagne is taken, the carbonic acid of which will stimulate absorption, while at the end a powerful stimulus is applied in the shape of a small glass of brandy or liqueur; and during dessert a quantity of wine is sipped, so that the effect of the sipping already mentioned upon the circulation and nervous system are combined with the action of the alcohol and ethers contained in the wine.

Provided that all those parts of a meal have been taken in moderation—and when we speak of moderation we must always remember that this is a relative term; what is moderation for a man of strong digestion is excess for a man of weak digestion—provided, then, that moderation has been exercised, no harm will result even from a heavy meal. But if the food has been excessive in quantity. or injurious in quality, and more especially if alcoholic stimulants have been taken in excess, the stomach will suffer, and, next day, the symptoms of gastric indigestion will probably appear. The most marked of these are: loaded tongue, loss of appetite, tendency to nausea, and, perhaps, even vomiting. The condition of the stomach, corresponding to these symptoms, was ascertained by Dr. Beaumont in the case of Alexis St. Martin. On looking into the interior of St. Martin's stomach, during the occurrence of such symptoms as these, Dr. Beaumont found "that several red spots and patches abraided of the mucous coat, tender and irritable, appeared over the inner surface. In such congested and irritable conditions of the stomach, the gastric juice secreted appears to have an alkaline, rather than acid reaction, and consequently to have comparatively little or no digestive power. The food will, therefore, pass from the stomach, not in the form of a fine emulsion, like chyme, but with undigested lumps in it, and these, irritating the intestine, will be not unlikely to produce diarrhœa; moreover, the intestine itself may also suffer by extension of the inflammatory condition, from the stomach along the mucous membrane. Then we notice, in addition to the sickness and nausea, those symptoms to which the term of biliousness is applied. The person is dull, heavy, and languid, disinclined to exertion, mental or bodily, irritable, or peevish, the complexion is muddy, and the conjunctiva is slightly yellowish and perhaps there is more or less severe headache. All of these point to disturbance of the functions of the liver; but the explanation of the different factors of biliousness must be reserved for the succeeding lecture.

The opinion of counsel in the case of the Hampstead Small-pox Hospital, that the costs of instituting legal proceedings against the Metropolitan Asylums Board for erection of said hospital within the parish cannot be legally levied by rates, the parochial authorities have decided not to go on with the action for the present. In this we think they have been well advised.

CASE OF OVARIOTOMY WITH EXTENSIVE ADHESIONS.

By CHARLES E. STEELE, M.R.C.S.

Hon. Assistant-Surgeon Hospital for Women, Liverpool.

MRS. P., æt. 35, married eleven years, no children, two miscarriages, the last two years ago, applied to me at Hospital for Women on September 6th.

I found her the subject of an ovarian tumour, diagnosed as a uni- or pauci-locular cyst of the right ovary, adhesions being probably absent or not extensive. Operation was decided upon, but the patient had reasons for delaying it, and in order to favour her condition for operation I waited until after the next menstruation. In the meantime she had a sharp attack of peritonitis, which delayed the operation still further, and altered the appearance of the tumour, so that it was visibly paucilocular and adherent in front. I performed ovariotomy on Oct. 21st, assisted by Drs. T. B. Grimsdale, Robert Jones, and McDougall, the latter gentleman administering ether. The adhesions in front were so firm and extensive that in separating them there was some risk of rupturing the cyst or tearing away patches of peritonæum from the abdominal wall. The omental adhesions were not so formidable, but very vascular, and difficult to distinguish. The pelvic adhesions were unusually extensive; the attachments which bound the tumour to the pelvic fascia on each side and to the neighbouring structures were thicker than the cyst wall itself. It was found impossible to separate them after using as much force as was justifiable, and the condition of the patient, which approached that of collapse two or three times during the operation, rendered further manipulation out of the question. The cyst was accordingly divided close to its attachment, and the edges of the small remaining portion thermo-cauterised, its lining membrane smeared with persulphate of iron to prevent re-secretion. The edges were then held up with several pairs of forceps, and a stout silk ligature passed round and tied securely; the segment of the cyst which was left behind formed a long narrow pedicle after it was constricted as just described. There was considerable general hæmorrhage during the whole of the operation. A glass drainage tube was inserted into Douglas's pouch, and the wound dressed with gutta-percha tissue secured round the neck of the tube, and pads of gauze secured over all with strapping.

The patient made a good recovery, though it seemed at first unreasonable to suppose that she would ever recover from the shock of the operation.

I allowed nothing but ice-water and ice the first three days, and only arrowroot for the next three, a plan of treatment which agreed well with the patient, and which I have found beneficial in other abdominal sections. The temperature averaged 99° F. for the first week, and rose the following week, a circumstance due to a stitch abscess in the abdominal wall; this abscess was allowed to drain freely, and washed out with carbolic lotion until it healed. The administration of antipyrin proved useful on more than one occasion. The first dose (half a drachm) reduced the temperature from 102·6° to 99° in one hour.

Knowsley Thornton and others assert that, so far from adhesions proving a drawback in ovariotomy, cases in which they exist are found to do better on the whole than those in which they are absent. However true this may be, it cannot be denied that adhesions may exist to an extent sufficient to endanger the success of the operation; and the recovery of this patient, though an instance of good fortune, does not make me feel this to be any the less true. It seems probable that the explanation of frequent recovery in such cases lies in the fact that, unlike cases in which no adhesions exist, the peritonæum is covered with lymph and other exudations during the healing process, which renders it incapable of absorbing any septic fluid which may collect, and this seems to be borne out by the fact that such a large proportion of the fatal ovariotomies which do not succumb to the shock of the operation die of septicæmia.

A Summary OF NEW REMEDIES.

(Specially arranged and compiled for the *Medical Press*.

(Continued from page 548, last volume).

Hydrastis.	Icthyol.	Kava-Kava.
Hydrobromic acid.	Iridin.	Kefir.
Hydrocotyle.	Juglans.	Koroniko.

HYDRASTIS.

The small pereninal herb Hydrastis Canadensis commonly known as golden seal.

Therapeutical uses.—It is strongly recommended in inflammation of the mucous membranes, so that it has a very general application. It has also been employed for the treatment of chronic ulcers both internally and locally. It contains alkaloids hydrastia, zanthopnœia, berberia, and a resinous extract, hydrastine, possessing aperient, cholagogue, stomachic and tonic properties. It has been well tested in this country in atonic dyspepsia, and inactivity of the liver.

Preparations and dose.—Tinct. 1 to 10 proof spirit, Dose 30 to 60 minims.

Hydrastine.—Dose.—Two to six grains.

Hydrastia.—Dose.—Half to five grains.

HYDROBROMIC ACID.

A pure, colourless, transparent liquid, without odour, but with a strong acid taste, prepared from bromide of potassium or barium with sulphurous acid.

Therapeutical uses.—It is recommended by Fothergill in some forms of heart excitement, and it is also a useful sedative in painful affections of the stomach, in nervous excitability, in insomnia, epilepsy, &c.

Preparations and doses.—1. A 10 per cent. solution. Dose 20 to 60 minims.

2. Hydro-bromate of quinine. Dose 1 to 5 grains.

HYDROCOTYLE.

The plant Hydrocotyle Asiatica, growing in India, Africa, West Indies, Australia, &c.

Therapeutical uses.—It is recommended in syphilis, skin diseases, scrofula, leprosy, having alterative and tonic properties. It has been largely used in the East, locally and internally; the secretory functions increasing and the digestion improving after its prolonged employment.

Preparations and doses.—1. Powder prepared from the leaves. Dose 5 to 8 grains three times a day.

2. The hydro-alcoholic extract.

3. A syrup. Dose 25 milligrammes.

ICTHYOL.

A distillate of bituminous substances. It somewhat resembles tar in appearance; it is miscible with vaseline, lard, oil; and is partly soluble in alcohol and ether.

Therapeutical uses.—It has been largely employed by Dr. Unna, Hamburg, and was exhibited by him at the International Medical Congress, Copenhagen. He has found it useful in eczema.

Preparations.—Dr. Unna uses an ointment varying from 20 to 30 per cent., in some cases employing it almost pure. The following is a useful formula:—Litharge, 10 parts; vinegar, 30 parts; boiled to 20 parts, and add lard, olive oil, and icthyol, of each 10 parts.

IRIDIN.

A preparation obtained from the rhizome of Iris versicolor, growing in the United States.

Therapeutical uses.—It is a powerful hepatic, and takes

its place between podophyllin and euonymin. It has thus been given in jaundice, and where there is a tendency to gall stones; it has also been used in the vomiting of pregnancy.

Preparation and doses.—1. Powdered rhizome, 20 to 30 grains.
2. Fluid extract. 10 to 20 m.
3. Iridin, 2 to 4 grains.

JUGLANS.

The inner bark of Juglans cineria, indigenous in this country, and known as butter nut oil, or white walnut.

Therapeutical uses.—It is largely used in United States, where it is much valued as a mild cathartic, operating without pain or irritation. It is especially applicable to cases of habitual constipation, dysentery, in the relief of which it has acquired considerable reputation.

Preparations and doses.—1. Juglandin, the active principle, dose 2 to 6 grains.
2. *Valoid*, or equivalent fluid extract (Burroughs and Wellcome). Dose 20 to 60 drops.

KAVA KAVA.

A plant growing in Tahiti. The root contains a crystalline principle, kavalin, and an essential oil, with resin and starch.

Therapeutical uses.—It has been employed for gonorrhœa and other affections of the mucous membranes, on which it seems to exercise a stimulant and tonic action. It has also been used for gout and cutaneous diseases.

Preparations and doses.—Fluid extract, 20 to 60 minims, three times a day.

Infusion, one drachm of the powdered root to 20 ounces of boiling water. Dose, half a pint.

KEFIR.

Kefir, also known as kapir, is the name of a peculiar ferment, and of a drink produced from milk by its agency. The ferment has been known from the earliest times in the Caucasus. Dr. W. M. Dimitrejew, a physician of Jalta, was one of the first to direct the attention of scientific men to this food preparation, which appeared to him likely to be of service in localities and seasons of the year in which true koumiss is not procurable. It has been ascertained that the ferment is a compound one, consisting in part of the ordinary yeast fungus, and in part of a peculiar bacterium, to which the name of "Dispora Caucasia" has been given. The mode of preparation of the kefir is very simple, cleanliness and accuracy being the only two necessary conditions. The milk used should not be too rich, and only moderately fresh. Half a glass of the fresh kefir fungus is placed in an earthenware or glass vessel with a wide mouth, and to this is added three glassfuls of milk. The mouth of the vessel should be lightly covered with a piece of cloth. The vessel should then be kept in a room at a temperature of about 66° F., and every half hour shaken so violently that the fungus which generally floats at the top shall settle at the bottom. In this way the drink is ready in about twenty-four hours, and at the end of this time the fermented milk is poured off from the ferment, and fresh milk poured on for next day's brew. The fungus should be washed twice a week in cold water, care being taken that every particle of curd be removed. This is the ordinary kefir of the Caucasian mountaineers. For the preparation of bottled kefir one glass of the above is added to two glasses of skimmed milk, and the mixture is then put into strong bottles. These are kept at the temperature of 66° F., and shaken every two hours. In this way at the end of twenty-four hours, "weak" kefir is obtained; in two days "medium" kefir, and at the end of three, "strong" kefir. The difference between the weak and strong kefir depends on the more advanced chemical changes in the stronger kind, resulting in a greater richness in lactic acid, carbonic acid, and alcohol. The bottle kefir sparkles, is more agreeable in flavour, and is drunk in greater quantities than the ordinary kefir. This drink may also be prepared from boiled milk. As regards dietetic value in health and disease, it is claimed that it is about equal to that of true koumiss, and decidedly superior to that of artificial koumiss. The ferment which contains the fungus may be obtained in a dried but active state from Frau A. Schneeman, 13 Deorientstrasse, Hanover.

KORONIKO.

The plant Veronica salicifolia, and Veronica parviflora.

Therapeutical uses.—It is highly esteemed in China as well as in New Zealand as a remedy for dysentery and diarrhœa. It has been extensively used in chronic forms of the disease, and favourable reports have been obtained on its efficiency.

Preparation and dose.—Valoid, or equivalent fluid extract, 10 to 20 minims (Burroughs, Wellcome and Co.).

Special.

THE RIVAL THEORIES OF CHOLERA.

KOCH *versus* KLEIN.

A CORRESPONDENT in Bombay sends us the following:—The preliminary report of Drs. Klein and Gibbes is freely discussed here, and Dr. Cunningham, Sanitary Commissioner with the Government of India says:—That it will be seen to be altogether subversive, of the statements advanced by Professor Koch as to the so-called comma bacillus being the cause of cholera. Yet it is extremely unlikely that the Berlin physiologist will accept this as the last word in the controversy. Nevertheless, Dr. Koch has been so little moved by the criticism passed upon his work that he is still of opinion that the cholera bacillus is a specific bacterium wholly peculiar to Asiatic cholera. It now remains to be seen if he will consider his recent article in a German Medical Review as a sufficient answer to the latest and most authoritative attack that has yet been made upon his theory. He will hardly allow the report to pass without an answer. If the question had to be settled by balancing one authority against another, we question if Dr. Koch's testimony would outweigh that of the eminent physiologists who are at issue with his testimony, which is unreservedly endorsed by so singularly competent a witness on this subject as the Sanitary Commissioner with the Government of India. But this, perhaps, would be scarcely a scientific way of arriving at certainty on the subject. It is a conflict, not of great names, but of facts, and mere appeal to authority alone had better be avoided. Dr. Koch's position appears to be somewhat stronger than it did a few weeks ago; for he now tells us that in the Health Department at Berlin a number of animals have been artificially affected with cholera by means of injections of dilutions of the comma bacillus, and that with few exceptions the animals died within three days, the same phenomena being shown after death as the cholera pus shows in fresh cases.

Dr. Koch has certainly done his best to forge the last link in the chain of causation which he has endeavoured to stretch from the bacillus to the disease which he declares to be coincident with it. We shall be very curious indeed to learn what the other side has to say upon the subject. The strange thing is that when Drs. Klein and Gibbes introduced cholera matter into the stomachs of mice, rats, and monkeys, the animals remained in their normal state. So, too, when they inoculated them with cultivations of bacilli of various kinds, the animals remained perfectly well and normal. There is an embarrassing contradiction between the experiments in Germany and these in India which it is extremely difficult to account for. The way out of the difficulty is for the English and German experimentalists to compare notes. It is almost certain that, despite the apparent similarity of the experiments, there has been a diversity in the conditions which has not yet been explained. Very likely the bacillus "cultivation" was not in the same stage in all cases—a possibility of some importance, inasmuch as the French Commission which sat a few months ago found that, while cholera was transmissible by injections of infected blood, cultivations of the same blood lost their infectious quality twenty-four hours after. Nor is it upon this point alone

that the exact nature of the experiments carried out in Bombay and Calcutta has an important bearing. Dr. Koch says there is a clearly marked distinction between the bacillus found in the intestines of a cholera patient and that found to co-exist with other diseases. The particular bacillus, in short, can be found in association with the particular disease, and, so far as he knows, it can be found nowhere else. Upon this proposition the English physiologists join issue, and they name other conditions than those of cholera under which the same bacterial form can be found. One eminent authority seemed a short time ago almost to have reduced Dr. Koch's proposition to an absurdity by alleging that the comma bacillus, or a form very much like it, could be detected in the saliva of a healthy subject. Dr. Koch, however, at once confutes his antagonist by pointing out that the distinctions between the salivary bacillus and the cholera bacillus may easily be detected —distinctions not only in form and colour, but in their "behaviour" under cultivation. Whatever answer Drs. Klein and Gibbes may be able to supply to Dr. Koch's account of the distinctions between the bacilli found in cholera and the bacilli found under other conditions, he for the present enjoys the advantage of having a positive circumstantial case to put forward, while his opponents deal mainly in negations. Provided you can only indicate how and where things differ, it is always easier to prove that they differ than it is to prove that they are alike.

Weighty as is the report of the Commission, both in authority and in evidence, no harm will be done if for a little longer it be treated, not as a judicial utterance upon controverted points, but merely as a confirmation of one of the conflicting theories which have been put forward during this controversy. We shall arrive at the truth at last no doubt, but meantime let us remember that we may be as greatly in error in deciding what cholera is not as in deciding what it is.

Clinical Records.

THE BRADFORD INFIRMARY.

Case of Obstruction of the Bowels, treated by Colotomy. (*a*)

Under the care of Mr. APPLEYARD, M.B., Lond., F.R.C.S. Eng.

WILLIAM W—, æt. 45, hawker, admitted into the Bradford Infirmary under Dr. Bell on October 15th, 1884, suffering from constipation of 8 days' duration, and from pain in, and distension of abdomen. Temp. 99·2° in the evening. Bowels naturally always lax rather than constipated, but no diarrhœa preceded the constipation.

For several days at the commencement no active symptoms; the bowels simply failed to move, in spite of the use of strong purgatives. For two days before admission he was said to have vomited matter having a fæcal odour.

Pressure over abdomen elicited only slight expression of pain; and percussion gave everywhere a tympanitic note. Tongue furred, and breath had fæcal odour. Frequent hiccough. Pulse rapid, small, and slightly irregular. While in the medical wards, he was treated respectively by enemata, hypodermic injection of morphia, puncture of the transverse colon for relief of distension, as well as by half-grain doses of extract of belladonna, and lastly by an aperient dose of castor oil. Each method signally failed to cause the bowels to move, or even to induce vomiting.

Up to the 23rd October there was even some improvement in his mental state, less rambling, and less pain, but pulse quicker (118) and smaller (temp. 99°), and there was rapidly increasing emaciation, and evidence of rapid failure of power.

He was transferred to the surgical wards on the 23rd October, under Mr. Appleyard, and as a survey of the case pointed distinctly to obstruction of a passive kind, somewhere about the sigmoid flexure of the colon, the hand and arm were passed into the rectum, under chloroform, with very great difficulty, on account of the very close proximity of the ischial tuberosities and the coccyx. A slight prolapse of the mucous wall of the rectum was found about 5 inches from the anus, through which the hand was gradually insinuated; no fæces, however, were felt above it; but on reaching the upper end of rectum, directly above pelvic brim, a hard mass was felt through the wall of the bowel, about three inches long, which was thought to be an enlarged lymphatic gland; its surface could not be indented by pressure of the finger. Pain in, and numbness of the hand, prevented any further examination. Malignant disease was suspected about the sigmoid flexure. Before withdrawing the hand inflation of the bowel was tried, as well as the introduction of water, under pressure, but both air and water failed to produce the slightest effect upon the colon, either in the way of gurgling or rumbling, or distension when listened for by the stethoscope on the abdomen. Colotomy was decided upon, yet it was thought wiser not to prolong anæsthesia, but to operate in the morning. On the morning of the 24th October colotomy was performed in the left loin, and the bowel opened transversely, without any wound of peritoneum. Only two or three small vessels required ligature. The gut was distended with soft fæces, not liquid, and henceforward steady copious evacuations continued. The finger passed through the wound, both down and up the colon, discovered no disease, and no indurated fæcal matter.

The tongue was very dry and brown for at least a fortnight after the operation, but the temperature never reached a higher point than 101·4°.

On the 20th November, exactly 27 days after the operation, and at least 44 days after the commencement of complete obstruction of the bowels, a solid motion passed by the rectum and anus; on November 24th three large motions, solid cylinders; and to-night, on introducing the finger into the rectum, solid fæcal cylinders are found occupying the rectum, as thick as the thumb. The patient eats well, sleeps well, and has a clean, moist tongue. The sphincter ani is very weak in gripping the finger. The opening in the loin is contracting, but admits the fore-finger comfortably. Motions are still passed by this route.

(*a*) Read before the Bradford Medico-Chirurgical Society, Dec. 1884.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, JANUARY 9TH, 1885.

The President, Sir ANDREW CLARK, Bart., M.D., in the Chair.

Y. W. HALE WHITE, M.D.,

ON LESIONS OF THE FRONTAL LOBE.

The first case brought forward was that of a woman, æt. 26, who was admitted into Guy's for severe headache. There was a history of injury to the head eight years previously. She had been ill a month with occasional loss of sight, and during this time she was twice sick, but her whole illness had been so slight, and she had been so well able to walk about and perform all the duties of life that neither her friends nor her doctor thought that anything serious was the matter with her. On admission the only symptom to be detected was optic neuritis, and she complained of nothing but intense headache. One day after she had been in the hospital about a month, being very tired with walking about all day, and having a severe headache, she went to bed early, and was soon after found dead in her bed. At the post-mortem examination a large glioma of the frontal lobe was discovered. It did not extend far enough back to implicate either the motor area or the island of Reil. The rest of the brain was absolutely healthy.—The second case was that of a woman æt. 31, who was admitted into Guy's with aortic disease; she also had paralysis of the left arm and leg, but there were many signs showing that this was not due to organic lesion, but was probably functional; this paralysis soon recovered, and the patient was well able to walk about the ward and use her hand. After she had been in about two months, whilst in the water-closet she had an epileptiform convulsion, was cyanosed, frothed at the mouth, and was insensible. On coming round she vomited excessively; in a few days she quite regained her former condition, but about two months afterwards her cardiac symptoms became worse, and she gradually sank and died.

Post-mortem examination.—Severe aortic and mitral disease were discovered with infarcts in the kidney and spleen; on slicing through the brain at the level of the corpus callosum, a black-coloured clot was found situated in the white matter of the right frotal lobe. It implicated slightly the gyrus fornicatus, but did not extend into the ventricles or affect the motor region of the brain. It was pointed out that the great interest of these cases lay in the great paucity of the symptoms produced by the lesions of the frontal lobe, for in neither case were there any motor sensory or intellectual symptoms referable to the disease of the brain; in fact, in the second case the hæmorrhage was not even suspected, nor would the tumour with any certainty have been diagnosed in the first case but for the optic neuritis. The sudden death in first case was also pointed out. Although the frontal lobes are generally looked upon as presiding over the intellectual faculties of the individual, from these and many other cases it is proved to be possible for one of them to be seriously influenced without any impairment of such faculties. The author enunciated it as a law that the later in the animal series or the life of the individual any faculties were developed the more readily, in cases of injury of the brain, was some other part capable of taking on the work. Thus, motion of the leg and arm of one side, when destroyed by lesion of the opposite side of the brain, was slowly recoverable, because the faculty of motion had been so long formed as to become quite fixed in the motor areas either side of the fissure of Rolando, whilst motions of the face as used in gestures being later formed, were not so definitely fixed, and therefore either some bilaterally associated part near, or the sound side, was capable of taking on the duty of the injured part, and thus the face in ordinary hemiplegia recovered comparatively quickly. Coming to faculty for connecting words with signs, which was still more lately formed here, the uninjured side was quickly capable of taking up the function of the injured one, whilst in cases of lesion of the frontal lobe destroying functions so lately formed as the intellectual, the opposite side so quickly took up the work of the damaged side that no impairment was detected. The author was inclined to think that the recently acquired capabilities such as the intellectual were stored up on both sides of the brain; in the course of many generations these became more fixed to one side, so that then it would take some time for the functions of one side to be taken up by the other, whilst later functions were taken up at once by the sound side. The extent of injury in his first case seemed to negative the possibility of the bilaterally acting centre theory being true for intellectual faculties.

Dr. MOXON observed that too little recognition was given to the fact that people suffering from brain tumours die suddenly, and in explanation of the reason for this susceptibility he referred to the anatomical disposition of the pneumogastric nerve, which is tightly adherent, in elderly people, to a finger-like process springing from either side of the fourth ventricle, and the extreme vascularity of which materially influenced the amount of pressure to which the vagus might be subjected from time to time.

Mr. VICTOR HORSLEY was of opinion that the absence of symptoms in such cases arose from the unaffected lobe taking on the functions of its diseased fellow, which it could do by reason of the bilateral endowments of the lobes. He thought, however, that the two sides could not act separately, as was shown by the inability of any one doing two separate actions with his hands simultaneously, *e.g.*, drawing a circle with one and a triangle with the other. The functions of the frontal lobes had not been experimentally demonstrated, but Mr. Horsley was of opinion they might be the seat of the emotions. Most injuries to them occurred among children, and as after such injury in these young subjects no emotional disturbance had been noticed, it was argued that the lobes in question could not be the seat of the emotions. But he (the speaker) believed rather that the truth was that the emotions are undeveloped in children, and hence the negative result.

Sir ANDREW CLARK reminded the meeting that a rich collection of cases illustrating the points under discussion could be found in Baron Larrey's Memoirs, and in Abercrombie's Lectures; and although not collected with a view to establishing any particular assumption, they were still of the utmost illustrative value.

Dr. HUGHES BENNETT said his own clinical experience of such cases suggested to him the inquiry whether the absence of symptoms might not be due to the fact that none developed. In other parts of the brain than the frontal lobes disease was evidenced always by signs that could be read; but this was not always so in lesions of the lobes in question. It would, he thought, be unwise to form a definite opinion on the comparative intelligence of a patient assisted only by the statements of the latter's friends; and on every ground it was very desirable to accumulate further clinical experience prior to forming any definite conclusions respecting the non-existence of apparent signs of frontal mischief. It should be remembered, also, how, for a long series of years, it was stated and believed that the subject of the American crowbar accident was intellectually unaffected by the injury. This was now known to have been the opposite of what took place.

Dr. F. TAYLOR instanced the case of a woman on whom Mr. Birkett attempted to remove a tumour of the frontal bone, but which was found to grow into the cranium. Death occurred ten days later, and was preceded for a few days by an entire change of character on the part of the patient, who, from being a quiet and decorous woman, became troublesome, talkative, and obscene, both in language and gesture. *Post mortem* an abscess was found in the frontal lobe. He had at that time under observation a girl æt. ten years, who underwent a curious mental change, becoming childish, &c., when the signs of injury first became apparent in her.

Dr. SEYMOUR TAYLOR suggested that the two hands of the same individual might be educated to perform unlike operations simultaneously, and instanced the well-known capacity of telegraph instrumentalists in this direction, and of pianists when playing different times with the two hands. He considered, also, that emotional expressions were well marked in children, even at the moment of birth.

Dr. WHITE had himself given consideration to pressure as causing death, but such a cause even was insufficient in this particular case. In spite of the extensive disease present his patient had not lost the higher affections, as shown by her love for her relations and friends. Dr. White expressed the belief that facial expression of mental acts was acquired.

ON A CASE OF RECURRENT HÆMATEMESIS WITH URTICARIA.

Dr. J. J. Pringle described the case of a gentleman, aged 51, with no family history of gout, hæmophilia, or other disorder bearing on the case, who in 1872 had two attacks of ordinary nettlerash, attributed to indiscretions of diet. In 1878 he had several attacks of severe nettlerash with undue prostration. In 1879 these recurred with increasing frequency and severity, the tongue, mouth, and fauces being involved, and clear, watery fluid being vomited. In the latter part of the year small quantities of altered blood were also ejected. During 1880 the patient was never free from urticaria or its subjective symptoms, and at intervals of about two months attacks of great severity occurred, during which vomiting often lasted twenty-four hours at a time, large quantities of pure red blood being ejected. These attacks diminished in frequency, but continued to increase in intensity during 1881 and 1882, culminating in November of the latter year in an attack in which the blood vomited filled two hand-basins besides saturating the bed. This next attack occurred in April, 1883, and its latter part was witnessed by the writer, kindly accompanied by Dr. Wilks and by Dr. Hurd-Wood, of Leatherhead. who had watched the case from its commencement. Bright pink, urticarial wheals, nowhere purpuric, were thickly studded over the trunk and extremities; the blood vomited filled a large hand-basin; the patient's general condition was such as may be inferred from the loss of blood, and the free use of morphia subcutaneously, which had been found the only means of use in allaying sickness. Recovery ensued as usual, the patient always recuperating with amazing rapidity. Shortly afterwards he had two unequivocal attacks of gout affecting the right foot and left hand respectively; the subsequent attacks have been less frequent and less severe, and apparently controlled by subcutaneous injections of morphia and ergotin, used as soon as nettlerash appeared and nausea was felt. Three days after one of these arrested attacks a copious tarry motion was passed, and in another attack, in which a little altered blood had been vomited before the injections were used, all gastric symptoms were

immediately allayed, although copious crops of nettlerash made their appearance for three days. Previous to some of the attacks there have been evidences of hepatic derangement. The immediate exciting cause in almost every instance had been exposure to cold, to which the patient was formerly very susceptible. In the intervals he is free from pain and all other symptoms of gastric disorder or ulcer. The liver and spleen are of normal size both during and between the attacks. The urine passed during the attacks had never contained blood; in the intervals its specific gravity ranges from 1020—1025; it is often loaded with urates, and invariably contains a large excess of uric acid; it is free from albumen, sugar, and casts. The radial pulse is hard, tracings from it being flat-topped. There is no decided cardiac hypertrophy; the second sound over the aortic area is accentuated; the fundus in both eyes is normal. Minute doubtful tophi have appeared in the right ear within the last six months. From the absence of all symptoms of gastric ulcer, except the vomiting of blood or other causes of hæmatemesis, and from a general consideration of all the features of the case, the writer expressed himself as forced to the conclusion that the hæmatemesis was due to capillary rupture, occurring when the gastric mucous membrane was in an urticarial condition. Presuming the possibility of such a condition, he considered that the great vascularity of the organ and the position of its rich capillary network, separated from its cavity only by a delicate membrane and a single layer of cells, account for occurrence of hæmorrhage and for its amount. No exactly similar cases have been described; but Murchison mentions the case of a boy of nine years of age with urticaria tuberosa and purpura urticans, and with hæmorrhage from the bowels, kidneys, and urinary passages, and with the discharge of much lithic acid in the urine. Cases described by Graves as "exanthema hæmorrhagicum" prevent also certain points of similarity. The relationship between hepatic disorder, the gouty condition, and skin eruptions in general was merely referred to. The case had been under the observation and treatment of Dr. Hurd Wood, of Leatherhead, Mr. Hill, of Crickhowell, and Mr. T. B. Scott, of Bournemouth, to whom the writer expressed his obligations, but his special thanks were due to Dr. Talfourd Jones, of Brecon, who from the first recognised its true nature and laid down a line of treatment, from which no tangible departure had been made.

Sir ANDREW CLARK said this subject had engaged his attention also, and that he had, while reading a paper on asthma at the Cambridge meeting of the British Medical Association, pointed out the association of the disease with urticaria. As supporting Dr. Pringle's censure on the dermatologists, he would further refer to their negligence of the occurrence of eczema on mucous membranes.

Dr. STEPHEN MACKENZIE remarked on the interesting connection of the hæmorrhage with lesion of the mucous membrane which also existed in hæmoglobinuria, the influence of the vaso-motor nerves on which condition had been pointed out by Dr. Pavy. An explanation based on the occurrence of changes in the renal glomeruli was thus possible of it. In reference to the spread of skin diseases, Dr. Mackenzie mentioned that some years ago he found a crop of herpes in the throat and œsophagus of a body on which he was conducting a post-mortem examination.

Dr. WILBERFORCE SMITH asked if the patient had suffered while in India from malaria or dysentery.

Dr. PRINGLE said the question of eruptions required much more extended investigation than had yet been given to it. His patient had suffered only from a very mild attack of dysentery while in India.

ACADEMY OF MEDICINE IN IRELAND.

SURGICAL SECTION.

A MEETING of the Surgical Section was held at the College of Surgeons, Friday evening, 12th Dec., the President (Dr. BENNETT) in the chair.

Mr. WILLIAM STOKES, Sectional Secretary, read the minutes of the previous meeting, which were signed.

THREE CASES OF OVARIOTOMY.

Mr. THOMSON read a paper on three cases of ovariotomy, which had all been successful. They were done in the presence of visitors and the students of the hospital, as were all the cases done by his colleagues. Listerian precautions were used; the pedicle in each case was ligatured and dropped in the pelvis, and no drainage was considered necessary. The author discussed the opinion expressed by Mr. Lawson Tait that "no surgeon engaged in constant attendance on the promiscuous cases admitted to a general hospital should perform such an operation as ovariotomy," and maintained the right of the general surgeon to operate in abdominal cases. He held that such an opinion was an absurdity, as it really meant that no surgeon should amputate a limb, the wound being more likely to suffer from infection than the peritoneum. An uncomplicated case of ovariotomy he regarded as one of the easiest operations in surgery. As to the others, surely a surgeon in a general hospital who was daily brought face to face with emergencies, whose wits and judgment were trained by frequent exercise to quick decision and action, might be entrusted with the treatment of adhesions of any kind in an abdominal case. He maintained that the greatest achievements in abdominal surgery had taken their start from the general surgeon, and that his familiarity with wounds and their treatment, and his training of mind, and eye, and hand, pointed to him as especially competent to deal with cases of the kind under consideration.

The PRESIDENT suggested that the debate should be limited to the questions of specialism and drainage.

Dr. ATTHILL said the intra-uterine disposal of the pedicle was that almost universally adopted. Success depended on careful attention to details, by which, whether the operation was done by a specialist like himself or by a general surgeon like Mr. Thomson, the result would be as good as was obtained in London or elsewhere. The first question of importance was as to the size of the tumour before commencing to operate. As the result of his experience, success was greater with a small than with a large tumour, and therefore he advocated early operative treatment. Another point of importance was the size of the incision. Mr. Lawson Tait advocated an exceedingly small incision; Sir Spencer Wells and others, one of fair size. Having operated fifty times himself, he was decidedly in favour of a fairly large incision, but not larger than was absolutely essential to ascertain if anything was wrong. He objected to new sponges as hard to free from sand, and on that account he used the same set of sponges, 12 in number, again and again, first boiling them in 1 in 1,000 of corrosive sublimate and keeping them in carbolic lotion. In a certain proportion of cases drainage was an advantage, and if used carefully there would be no bad result. While in favour of antiseptic precautions, be objected to the use of the spray as producing cold in the abdomen.

Dr. FRASER recommended liquid sulphuric acid for the purification of sponges.

Mr. H. G. CROLY advocated ovariotomy by the general surgeon as one of the most simple operations in the whole range of surgery, and one too that ought to be performed not only in the presence of visitors, but of the students, as he did not approve of letting students fancy there was some mystery about it.

Mr. STOKES concurred with Mr. Thomson in the justifiability of the general surgeon undertaking ovariotomy. Of his last eight cases six were in succession successful, and this demonstrated not merely the justifiability, but the right on the part of the general surgeon to perform the operation. In all his cases he had made a free incision and used the spray, but he took the precaution of warming the carbolic solution. In the unsuccessful cases he employed drainage, but in the successful he laid it aside, and he believed the time was not far distant when drainage would be given up, not only in ovariotomy, but in most other surgical operations. Let precaution be taken, as Esmarch indicated, by securing every bleeding vessel, and by sufficient pressure to render the wound dry—let what had been happily termed "the toilet of the peritoneum" be properly carried out, and drainage would become unnecessary. In his own cases what was called uterine epistaxis had been a source of anxiety. He asked whether or not that form of hæmorrhage had occurred in Mr. Thomson's cases, and his opinion as to the desirability of checking it?

Dr. BARTON said Sir Spencer Wells informed him that he used the Listerian method of dressing, which, while he could not say it made much difference in the result, made a

very great difference in his own feeling of confidence. He did not allow the spray to play on the open peritoneum, as harm was sometimes done by reducing the temperature.

Mr. CORLEY remarked that a surgeon commencing to perform ovariotomy now was in a much better position than twenty years ago, as he had the advantage of the experience of all the operations done since.

Dr. ROBERT M'DONNELL said Sir Spencer Wells informed him that there was no fever accompanying the operation when he used antiseptic precautions, and therefore he stuck to the antiseptic method.

Dr. NEVILLE agreed that specialists had the advantage of knowing better than the general surgeon how to treat contingencies, apart from the question of diagnosis. Epistaxis was common, and in his opinion did not much affect the result.

Mr. KENDAL FRANKS said, though the development of ovariotomy was due to specialists, that was no argument why the general surgeon should not perform it. No hard and fast rule could be made as to drainage.

Dr. HENRY showed that where there was a large amount of broken-down adhesions the drainage tube was useful, it being impossible to tell how much the abdomen would take up.

Mr. THOMSON, in reply, was glad Dr. Atthill concurred with him in the desirability of removing small tumours as soon as diagnosed. Abdominal section was practically without risk. Indeed, Mr. Lawson Tait had done 90 exploratory incisions. This was an answer to Dr. Neville's doubt as to the capability of the general surgeon to diagnose a tumour. When a specialist had a doubt as to the character of a tumour, he did not hesitate to satisfy himself by making an incision, and therefore he was in no better position than a general surgeon. It was most important that the sponge should be clean, and hence he used new ones which he had put through a solution of hydrochloric acid for 24 hours to get rid of the particles of sand and threshed and steeped again in water. In his cases he used the spray, but in the last he did not bring it directly over the wound. Epistaxis occurred in the last case, but as the patient had menstruated a week before the operation, he regarded the epistaxis as an irregular return of it, and in three days it passed off in the usual way. He testified to the success which attended Mr. Stokes' cases under the same circumstances noticed in his paper. He was in favour of the operation being done in presence of students as well as of visitors, but he preferred it being done in the ward rather than in the theatre, to prevent any risk of contamination. He was glad to hear Spencer Wells endorse the security of the Listerian method. While he did not say drainage should be done away with, it ought to be diminished, the presence of the tube itself giving rise to irritation and consequent effusion into the peritoneal cavity, which would countervail the advantages.

The Section adjourned.

LIVERPOOL MEDICAL INSTITUTION.

THE sixth ordinary meeting of the session was held on Thursday, Dec. 18th, Dr. GEE, President, in the chair.

Dr. J. WIGLESWORTH showed a specimen of

CATARRHAL ULCER OF LARGE INTESTINE

taken from a patient, a female aged 56, who died in the Rainhill Asylum. The cæcum was healthy, but the other parts were so soft that they easily ruptured. The u'cers had all the same character—they were thin, with overhanging flocculent edges. The patient died of chronic diarrhœa; she usually had about twelve evacuations in the twenty-hours, with paroxysmal attacks of pains, but no vomitings.

Mr. PAUL showed a new oral speculum, a recent American introduction. He then showed the soft lymph from

A CASE OF SEPTIC PERICARDITIS.

He remarked that he had now had three similar cases in the Royal Southern Hospital. In each case the affection followed acute ostitis. The patient, a boy, had been struck on the leg with a tin whistle. In a few days inflammation of the tibia set in, and then inflammation of the opposite ankle. When brought into hospital the boy was very ill; the disease was at once diagnosed as acute ostitis. Prognosis unfavourable. Deep-seated fluctuation was felt over the tibia. The abscess was opened, and a fair amount of pus was let out. Then a large abscess formed outside the thigh, then one over the buttock. Others appeared in various places. Chest symptoms, which had been for some time present, now became worse, and collapse suddenly set in, the patient dying the same afternoon. Pus was found in the kidney amongst other places, and an enormous pericarditis, from which the large amount of soft lymph shown was taken. In all the cases he had seen the heart was attacked, and in all the tibia was the starting point of the disease.

Dr. GREVES gave some particulars relating to a case of

SPINAL CURVATURE, IN WHICH DEATH TOOK PLACE FROM DIPHTHERIA.

The patient, a child, was admitted into the Children's Infirmary on August 26th. The child had bed sores; the legs were drawn up. Voluntary control over them was lost. All evacuations were passed involuntarily. Some improvement soon took place, the bed sores healed, and a jury-mast was applied. Not long after this, however, the child contracted diphtheria, which was very rapid in its outset, and of malignant type. On account of difficulty of breathing tracheotomy was performed with great relief to the patient, so that its last hours were passed in tolerable comfort. On post-mortem examination, in addition to the diphtheritic appearances, the bodies of two vertebræ in the upper dorsal region had undergone complete erosion. An abscess was found between the thoracic aorta and the vertebra. The spinal membranes and cord lay upon the surface of the abscess, and the latter was compressed to about one-third its normal size. The symptoms were typical of compression of the cord. The abscess was filled with curdy matter. The upper part of the child's body was supported by the ribs and sternum.

CASE OF DIABETES IN A BOY OF SEVEN.

Dr. WHITFORD showed a boy, aged 7½, who was the subject of diabetes. He was the eldest of four children. The others were strong and well developed. When the mother was seven months pregnant of the boy shown she was obliged to nurse her own mother, who was ill, and for three weeks was not able to go to bed. The labour passed off naturally, but at birth the child was very puny and wizened-looking; improvement set in when it was three weeks old, however, and at three months it was a healthy-looking child. It remained healthy on the whole until two years ago. At school he learned but slowly; later on he wetted his trousers and bed, drank and ate greedily, and was drowsy. He passed in October, 8, 9, and 10½ pints of urine *per diem*, of a sp. gr. of 1042. The quantity of urine passed gradually diminished until it reached two pints daily, but the sp. gr., which had kept at the same level nearly the whole time the child had been under observation, at last, and rather suddenly, went up to 1052. There was nothing pointing to intra-cranial mischief.

Dr. JOLL stated that a patient of his was in India with her husband, and when seven months pregnant her husband, when out hunting, was attacked with sunstroke. He became maniacal, and shot several policemen, under the delusion that they were pursuing him. The lady naturally suffered much distress, and returned to England. The child of which she was pregnant at the time—a boy—did well, and nothing abnormal was noticed till he was about seven years old, when he became diabetic. He wondered whether the intra-uterine life of the children had any bearing on the disease.

Dr. CARTER said he had at the present time three children under his care, all diabetic; but they were improving, and he hoped they would eventually get quite well.

Mr. PUZEY read notes of a case of

PARALYSIS OF ULNAR NERVE

after compound fracture of the forearm, relieved by operation. Patient (exhibited), aged 15, miller's assistant, was caught between a travelling belt and a wheel, when fracture of both radius and ulna took place. Tolerably forcible extension were required to bring the ends of the bone into apposition. Some delay took place in union of the ends of the ulna, and grating was felt for a long time. Paralysis of all parts supplied by the ulnar nerve was now observed, and flexion of the ring and fourth fingers. The patient stated that there had been pain and numbness ever since

the accident. The hand gradually assumed the bird's claw appearance. This was in April last. An incision was made over the outer surface of the ulna; the upper part of the nerve was found swollen and red, the part lying under a fibrous band was flattened, and that below this was round and pale. Seven days after operation sensibility was observed to be increasing. The finger tips were still dead eight months after the operation, but sensibility had perfectly returned in every other part.

THE CEREBRAL ARM CENTRE.

Dr. J. WIGLESWORTH read a note on the cerebral arm centre (with specimen). The specimen was a brain removed from a female epileptic, who had died at the Rainhill Asylum, aged 56. Her left arm was amputated when she was four years old, leaving only a movable stump remaining, so that for 52 years she had had a nervous centre with but little to do. It was to be expected that the brain would show this in imperfect development of the centre for arm movement. The specimen showed that the inference was perfectly correct, the ascending parietal convolution of the right side being not more than half the size of that of the left.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

DECEMBER 18TH, 1884.

Mr. W. A. GARRARD, President, in the chair.

REMOVAL OF SCAPULA.

Dr. KEELING introduced a patient whose scapula had been removed nearly two years before for a tumour involving the bone and surrounding muscles. There had been no return of the disease, and the arm was a fairly useful one.

UNUNITED FRACTURE OF HUMERUS.

Dr. KEELING also showed a youth whose arm had been nearly torn off and his skull fractured by a machinery accident. After necrosis of 2½ inches of the shaft of the humerus, the ends of the bone had been tied together with wire and splints applied. Complete recovery has taken place, the patient being now able to work at his trade as usual.

SCALPING BY MACHINERY.

Dr. KEELING exhibited a woman in whom one-half of the scalp had been torn off in consequence of her hair being caught by a revolving machine band. The complete healing of the raw surface had been much aided by repeated skin-grafting.

AORTIC MUSICAL MURMUR.

Dr. DYSON exhibited a patient with aortic disease, æt. 45, a brewer's drayman. The interest of the case consisted of a very loud, high-pitched musical diastolic murmur, its maximum of intensity being the lower part of the sternum. The murmur was audible all over the front of the chest and in the back, also in the large arteries. There was also a systolic aortic murmur. A thrill was felt over the same area as the murmur was heard. Symptoms connected with the above first appeared at last Easter, but it was not until the 1st of December he left off work. On that day he had a sharp anginal attack.

Remarks were made by the President, Drs. Banham, Keeling, Porter, and Messrs. Barber and Baldwin.

AORTIC VALVULAR DISEASE.

Dr. DYSON showed a heart from a man, æt. 25, with a history of rheumatic fever many years back; he had only subjective symptoms of heart disease for four years. The heart was immense, weighing nearly two pounds; it showed signs of pericarditis, dilatation and hypertrophy of the left auricle and left ventricle, disease of aorta, aortic valves; also well-marked mitral stenosis. The prominent symptoms and physical signs during life were more of aortic incompetency. A mitral murmur was present, but not well defined. The kidney was also shown; it was large and cirrhosed. The liver and spleen were immense. Convallaria was administered in this case, and seemed to act quite as well as digitalis. The urine was albuminous.

Dr. Porter and Mr. James made observations.

MUSCULAR NYSTAGMUS; TUMOUR OF THE BRAIN (?)

Dr. BANHAM introduced a patient whom he considered was suffering from tumour of the brain. There was partial hemiplegia, with some anæsthesia of the left side, slight paresis of the right side, deafness of the left ear, nystagmus of the left eye, and atrophy of both optic discs, especially of the left. Headache and vertigo were also occasional symptoms. The defect of sight and hearing had been progressing for the last four years, but no paralysis beyond slight weakness of the left arm appeared until January last, when one night he was suddenly seized with cramp and rigidity of the limbs, followed in a few hours by left hemiplegia. The affection of the right side had slowly developed since. The history of the patient and the negative results following specific treatment were entirely opposed to the hypothesis of the syphilitic nature of the disease. Dr. Banham inclined to the opinion that there was a tumour of the pons varolii, implicating also the cerebellar peduncles; and that the sudden augmentation of his symptoms in January last was due to hæmorrhage in connection therewith.

URTICARIA AND DYSPEPSIA.

Dr. BANHAM gave brief notes of a case of urticaria occurring in an intelligent woman, æt. 25, which had recurred almost daily for two years past, and which had been accompanied frequently with dysphagia to such a degree that when she sat down to a meal, swallowing was often found impossible, and the attempt induced such serious attacks of choking that those around were greatly alarmed. The patient had never shown any indications of hysteria. Dr. Banham saw this patient for the first time three weeks ago. He gave her careful directions as to diet and attention to the state of the bowels, and ordered her a mixture of bismuth and nux vomica, to be taken before meals. Within a day or two the attacks of urticaria subsided, as well as the dysphagia. He thought it not impossible that the difficulties of swallowing had arisen from the mucous membrane of the throat being affected in a manner similar to that of the skin.

Dr. Keeling and Mr. Barber made remarks.

NÆVUS OF THE ORBIT.

Mr. S. SNELL exhibited a baby with nævus at the inner and upper angle of the orbit, under process of cure by electrolysis. He also showed Priestly Smith's model for demonstrating the horizontal movements of the eyes.

OVUM REMOVED FROM A RETROFLEXED UTERUS.

Mr. RECKLESS exhibited the specimen of an ovum and its decidual membranes of about eight weeks' growth, removed from a woman, æt. 41, subject of old-standing retroflexion of uterus. A peculiarity was that the ovum appeared to have been arrested at the entrance into the uterus, and developed in the corresponding cornu, and that the placental portion formed a complete cast of the uterine cavity. A further point of interest was the vexed question of the possibility of pregnancy in a well-marked retroflexed uterus.

BRADFORD MEDICO-CHIRURGICAL SOCIETY.

AT the ordinary monthly meeting of this Society, held in December (in the Board Room of the Infirmary), Dr. GOYDER, the President, in the chair,

Mr. APPLEYARD, F.R.C.S., read an interesting case of

OBSTRUCTION OF THE BOWELS, TREATED BY COLOTOMY,

which will be found at page 29, under the head of "Clinical Records." After the paper had been read,

The PRESIDENT congratulated Mr. Appleyard on the favourable course of his case.

Dr. RABAGLIATI, in remarking on the case, said that strangulation very frequently took place in the small intestine, and asked on what theory an operation was performed in the colon in a case confessedly so obscure? He nevertheless joined with the President in his congratulations on the successful issue of the case.

Mr. MIALL pointed out the importance of examining the urine for albumen in cases where there is suspicion of strangulation of the intestine, its presence having been proved to be diagnostic of this condition, as distinguished from strangulation of omentum or other parts.

Mr. APPLEYARD replied on the discussion, remarking that as it was not certain where or of what nature the obstruction was, it seemed feasible to give the patient the possible benefit of an operation—a course of procedure which up to the present time had been most successful.

Dr. HIME (Medical Officer of Health) then read an elaborate paper, illustrated by charts, on

TYPHOID FEVER IN BRADFORD,

comparing its prevalence and fatality with the variations in the weather, and comparing the Bradford experience with that of Munich for the years 1872-81, of which detailed statistics were epitomised.

After a discussion, in which the President, Mr. Appleyard, and Dr. Rabagliati took part, the proceedings terminated.

REGISTERED FOR TRANSMISSION ABROAD.

The Medical Press and Circular

Is published every Wednesday morning. Price 5d. Post free, 5½d.

POST FREE TO ANNUAL SUBSCRIBERS . . . £1 2 0
„ IF PAID IN ADVANCE 1 1 0

* Post-office Orders and Cheques to be drawn in favour of—
A. A. TINDALL, 20 King William Street, Strand, London, W.C.
A. H. JACOB, 3 Molesworth Street, Dublin.

Agents for Scotland:—
MACLACHLAN and STEWART, South Bridge, Edinburgh.
A. and W. STENHOUSE, Hillhead, Glasgow.

Sole Agent for the Continent:—
JOHN F. JONES, 31 Bis, Rue du Faubourg Montmartre, Paris.

ADVERTISEMENT SCALE—Whole Page, £5 0s. 0d. Half Page £2 10s. 0d.; Quarter Page, £1 15s. 0d.; One-eighth Page, 12s. 6d.

Small Announcements of Practices, Assistancies, Vacancies, Books &c., of Seven lines or under, 4s. per insertion; 6d. per line beyond

Considerable reductions are made from the foregoing Scale when orders are given for a series of insertions. Letters in this department should be addressed to the Publishers.

SUBSCRIPTIONS FOR FRANCE are received by Messrs. BAILLIERE, Rue Hautefeuille, Paris—post free in advance, £1 3s. 6d. per annum.

SUBSCRIPTIONS FOR RUSSIA are received by Messrs. RAJCHMAN and FRENDLER, 18 Senatoren Street, Warsaw—post free £1 5s. 0d. per annum.

SUBSCRIPTIONS FOR THE UNITED STATES are received in New York by Messrs. WILLMER and ROGERS; Philadelphia, by Dr. BRINTON: post free in advance, 5½ dollars (£1 3s. 6d.) per annum; or direct from the Offices in this country for the same amount, if remitted by International Post-Office Order.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 14, 1885.

A REAL UNIVERSITY FOR LONDON.

THE discussions which have recently taken place respecting the shortcomings of the University of London have clearly demonstrated two most important facts: one, that medical students are becoming more and more alive to the necessity of providing themselves with a legal right to the title of "Doctor," and the other, that this title is, for all except those blessed with abundant spare time, unobtainable without migration to some extra-metropolitan University. Each year during which the present state of things continues serves only to impress on teachers the impossibility of preventing that exodus of students the steady drain of which is impoverishing the established schools of medicine in London, with the result of benefiting other and more distant, but unfortunately less efficient, centres of education; and it is only a natural consequence of fears for the future engendered by the knowledge of these facts, that an attempt to recover for the metropolis its rightful influence is now being made by those best interested in preserving its prestige.

The success of the movement to create a teaching University for London, however, is so dependent on the interaction of remotely separated factors, that it would be rash to anticipate any speedy realisation of the aspirations of its advocates. It is not that the elements for the most rapid fulfilment of anticipations in this direction are wanting, but with them there exist also so many conflicting interests to be met and satisfied that, so long as any consideration at all is to be paid to them, the final settlement of all efficient arrangements must be extremely difficult. On the one hand the University of London is rightly jealous of its prestige as an examining body, and seeing that it can boast of no other claim to respect, it is not surprising that this should be the case. On the other hand we have the numerous array of teachers who feel and complain, with undoubted justice, that the extreme restrictions surrounding a London degree in medicine are seriously injuring the prospects of metropolitan schools, by driving students to other centres of education where a doctorate can be obtained without the sacrifices imposed on candidates for that of London University. Again, we have another element to consider in the combined Colleges of Physicians and Surgeons; but as they, in their present mood, are intent only on making money out of the necessities of the hour, no assistance out of the dilemma can be looked for from them. A full examination of all the circumstances of the case, and of the very chaotic scheme shadowed forth at recent meetings held in support of the creation of a teaching University for London, has convinced us that up to the present time no satisfactory solution of the difficulty has been found. There is a way, however, in which this is possible, and by means of which the University of London may be at once elevated into the most important and influential of the licensing bodies. Let it so far modify its requirements in respect to medicine that all those students who would, as a matter of course, proceed to obtain the M.R.C.S. diploma, may, with no greater sacrifice of time or study, obtain instead of this licence the coveted degree of M.D. Nor, as may at first sight appear inevitable, need the University, by taking this course, for a moment reduce the value of the degree it has already conferred, or of those it may hereafter confer on the same conditions. The M.D., however, of the present must be replaced by another appellation, for it is important that the minimum qualification for general practice should confer the title of "Dr." Nothing else will meet the requirements of the age. But the University of London can without difficulty create another degree, the examinations for which shall be similar to those held for its existing M.D., and this being of the nature of a proof of higher attainments, would most appropriately receive a distinctive designation, such, *e.g.*, as "Doctor of the Sciences of Medicine," Sc.M.D. All those graduates at present holding the M.D. would, of course, be presented with the new degree, as being entitled to it by examination; and henceforward all who aspired to the distinction of being

an honour graduate of the University would naturally proceed to the higher degree. Moreover, once the University has become, as it may and ought, the national qualifying body, it would speedily become a recognised thing that candidates for hospital staff appointments should be possessed of the higher degree conferred for more than average attainments.

It is most important, however, that the curriculum for the ordinary M.D. under this scheme, shall be in exact conformity with that adopted elsewhere; that no excessive sacrifice of time, as at present insisted on, from aspirants to the M.D. Lond., shall be demanded from students; but that every one on completing his twenty-first year, and the usual curriculum of study, shall be eligible to take *at once*, if of competent average knowledge, the M.D. degree. By liberally adopting such a plan as this, the University of London would at once remove all need for immediate reform in the mode of education and qualification; its degree would be the one universally sought entrance into the profession; and its influence over educational affairs would forthwith become paramount over all others in the kingdom. But this prognosis is somewhat dependent on one important consideration, that, viz., of cost. The expense of obtaining the degree should be fixed at not more than £25, whereby it might be within the reach of all students who, under present rules, equip themselves for practice with the ordinary English L.R.C.P. and M.R.C.S. diplomas; and as these latter will, on our assumption, obtain the M.D. after a very similar series of examinations to those submitted to by candidates for the licences named, so those already possessing the latter should be permitted, without re-examination, to take up the M.D. also, on payment say, of ten guineas. Such a concession would at once secure to the University a constituency of at least ten thousand persons, and an immediate sum in hard cash of one hundred thousand pounds. At the same time, too, the action which procured this welcome increase would also be an effectual means of advancing the general welfare of the profession and of the public entrusted to its care.

The question necessarily arises, How far would the scheme here sketched forth be acceptable to, or opposed by, the two London colleges? We may at once say that it would be satisfactory to find a path along which they and the University could jointly proceed. Recent events, however, rather tend to prove that any steps necessitating the slightest interference with the full powers or receipts of these bodies will be resisted, no matter what the object held in view; and as they have shown themselves so entirely careless of professional interests, and particularly of the interests of students, the University need have little compunction in totally ignoring them, should they prove difficult to move in the required direction.

We have not dwelt on the various suggestions that have been made in the discussion that has so far taken place on the question of a teaching University, for the reason that no practicable plan has, in our opinion, yet found expression. The teaching University that is alone possible in London is a combination of the schools and a central examining authority conferring an M.D. degree after the usual curriculum and an average examination. In such a University the medical schools will be collegiate institutions, and it is such a University in fact as well as in name that we seek to see established, and the primary basis of which we have in this article briefly endeavoured to demonstrate.

ADMISSION OF WOMEN TO THE PROFESSION.

THE Fellows of the Royal College of Surgeons of Ireland at their general meeting on Saturday last, decided, after two divisions, to support the Council of the College in the intention to have the Charter altered so as to admit women to all the diplomas of the College on equal termswith men. This decision is of more importance because the Council, having voted to recommend such a change to the Fellows, shortly afterwards rescinded that vote, and again, after a further debate, reaffirmed their original resolution.

In the debate which preceded the decision of the College no reason whatever was offered for refusing to women equal professional rights with men. Most of the speakers, even those who supported the proposition, expressed their conviction that women must necessarily be failures as surgeons, and declared their personal unwillingness to see them recognised as legally qualified practitioners; they did not seem to realise the fact that experience was against them on this point, that in the limited professional sphere which has been allowed to them, the few female physicians who have been tested by time have proved themselves to be by no means failures, either financially or scientifically. They have succeeded in satisfying their patients, working their practices, and making money just as well as the average male general practitioner, and, considering that they have been denied the opportunity of proving their abilities before the medical and surgical tribunals of the societies, more than this was not to be expected. So far, then, experience refutes the anticipations of those who oppose their free admission to our profession. But those opponents will not, we think, attempt to deny that wherever a fair stage and no favour has been granted to women, they have held their own against the male competitor. In the examinations of the London and other Universities they have carried off far more than their share of honours and prizes, and have on several occasions shouldered out the best men with whom they have entered the lists in competition.

It was, however, evidently felt by the Fellows of the College that the question of the capacity of the female mind or body for the surgical profession was outside the question which lay open for their decision. They saw that, even if it were likely that women would make weak-minded and timorous practitioners, there was no just reason why the College should refuse them the right to try their chance at the profession, provided they were able to give to the College the necessary guarantees as to education and examination.

The contest at the College, therefore, arose upon the question whether women should, after admission as Licentiates, be eligible for Fellowships and for the higher offices in the College. Many who were half-content that they should be allowed to fill the *rôle* of surgical drudges were shocked at the proposal that they should become Fellows and voters—possibly Lecturers and Councillors, and Presidents—and a motion was accordingly made to

alter the proposed clause of the Charter so as to limit the much-dreaded lady competitors to the lowest qualifications granted by the College. This proposition was rejected by the narrow majority of 18 to 14, but the ultimate motion to admit them without limitation was affirmed by 25 votes to 11.

We congratulate the Fellows on their good sense and liberality. They have saved the College from being branded as obstructive and jealous, from being left behind by the Royal Irish University and other similar institutions, from being compelled by medical legislation to do what they refused, and, most important, from being guilty of a palpable injustice for the perpetration of which no sufficient reason could be argued.

EXAMINERS AND THEIR PUPILS.

THE determination of the College of Surgeons of Ireland to obtain such alteration of its Charters as will permit professors and lecturers to be examiners—affirmed by the meeting of Fellows on Saturday last—is of great moment, not only to the College itself, but to the future of Irish surgery, for it pledges the College to remove, if possible, one of the safeguards for that fairness of the examination test which have heretofore lent confidence to the student, and inspired the public with the belief that, whatever else the examinations of the College might be, they were at least honest. Up to the present time it has been impossible for the student to make a success in his examination by studying beforehand the "tips" of his examiner, and equally impossible for the examiner to draw hearers to his lectures by examining the student on the subjects and special points elucidated in those lectures; for the future it will be quite possible that the examinations of the College may become vitiated by such proceedings as these, and that the confidence of the public in the *bona fides* of the test may be shaken, unless the Council of the College maintains the strictest vigilance to prevent such a result.

It is not at all necessary to our argument to charge lecturers or professors with deliberate prostitution of their examinership for the benefit of the lectureship, because, without any such intention, most lecturers have sufficient individuality in their ideas to make it worth while for a student to learn up those ideas if he expects to be asked them at examination. In the University of Dublin it has always been notorious that the student who studies in the University School starts in the examination race with a great lead of the student who works elsewhere. In Edinburgh there has long been an outcry that no student has a fair chance at the University examinations unless he has been lectured by the University professors, the extra-mural schools being thus placed at a great disadvantage; the same observation might be applied to all licensing institutions which examine by the agency of their own lecturers.

While, however, we warn the Irish College to be vigilant, we do not offer any objection to the step which it has taken if it is understood that the honesty of the examination is to be protected by the strictest precautions. We admit that it was no longer possible to maintain the exclusion of lecturers from examinerships, for the simple reason that—by reason of such exclusion—the field for selection of examiners had become inconveniently narrowed. Moreover, the exclusion rule had the effect of depriving the College of the services of the very men who were most competent for examining duty, and it inferred a charge against the honesty of purpose of lecturers for which there was no apparent warrant.

But the danger to which we have referred nevertheless exists, and it can be met only by two methods—*firstly*, by associating two examiners in the examination of each student, so that it shall not be possible that he shall pass by a knowledge of the peculiarities of either examiner; *second*—by fixing a short maximum of tenure of office for each examiner (say three years). In this way so much difficulty will meet the student in making himself acquainted with the "tips" of duplicate examiners who are constantly changing that little inducement will exist for him to follow the examiner to his lecture-room.

Much will depend—in the future working of the new arrangement—on the firmness of the College Council, on their determination to put away from their consideration all questions of the interests of particular schools or particular lecturers, and on their inflexibility in appointing to the examinership the most capable man and the man of most unquestionable integrity. Without this determination the examinations of the College cannot fail to suffer in character by the change which is being effected.

KILLING NO MURDER.

IT has been said that the character of the popular songs of a nation serves as a fair index of the national susceptibilities or prejudices as influenced by legislation. On the other hand, the apparently insatiable interest shown in the unfolding and publication of horrible crimes of all descriptions is but a reflex of modern society. Of late we have been inundated with instances of the truth of this statement, but the most recent case to which we would refer is that of a "woman" who, in order to revenge herself for long-continued provocation which had taken the form of cowardly attempts at blasting her moral character, has arrogated to herself the exercise of individual lawlessness and, constituting herself an irresponsible tribunal of personal resentment, has succeeded, by means of a brutal, premeditated, cold-blooded, and feline cowardice, in gratifying her own selfish and presumptuous egotism by sending her supposed defamer into eternity without one note of warning. It is all nonsense to plead on behalf of this woman that the provocation was excessive, the legal delays irritating, and the gross and offensive character of anonymous post-cards beyond all endurance. If such an argument as this were once accepted, it will be open to any of us who may, in many ways, have been injured, even more seriously than this Madame Clovis Hughes imagined herself to have been, to preach the doctrine that "killing is no murder." But, notwithstanding that her seeming purity of character and antecedents had been fully substantiated in the eyes of the world, this woman has to her crime added insolence and effrontery. In the absence of any proof that her wretched victim Morin was really the writer or the sender of the post-cards, and in the face of his solemn death-bed

asseveration that he knew nothing that could in any way connect him with those vile instruments of slander, Madame Hugues audaciously argued that until the actual writer was produced she would maintain that Morin was the culprit. She declares it was for the sending of the post-cards merely that she shot him. Here then we have the spectacle of a woman who, having placed her own mental comfort and personal gratification above all considerations of proof, law, justice, and common sense, commits in cold blood a murder which she had planned more than a twelvemonth before, and for the commission of which she announces that she feels no remorse, and is then acquitted by a jury, applauded in a court of justice, and received by the ornamented dregs of a *quasi*-respectable, if not disreputable, society as the modern heroine and championess of injured feelings! By the side of this scandal the *Mignonette* case fades from vision. We cannot but contrast the woman Hugues with the unhappy woman Gibbons recently convicted for the murder of her husband at Uxbridge. If ever evidence was clear against a prisoner in the dock it was the medical evidence adduced against Mrs. Gibbons, notwithstanding the quibbling criticism in the last number of the *Lancet* in reply to Mr. Bowlby's very lucid and convincing report which appeared last week in that and in one other of our contemporaries. Elizabeth Gibbons was either guilty or innocent. If the former, the proof of her guilt was afforded by the medical evidence alone. On the other hand, if this evidence be insufficient, we would ask why she is to undergo penal servitude for life? The ill-judged sophistry of the *Lancet* will afford no escape from the dilemma.

Notes on Current Topics.

Clinical Society of London.

FRIDAY last being the occasion of the annual meeting of the Clinical Society, the number of communications read and discussed was smaller than usual, a portion of the time being taken up with the formal business of receiving reports and tendering votes of thanks to the retiring officers. The customary vote to the President was moved by Dr. Moxon and seconded by Dr. Day, and the former seized the opportunity this duty afforded him of expressing regret that the spirit of his speech on the subject of Charcot's joint disease had been misconstrued. He had desired to render the homage of sincere respect and admiration towards the eminent French physician, to whom on that occasion he had proposed that the thanks of the Society should be given for his contributions to the exhibition of preparations and models; and it was exceedingly painful to him to find that his remarks had been received in a way that he had never intended they should be. In a similar spirit he desired to testify his high appreciation of Sir Andrew Clark's disinterested devotion to the welfare of the Society during his tenure of the presidential office, and he was sure his fellow-members would unanimously endorse the sentiments he had expressed in this connection. Sir Andrew Clark's reply to the compliment thus paid him was brief and eloquent. In it he adverted to the great advantages of such a society in promoting fellowship among members of the profession, and to the high value of its labours in the direction of the general advancement of medicine. With pardonable satisfaction also he mentioned the fact that he had not been absent from his post on a single occasion during his term of office; and those who know what serious sacrifices this punctuality of attendance has sometimes compelled on Sir Andrew's part could have no surer proof of the consistent manner in which he has conscientiously striven to do his utmost on behalf of the interests confided to his keeping when, to its own great gain, the Society chose him for its president. One other retiring officer, Dr. Coupland, senior secretary, received a richly-merited personal vote of thanks, the heartiness of which is most amply justified by the long period of valuable service given freely by its recipient. At the next meeting of the Society the chair will be taken by Mr. Bryant, the new President, who will then deliver the customary inaugural address.

The Dangers of Adhesion in Ovariotomy.

THE assertion of some of the ablest ovariotomists to the effect that external adhesions of the ovarian tumour do not militate against successful operation in such cases, does not find favour with many surgeons; but it is often true that complications of this nature appear to offer no serious obstacle to ultimate recovery, and it may be that the explanation offered by Mr. C. E. Steele in another part of our present issue is the correct one. In his remarks on a case of ovariotomy with extensive adhesions, our contributor suggests that where adhesions exist the peritoneum is protected by a layer of lymph, and is thus in a position to be incapable of absorbing septic material, and so freed from the worst risk of after effects. The case in question is also interesting from the evidence it affords of the extreme amount of interference that may be adopted in certain subjects without fatal consequences; and also as illustrating the beneficial influence of treatment by withholding food immediately after operation for two or three days.

Homœopathy in Excelsis.

WE learn from our American contemporary, the *Philadelphia Medical Times*, that steps are being taken to obtain an act of the Legislature creating a State Board of medical examiners and licensers. So far the movement is a most desirable one, and appears to be the only means open for protecting the State of Pennsylvania from becoming absolutely overrun with quacks of every description, there being no law in force at present to restrain the vagaries of these eccentric practitioners. There is, however, one provision of the Bill which to English readers presents a most incongruous appearance, and it is that appointing as members of the proposed Board two representatives of homœopathic medicine, under whose direction a separate examination in the principles and practice of medicine shall be conducted for the benefit of candidates who cling to the delusions of Hahnemann. It thus seems that the imaginary school is so strong in America as to be able even to sway the policy of important States, a fact which on *à priori* grounds we should have hesitated to believe in absence of such convincing

proof as that referred to above. It is much to be hoped that the homœopaths in this country may not be stimulated by the example to insist on admission of their representatives to a State examining board of this country —when it comes into existance.

Workhouse Medical Officers as Coroners' Witnesses.

MANY coroners have—hitherto—acted upon the supposition that under the Coroners' Act workhouse medical officers cannot recover a fee for their evidence at inquests. The section upon which they base this opinion is as follows:—"And be it enacted that, when any inquest shall be holden on the body of any person who has died in any public hospital or infirmary, or in any building or place belonging thereto, or used for the reception of the patients thereof, or who has died in any county or other lunatic asylum, or in any public infirmary or other public medical institution, whether the same be supported by endowments or by voluntary subscriptions, then and in such case nothing herein contained shall be construed to entitle the medical officer whose duty it may have been to attend the deceased person as a medical officer of such institution as aforesaid to the fees or remuneration herein provided."

Upon the question whether this clause includes the workhouse or its infirmary, counsel's opinion (Mr. Arthur Beetham, Q.C., of Gray's Inn) has been obtained, and he advises as follows:—"I do not think the section applies to workhouse infirmaries. A workhouse infirmary may be described as a building or place belonging to the workhouse, and used for the reception of sick paupers; therefore, part and parcel of the workhouse. It would, therefore, not come under the term of a place attached to a hospital. It is decidedly not a public infirmary, or a medical institution, and is not supplied by endowments, and undoubtedly not by *voluntary* subscriptions. The question that remains so as possibly to bring it within the section, is: Is a workhouse a charitable institution? There is a case mentioned in Prideaux, vol. ii., 398, and reported in 28 L. J., *ex* 326, which is a case where a conveyance was made to trustees to build a workhouse, the contention being that it was a charitable institution, and came within the statute of mortmain; but it was held not to be within that statute, as there were no charitable uses. From that you will gather that an infirmary to a workhouse cannot be, if the workhouse itself is not, a charitable institution; neither can it be a public one, for the above reason."

Colorado Beetles in the Stomach.

IN the *Canada Lancet* Dr. Harrison says a child two years old was brought to his surgery very ill. The symptoms were indicative of intestinal and alimentary irritation, with tendency to stupor. He gave some powders of santonine, aloine, &c. Two days after the parents were amazed and alarmed at seeing the child pass a large quantity of Colorado beetles in a pupa state. The child continued to improve steadily as soon as rid of the offenders. Strange to say, they do not appear to be the least inconvenienced by their sojourn in the child's stomach.

Charges against the Managers of the Darenth Small-pox Camp.

AT a recent meeting of the St. Pancras Vestry Mr. W. T. Wetenhall, a member of the Metropolitan Board, made certain statements which gravely reflected on the treatment of patients at the Darenth Small-pox Hospital Camp, and on the general hygienic management of the institution. We are glad to learn that the charges thus publicly made have been categorically refuted by Sir Edmund Hay Currie, Chairman of the Metropolitan Asylums Board, and it is only now to be regretted that any such unfounded statements should ever have been made.

Nerve-stretching Extraordinary.

A RECENT number of one of our German exchanges, the *Deutsche Med. Wochensch.*, records a case of successful cure of severe intercostal neuralgia in a woman by stretching the seven intercostal nerves on the right side from the third to the tenth rib. The patient, aged 60, had suffered from intercostal neuralgia and mastodynia for seven years. The attacks were most severe at night, preventing her from getting any proper rest or sleep. The incision, commenced in the axillary line, was carried from the upper margin of the third rib backwards and downwards to the lower margin of the tenth rib. The nerves, when laid bare, were stretched both centripetally and centrifugally. The operation is stated to have been followed by immediate relief, and the return of sound sleep at night. We scarcely know which to congratulate—the surgeon or his patient, but in any case, sleep must have been peculiarly refreshing to the poor creature who had endured the stretching of seven intercostal nerves.

The Glasgow Profession and the British Medical Association.

A CORRESPONDENT of a medical contemporary states that the medical profession at Glasgow is at present considerably agitated as to whether the British Medical Associatson ought to be invited to meet here in 1886. There is a widely spread feeling that the meeting in itself is highly desirable, and the citizens would also, undoubtedly, welcome, in the heartiest manner, a meeting of prominent medical men here, and make ample provision for it without any necessity for sending round the hat, as was done when the Association was invited to a neighbouring town. And yet, withal, there is at present considerable opposition to the proposal; for at a meeting of the Medico-Chirurgical Society, convened for the purpose, there were 15 present, of whom 9 voted for and 6 against the proposed invitation. At a meeting of the Southern Medical Society, for which a special whip had been issued, the motion was indeed carried unanimously, but the number of members present was only 6. And although a similar motion was carried by a large majority at a meeting of the Faculty of Physicians and Surgeons, there was annexed to it the condition that they should in this matter be supported by the other representative bodies.

Public Medical Appointments in Ireland.

As the Chief Secretary has taken up his official duties at Dublin Castle within the past week, it is likely that several appointments in the public medical service which have been delayed pending his advent to Dublin will be made. The Medical Commissionership of Prisons, which the Royal Commission of last year recommended should be created will probably be at once decided upon and a selection of some one to fill it will be made. The candidates most generally favoured by public report are Dr. MacCabe, Local Government Inspector, and Dr. Sigerson, though Dr. Kinkead, of Galway, and other medical officers of prisons, are spoken of as possible appointments.

Should Dr. MacCabe be selected, his inspectorship under the Local Government Board will become vacant, and it is thought likely that in that case Dr. Woodhouse, the recently appointed Inspector for the Galway district, will be shifted to Dublin, and a new appointment made for Galway. But, after all, perhaps the Medical Commissionership of the Prisons Board will not be created and our speculations will thus come to nothing.

The Case of Dr. Bradley.

A REVISED memorial to the Home Secretary has been influentially signed in the Chesterfield district, praying that Dr. Bradley, whose case we last week referred to, may be released from prison. A circumstance which should strengthen and encourage the determination of those who are endeavouring to establish Dr. Bradley's innocence has been reported to us. It is stated that when the jury entered court with their verdict, the foreman—in reply to the usual question—stated that they found the prisoner not guilty, but that, on the judge repeating the words in a tone of surprise, they reconsidered their verdict, and after some whispering brought in a verdict of guilty of the minor offence, and thereupon sentence was forthwith passed. If this statement—made to us by a person who was present—be correct, it is questionable whether, on legal grounds alone, the sentence could stand. But of Dr. Bradley's innocence no one who has read the evidence can entertain a doubt, and we hope that his professional brethren will not cease from importunity until a reconsideration of the matter has been granted by the Home Secretary.

Ergot in Constipation.

IN the *Allgemeine Med. Zeitung*, Dr. Granzio reports two cases of constipation, following the abuse of purgatives, relieved by ergot. Three doses of ten grains each were given at intervals of two hours, and were followed by a copious evacuation. A second stool occurred spontaneously the next day, and after the administration of ergot in small doses for a few days a definite cure was obtained. The constipation was due to atony of the muscular wall of the intestines.

THE Biennial Oration in memory of John Hunter will be delivered in the theatre of the Royal College of Surgeons on Saturday, the 14th prox., by Mr. John Marshall, F.R.S.

Government Action regarding Pauper Lunatics.

COMING events cast their shadows before them. There has been abroad for some time past the idea, which, say what we may to the contrary, is steadily gaining ground among both the profession and the public, that no medical nor other official attached to any lunatic asylum should be in the position to sign, or allowed to procure the certificate for admission to or departure from such institution. It appears that some recent public events have not been without results which have influenced even the Lunacy Commissioners. These gentlemen have lately suggested to the Local Government Board that a large proportion of the pauper lunatics who at present are confined in the various county asylums, might, with no detriment to the poor patients themselves, and with economical and other public advantages, be safely transferred to lunatic wards in the different union workhouses. We recognise in this suggestion a reversion to the old method, which, after all, was not so entirely destitute of certain local advantages as some influential individuals at one time seemed to suppose. The proximate cause of this action on the part of the Commissioners appears to be the receipt by them of certain returns forwarded by the medical superintendents of the county asylums. These returns give the names and ages of the chronic and harmless lunatics who, at the end of 1883, were maintained in the asylums, and, in the opinion of the medical superintendents, were suitable for care in workhouse infirmaries, with paid nurses, and in ordinary workhouse wards. The Local Government Board, in its turn, has addressed to all Boards of Guardians throughout the country a circular letter, which draws attention to the suggestions of the Lunacy Commissioners, and, after expressing the wish of the Board to have as many of these lunatics maintained in the workhouses as can conveniently be received, concludes by requesting the guardians to carry out the necessary changes, which we estimate will be instrumental in transferring from the asylums to the workhouses and infirmaries over two thousand harmless lunatics. This step is argued in influential quarters as preliminary to the introduction of a scheme by which the county and borough lunatic asylums will be rendered available for the reception of patients now confined in private asylums, which latter they consider are doomed. The wish is probably father to the thought, but we are not among those who anticipate or hope such a consummation. The reform of certain details, not wholesale condemnation, is what is required, and will probably follow the action referred to.

THE Calcutta Medical College has received a gift of £20,000 towards providing separate classes for the training of female medical students. If a separate college be provided £100,000 is promised.

WE understand that Dr. Richmond, of Paisley, who has just completed his fiftieth year of practice, was a few days ago presented with a portrait of himself and a cheque for £463, as a token of the esteem in which he is held in the town.

THE committee which is promoting a permanent memorial to Dr. Paget, Regius Professor of Physic in the University of Cambridge, has decided that such memorial shall take the form of a marble bust to be placed in Addenbrooke's Hospital.

A CHANGE of locality is about to be made in the offices of the Army Medical Department, which will be removed, in the course of the year, to a new site. It is known that the Crown have leased a portion of the land on which the offices stand to the Whitehall Court Company, and it will become necessary to bisect the building, and the new road to be constructed from the Horse Guards to the Embankment will dispose of the remainder.

AN inquest was held on Monday last on the body of Mr. L. J. Shepherd, L.R.C.P. Ed., M.R.C.S. Eng., House-Surgeon to the Poplar Hospital, whose death had come about by poisoning. Deceased was excessively devoted to study, and would frequently sit up the whole night in its pursuit. For this purpose frequent resort was had to opium, from an overdose of which he succumbed on Friday last. After hearing the medical evidence and that of two hospital nurses the jury returned a verdict of death by misadventure.

SOME alarming statistics were submitted by the Medical Officer of Cardiff, at a meeting of the Town Council on Monday, respecting the epidemic of measles in the town. It was shown that in the district of Grangetown, where there are 748 houses and a population of 4,675 souls, there had been 1,120 cases and 56 deaths, while out of the 748 houses 373 had been infected. It had been found necessary to close all the schools in the district.

THE deaths registered last week in the principa large towns of the United Kingdom corresponded to an annual rate of 25·0 per 1,000 of their aggregate population. The deaths registered in the several towns corresponded to the following annual rates per 1,000:—Birkenhead 26, Birmingham 22, Blackburn 26, Bolton 22, Bradford 22, Brighton 24, Bristol 21, Cardiff 34, Derby 21, Dublin 38, Edinburgh 18, Glasgow 39, Halifax 21, Huddersfield 20, Hull 22, Leeds 23, Leicester 24, Liverpool 28, London 24, Manchester 26, Newcastle-on-Tyne 29, Norwich 32, Nottingham 25, Oldham 25, Plymouth 20, Portsmouth 21, Preston 32, Salford 28, Sheffield 22, Sunderland 22, and Wolverhampton 26.

THE highest annual death-rates from diseases of the zymotic class in the large towns last week were—From measles, 2·8 in Leicester, and 8·9 in Cardiff; from whooping-cough, 1·4 in Birmingham, and 1·6 in Preston; from scarlet fever, 1·4 in Halifax and in Newcastle-upon-Tyne; and from "fever," 0·9 in Sheffield, and 1·2 in Norwich. The 44 deaths from diphtheria included 28 in London, 6 in Glasgow, 2 in Edinburgh, and 2 in Liverpool. Small-pox caused 58 deaths in London and its outer ring of suburban districts, but not one in any of the large provincial towns.

THE annual general meeting of the Dublin Branch of the British Medical Association will be held at the College of Physicians on Thursday, the 29th of January. The chair will be occupied by the President, Dr. Lombe Atthill, who will deliver the address usual on such occasions.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

"BRAIN SURGERY."—We regret to notice that the very unedifying controversy on this subject continues in the Glasgow daily papers. If Dr. MacEwen has any ground of complaint against any of his professional brethren, why does he not ventilate the matter in the medical press himself, instead of doing so by proxy in the lay papers? There is a reticence begotten of knowledge to which many newspaper correspondents are strangers.

CRIMINAL LUNATICS IN IRELAND.—We understand that Dr. Arthur Mitchell, of Edinburgh, who is one of the Scotch Lunacy Commissioners, has been requested by His Excellency the Lord Lieutenant of Ireland to conduct, in conjunction with Mr. Holmes, the Treasury Remembrancer in Ireland, an inquiry into the arrangements for the custody of the persons confined to the Central Asylum for Criminal Lunatics at Dundrum, near Dublin.

GLASGOW DEATH-RATE.—For the week ending with Saturday, the 3rd inst., the death-rate of Glasgow was 39 per 1,000 per annum, as compared with 35 in the previous one. For the corresponding periods of 1884, 1883, and 1882 respectively, the figures were 29, 31, and 37 respectively. This week's death-rate was thus unusually high.

HEALTH OF EDINBURGH.—For the week ending with Saturday, the 3rd inst., the mortality in Edinburgh was 85, and the death-rate 18 per 1,000. Diseases of the chest accounted for at least 50 deaths, and zymotic causes for 7, of which 3 were due to fever, 1 to diphtheria, 1 to scarlatina, 1 to whooping-cough, 1 to erysipelas. The intimations for the week comprised—fever, 16; diphtheria, 5; scarlatina, 20; measles, 20.

THE PRINCIPALSHIP OF EDINBURGH UNIVERSITY.—A meeting of the Curators of the University of Edinburgh was held last week in reference to the filling up of the vacancy in the Principalship caused by the death of Sir Alexander Grant, Bart. There were present, Lord Balfour of Burleigh, Lord Kinnear, Mr. T. G. Murray, Lord Provost Sir George Harrison, Sir Thomas Jamieson Boyd, Treasurer Boyd, and Mr. Duncan M'Laren. After nearly an hour's deliberation, the meeting was adjourned for a fortnight, without any decision being come to. We are informed there were before the Curators the names of a number of gentlemen, any one of whom, it was understood, would accept office in the event of its being conferred on him; but that there is really no candidate in the field.

EDINBURGH ROYAL MATERNITY AND SIMPSON MEMORIAL HOSPITAL.—Professor Simpson and Dr. Berry Hart, who have been respectively physician and assistant physician on duty since 1st November, will be succeeded on 1st February by Dr. Angus Macdonald and Dr. Underhill in the same capacities. The present house surgeons, Mr. J. W. Ballantyne, M.B., C.M. (Buchanan Scholar for 1883), and Mr. Thomas B. Darling, M.B., C.M., will be succeeded on 1st February by Mr. D. Dundas Helm, M.B., C.M., and Mr. Herbert C. Male, M.B., C.M

PROSECUTION UNDER THE DENTISTS ACT.—In Edinburgh Sheriff Court last week, William Robertson was charged, at the instance of Frederick Canton, hon. secretary of the British Dental Association (with the consent and concurrence of the Branch Council for Scotland of the General Council of Medical Education and Registration of the United Kingdom), with having, in November last, contravened the Dentists Act of 1878. It was alleged that he, not being a person registered under the Act, and not being a legally qualified medical practitioner, unlawfully used the word "Dentist" on a brass plate on the gate of his house, on a lamp in front of his house, and in advertisements inserted in three different newspapers. The accused, who was convicted of a similar offence in October last, when he was fined £5, pleaded guilty, and a penalty of £20 was imposed. What a number of convictions would result were the medical associations as active as the dental!

Correspondence.

THAMES DRAINAGE NUISANCE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—With respect to the remarks in your journal concerning the Thames river nuisances, I should like to mention that I passed up and down the river four times in the course of travelling last autumn. I venture, therefore, to add my testimony to confirm the statements therein as to the noisome stenches emanating both from water and banks. As it would be very desirable to be rid as much as possible of all complicated dealings with the mass of sewage, this probably could only be attained by conveying the whole mass in conduits to the mouth of the river, to the open tidal coast. If one considers the hydraulics of river estuaries it will be seen that they may be the most unsuitable spots for discharge of outfalls of sewerage. Anyone may observe the phenomena of discharge and entrance of the waters of a river at a seaport provided with a river flowing out between two jetties into the sea, as at Ostend. The sea water on the flood tide will be found creeping up along the bottom of the channel and lifting up the fresh water flowing down on its back. When the tide of salt water recedes it will be seen that it creeps down again the same way it came up, having the fresh water on the top. This physical condition is effected by virtue of the heavier specific gravity of the sea water (1028—30) over the fresh water, compelling it always to tend to lie underneath it, and not to mix with the other above unless by violence. The sewerage and drainage matters and fluids will consequently tend to remain always on the surface of the waters of the river estuary, except the mineral ingredients, whose specific gravities will be greater than that of sea water. Further, when the tide is running up on the flood the level of the water will be an inclined plane, sloping downwards from the mouth of the river to the town above. This will tend to prevent the river water flowing out to sea, and drive it back again to the town. When the sea tide is running out the inclined plane will be reversed, and the fresh water will tend to run down to the mouth of the river. This reversal, however, will take place, not at the point nearest the backened fresh water at the town, but will commence first at the river's mouth, and gradually ascend to the relief of the imprisoned water above. It may, however, in long rivers, arrive too late to be of much service in letting out the whole of the impounded fresh water down stream for an exit to the sea. Consequently, before this can be done, owing to want of time and great distance, back comes the fresh water on the back of the rising flood, with all its impurities, to discharge afresh decomposing vapours over the riverine areas. A scheme, therefore, that will propose to carry the sewerage directly out to the open sea coast at the mouth of the river Thames may tend to minimise the hydraulic difficulties. This will probably, however, include the necessity of separating the rainfall from the sewage by means of sluice-gates or overflow inlets. It would be unfair to deprive Father Thames of the proportion of sound fresh water really his due, which he still, even under the present system, gets returned to him somehow or other. As to the ultimate destination of the sewage on arrival at, and discharge into the sea, it will no doubt rise and float on the surface, and spread out as a film owing to its light and specific gravity. It will then be carried off by the prevailing winds in different directions assisted by the tidal currents, and dissipated in the air. Its final disappearance will probably be more due to their natural action than to that of the sea-water underneath, which already has dissolved in it nearly as much as it can carry, or 3 to 4 per cent. in weight of solid matter.

London. VIATOR.

THE NORTH-WEST LONDON HOSPITAL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As Mr. Craske, the Secretary to the North-West London Hospital, seems disposed to give information respecting the inner working of this institution—information which is sorely needed—may I ask him if the return of out-patients as appears in the Medical Directory for 1885, is strictly correct? The number there given, 19,554, is so large as naturally to excite suspicion, especially as we all know that the whole of the medical staff resigned in June, and a new staff has only recently been appointed. Nineteen thousand patients at a shilling a head—for the North-West London Hospital accepts payment from its out-patients—would represent a sum of £950. Is this accounted for in the balance sheet? and if not, on what grounds does the treasurer appeal to the public for support? If this number represents attendances, and not individual patients, an attempt is clearly being made to obtain credit for work which has not been done.

Yours faithfully,
A FORMER GOVERNOR.

CASE OF BULLET WOUND INVOLVING RIGHT LOBE OF THE LIVER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the record of this case in your last week's issue Mr. Smartt desires opinions upon the treatment adopted. According to my view the surgical treatment was admirable in the extreme, but the medical part of it very questionable. I refer especially to the administration of the immense doses of opium. At 6.25 a.m. 50 minims were given, and 1½ grains ordered every hour. At 2 p.m. the patient was collapsed. Now opium is the recognised remedy most assuredly in cases of peritonitis, but I think it would have been safer to wait until symptoms of that affection showed themselves more definitely. The pain complained of on the first day cannot have been of that nature, I should say. In eight hours the patient must have had at least as many grains of opium, when *two* would have been ample for the whole day. I am of opinion that the collapse at 2 p.m. was very largely, if not entirely, due to the opium given, and I consider that the very slight alleged stimulant action of that drug is far too much depended upon. It is stated to last half-an-hour in books, and to be then succeeded by depression. I firmly believe, however, that there is no such stimulant action, but depression from the first, of the vascular system.

I am, Sir, yours faithfully,
Clayton-le-Moors, C. R. ILLINGWORTH, M.D.
Jan. 8th, 1884.

Literature.

A MANUAL OF DISEASES OF THE THROAT AND NOSE. (*a*)

"OUR whole life is given to looking at little things—we refuse to see broadly and to grasp a whole."—W. M. Hunt. And many think when they have collected an immense "fact heap" that they have done a great work, and turn their wilderness of work on a bewildered public. The book before us is not such a one. It is well printed, well put together, and well digested. In fact, it is a worthy com-

(*a*) "A Manual of Diseases of the Throat and Nose, including the Pharynx, Larynx, Trachea, Œsophagus, Nose, and Naso-Pharynx." By Morell Mackenzie, M.D. Lond. Vol. II.—Diseases of the Œsophagus, Nose, and Naso-Pharynx.

panion to Vol. I., and we only hope the day may soon come when we shall see Vol. III. from the same skilful hand. In the first volume the author went very fully into the treatment of the larynx and trachea, and the various instruments which have been recently devised for seeing and treating the parts of the human body that before the laryngoscope could only be guessed at, and are supposed to be out of the reach of the surgeon and beyond the ken of the physician. In the second part, as we may call the present work, we have the means of diagnosis and the means of treating parts which have only within a very few years come within the range of scientific vision. At page 15 we have a woodcut of the author's œsophagoscope.

"My own attempts to examine the gullet with an œsophagoscope were first made in 1880." "In November, 1880, I had attempted to use the instrument in fifty cases, and I had succeeded thirty-seven times." The first endeavours in this direction were made by Stoerks and by Semeloder in 1866, and in 1868 Bevan gave a description of various instruments on the principle of the endoscope. These dates are sufficient to show how very recent the subject of investigating the œsophagus is. The author gives excellent diagrams of the various and useful instruments, and clear and simple directions for their use in suitable cases.

The author's method is the same he adopted in his first volume. He gives the name of the disease, then the Latin, French, German, and Italian equivalent. This is followed by a definition in a few clear and simple words, easily carried in the memory, and easily found when wanted. The history follows, giving the literature of the subject from the earliest times down to the most recent observations, culled with care from the journals of every country where the investigation of the diseases of the throat are studied. Etiology is followed by a description of symptoms, pathology, and diagnosis, and ending with a few carefully selected cases illustrating the disease, and printed in small print, so as to take up little space.

The first part of this second volume is devoted to the diseases of the gullet, the second to the nose, and the third to the naso-pharynx, and concludes with an appendix of special formulæ for topical remedies.

"*Examination of the Gullet.*—The gullet can be examined during life by auscultation, by sounding, and by direct instruction with the œsophagoscope. Palpation also should not be neglected, for although the œsophagus itself cannot be felt, useful information may sometimes be obtained as to the condition of the neighbouring parts. . . . Auscultation consists in listening either through the stethoscope or directly with the ear over the course of the gullet whilst the patient swallows some fluid. The proposal of this method of examination is entirely due to Hamburger." The use of sounds is cautiously recommended, and the author lays much stress on the shape. He thinks the bougie should be rather flattened, and not cylindrical. In spasm he recommends the ivory-knobbed bougies. For a description of the œsophagoscope we must send the reader to the book itself.

Rhinoscopy.—The nose can be examined by three methods: Thus, 1st, a speculum may be passed into the nares and a large portion of the anterior part of the nasal cavity thereby brought into view. 2nd. The upper and central parts of the nose can be sometimes inspected by means of a small mirror introduced along the floor, with its reflecting surface directed obliquely upwards; and 3rd. The hinder portion of the nose and the posterior nares themselves can be seen by placing a mirror at a suitable angle behind the uvula. Hence, anterior rhinoscopy, median or posterior, may be practised.

The end of the book is most interesting, where the author gives an account of his experiences of his travels in America, and his investigation there of American catarrh. "I was greatly astonished at the extremely wide diffusion of the affection. I met with it all over the Eastern States; it was very common in Chicago and St. Louis. I found it prevalent in Nebraska and to a slighter extent in Utah, and again encountered it on the Pacific coast, finding it of frequent occurrence in San Francisco. I had not the opportunity of seeing any patients in Nevada, as I merely travelled through that State with stopping; but in London I have treated American travellers for post-nasal catarrh who had acquired the disease on the alkaline plains of the Silver State.

The great prevalence of this form of disease Dr. Mackenzie traces to the extreme dryness and the white alkaline dust so prevalent on the plains—and, indeed, everywhere in America. "That a dusty atmosphere is the real cause of post-nasal catarrh is rendered probable by a consideration of the anatomical relations of the naso-pharynx. For owing to its, being a cul-de-sac out of the direct line of the respiratory tract particles of foreign matter which become accidentally lodged in its upper part are got rid of with difficulty, most likely by an increased secretion, which, as in the case of the conjunctiva, washes away any gritty substance which may temporarily alight on the membrane....He also thinks the national dyspepsia is a most powerful factor. A well-known American statesman tells me that he has known many cases cured by 'abstemiousness and farinaceous diet.' Some physicians have attributed the complaint to the custom of over-heating their houses with hot air." We have quoted these few lines to give our readers a slight idea of the very careful and exhaustive way in which Dr. Mackenzie has gone through a most troublesome and laborious task. The mere collection of authorities has been a Herculean task, and the care and wisdom with which he has done his work are deserving of all praise.

In concluding we would wish to say that this book is one that should be on the table of every medical man, whether he be surgeon, physician, or specialist. He can read the book for pleasure, for information, or use it as a dictionary when in a difficulty. In fact, he will find it "a guide, a counsellor, and friend."

BYROM BRAMWELL ON THE SPINAL CORD. (*a*)

THIS elegant and beautifully illustrated class-book is already in its second edition, and is very slightly modified from the first edition, which at the time of its appearance was very favourably received. It goes without saying that the work has met a felt want; and the general treatment of the book, its thoroughly scientific tone, and the lucidity of its diction procure for it a hearty welcome wherever it appears. It does not pretend to be an exhaustive treatise on our present knowledge of the spinal cord, its functions and diseases, but rather to cover the whole ground and touch on many topics in themselves practically inexhaustible.

The first chapter deals with the anatomy and physiology of the spinal segment; the second with its pathology; the third with the clinical examinations of spinal cases; and the fourth with the classification of spinal diseases and their description. The volume concludes with directions for the removal and preservation of the spinal cord and a copious index.

JULIUS ALTHAUS ON SCLEROSIS OF THE SPINAL CORD. (*b*)

DR. ALTHAUS presents to the reader a volume of a totally different type to that of Dr. Bramwell's. It will not captivate the eye of the general student of medicine, and the sparsity of illustration renders it less attractive to ordinary readers; but to those who dip more deeply into neurological studies, it will furnish valuable, and in many respects, exhaustive reading. At the very outset the author exhibits his good sense in directing attention to the abuse of the term *sclerosis* in clinical as well as pathological use, and we quite agree with him that in the professional mind a good deal of confusion obtains as to what sclerosis really means and comprehends. Indeed, the literal meaning of the term is often misleading, as hardening is not invariably a distinctive feature, and where the disease is recent the parts are comparatively soft. As might have been expected, tabes dorsalis occupies the great bulk of the work, and if we have a fault to find, it is with the relatively small space pertaining to other types of sclerosis. Yet compared with Dr. Bramwell's work they are more elaborately treated and the reading and bibliography are more extensive. The type, though small, is excellent, and the work as a whole is a decidedly valuable contribution to the literature of the spinal cord.

(*a*) "Diseases of the Spinal Cord." By Byrom Bramwell, M.D., F.R.C.P.E. Second Edition. Edinburgh: Y. J. Pentland. 1884.

(*b*) "On Sclerosis of the Spinal Cord." By Julius Althaus, M.D., M.R.C.P. London: Longmans & Co. 1884.

BLYTH ON POISONS. (a)

This forms the companion volume to the author's work on "Foods: their Composition and Analysis," and is an extension into two volumes of a former work dealing with both subjects published in one volume. It is claimed to be a manual for analytical chemists and experts, and may be found useful to them, but for the beginner its value is impaired by the far too frequent assumption that the learner knows nearly as much as his teacher. The book opens with a most interesting history—poison-lore—of the art of poisoning in all countries and ages, and concludes this portion of the book with a chapter on the "Growth and Development of the Modern Methods of chemically detecting Poisons," together with a most useful bibliography of the chief works on toxicology during the nineteenth century. In fact, if there is one quality which recommends Mr. Blyth's book above any other, it will be found in the wonderful power the author has of collecting his materials from all possible sources and serving them up in a useful and concise form for ready and easy reference. Mr. Blyth attempts to define a poison, but like all past efforts in this direction, leads to very little, and may even mislead. The cadaveric alkaloids or ptomaines, which seemed likely at one time to play an important part in the trial of Lamson, are most carefully and fully treated; in fact, we believe the chapter on them contains the best account of them in English. Here and there, as there must necessarily be, certain errors make their appearance, and Mr. Blyth will do well in another edition to correct the strengths of some of the preparations of opium given. The book, taken as a whole, will be found of immense value to the toxicologist, and certainly does the author great credit, for there is in it the evidence of much patient research, and in some of the processes considerable originality of treatment.

Obituary.

HERBERT DAVIES, M.D.,

By the death of Dr. Herbert Davies another of the few remaining links uniting the present generation of practitioners with those of another era in the history of medicine has been dissolved; and the profession has lost one whose genial presence and kindly disposition created the friendliest feelings in all who came within the sphere of his personal influence.

Herbert Davies was born in the year 1818, and was educated first at North House School, Hampstead, whence he proceeded to Caius College, Cambridge, gaining an open scholarship on entering. He took the B.A. degree in 1842, being honourably placed in the list of wranglers in the Mathematical Tripos of that year. Soon afterwards he was elected to a Fellowship of Queen's College, and later on filled the posts of Assessor and Examiner in Medicine in the University. From Cambridge he proceeded to the London Hospital, where the foundations of his medical training were principally laid, his father being at the time a physician to the hospital. Subsequently, his experience of disease was largely extended by residence in the chief Continental centres of medical education, especially at Vienna, where he worked for some time with Skoda and Rokitansky.

On the completion of these studies Davies graduated as Bachelor of Medicine at Cambridge, and in due course proceeded to the M.D. degree also. In 1845 he was appointed assistant physician to the London Hospital, and five years later the Royal College of Physicians of London elected him to the Fellowship of the College. On the death of Dr. Pereira, the Chair of Materia Medica at the London Hospital was offered to and accepted by the subject of our notice, and later on he exchanged this post for that of Lecturer on the Principles and Practice of Medicine, while in 1854 he became full physician to the hospital. The older students will remember the "Auscultation Classes" he used to hold in the mornings, which were always well attended, and were rendered practically useful from the great trouble and patience displayed in connection with them by the lecturer.

Dr. Davies interested himself in the affairs of the College of Physicians. He was Examiner in 1872 and '73, Censor for several years, and Councillor for many more. Dr. Davies' father (Dr. Thomas Davies), who had studied with Piorry and Lannaec, was one of the first, if not the first, to bring the stethoscope into use in this country, and though he died early he had gained a high reputation and considerable practice in diseases of the chest. His son, naturally interested in his father's pursuits, followed the same profession, and took up the same diseases for special study. He wrote a work entitled "Lectures on Diseases of the Lungs and Heart," which was full of information and practical experience, although other works have now replaced it. His mathematical bias led him to evolve a law as to the relative magnitude of the areas of the four orifices of the heart, which he showed was applicable to both the healthy and diseased states. The paper embodying these views, and one dealing with the forms of the orifices, appeared in the "Transactions of the Royal Society." Dr. Davies' name will also be identified with a plan of treatment of acute rheumatism—the blister treatment—which still has its advocates.

In practice, Dr. Davies was careful and conscientious, and at the same time his manner was so uniformly cheery that he enjoyed a very considerable popularity. He was physician to the Bank of England, where he succeeded the late Mr. Smee. One of the most marked characteristics of Dr. Davies was his simple, upright, and friendly nature, which obtained for him the warm attachment of those with whom he was in any way associated. He had shown signs of failing health for some two years, but his decease took place much sooner than was anticipated, for he was seeing patients within a month or five weeks of his death, which occurred at Hampstead on January 4th last.

Medical News.

Liverpool Medical Institution.—At the annual meeting held on Thursday last, the following list of Officers, Council and Microscopical Committee was adopted:—President: Dr. Robert Gee. Vice-Presidents: Dr. J. Wallace, Dr. J. H. Wilson, *Mr. F. T. Paul, *Dr. J. Birkbeck Nevins. Hon. Treasurer: Dr. James Barr. Hon. General Secretary: Dr. W. Alexander. Hon. Secretary of Ordinary Meetings: *Dr. William Williams. Hon. Librarian: Dr. J. E. Burton. Council: Dr. J. Grimes, Dr. F. Imlach, Dr. R. F. Owen, Mr. R. N. Pughe, Mr. T. Shadford Walker, Dr. T. F. Young, *Dr. F. J. Bailey, *Dr. J. Cameron, *Mr. Reginald Harrison, *Dr H. Harvey, *Mr. H. O. Thomas, *Mr. R. Williams. Microscopical Committee: Dr. W. Alexander, Dr. P. M. Braidwood, Mr. H. Briggs, *Dr. Hyla Greves, *Mr. G. Hamilton, Dr. J. S. Hicks, *Dr. J. R. Logan, Mr. Rushton Parker, Mr. F. T. Paul, and Dr. William Williams. Those marked (*) did not hold the same office last year.

Academy of Medicine in Ireland.—A special general meeting of the Academy will be held in the College of Physicians on Saturday next, January 17th, at 4.30 p.m., for the consideration of the following resolutions passed by the General Council:—1. Proposed by Dr. McDonnell (in the absence of Dr. J. W. Moore), and seconded by Dr. E. H. Bennett, President of the College of Surgeons—"That it is expedient that a fixed salary shall be paid yearly to the General Secretary of the Academy, in consideration of the fact that the editing of the Transactions is part of his duties." 2. Proposed by Dr. E. Hamilton, seconded by Dr. McDonnell—"That the salary of the General Secretary shall be fixed at £100 a year." 3. Proposed by Mr. Stokes, seconded by Dr. Duffey—"That the following be nominated Honorary Fellows of the Academy—Sir James Paget, Theodor Billroth, Professor Virchow, Professor Pasteur, Professor Charcot, Dr. Austin Flint, Dr. Keith, Professor Schröeder, Professor Kölliker, Sir Joseph Lister." 4. Proposed by Mr. Stokes, seconded by Dr. E. H. Bennett, President of the Royal College of Surgeons—"That it be recommended to the Academy that application be made to the Government for accommodation in the new Science and Art Buildings."

(a) "Poisons: their Effects and Detection." By A. W. Blyth, M.R.C.S. Second Edition. London: Charles Griffin & Co.

Notices to Correspondents.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular*, may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean and flat after it has passed through the post.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

DR. A. D. (Mentone).—Corrected proof received as we were at press, too late for present number. The communication will appear in our next.

MR. HINTON (Liverpool).—The individual "Dr. Bell," into whose hands you have fallen is a quack of the very worst type, and has been more than once convicted. We are not surprised at your getting no better under his treatment! and suspecting something wrong. Probably there was nothing the matter with you beyond a little nervous debility when you first went to him, which would have readily yielded to simple remedies in the hands of a *bonâ fide* practitioner. The only advice we can offer you now is to prosecute him for obtaining money by false pretences. Had you taken the most obvious precautions, and consulted the Register or Medical Directory, you would have saved your health and your money.

DR. ENGLISH (New Brunswick).—Our publisher informs us that some of the numbers are out of print, but effort is being made to procure them for you.

THE CARE OF INSANE PATIENTS.

A CORRESPONDENT asks us the law on this subject in the case of single patients. We fear that, from the nature of his inquiries, he has already laid himself open to prosecution by the Commissioners in Lunacy. According to the 8th and 9th Victoria, cap. 100, sec. 90, no person (unless he derives no profit from the charge) can receive a patient in any unlicensed house, neither can any person take care or charge of any one patient as a lunatic or alleged lunatic, without the same form of order and medical certificates as are required on the reception of a patient into a licensed house. According to the law, as laid down by the judges of the superior courts, the provisions and penalties of the Act apply to all cases of insane persons taken or retained under care or charge in unlicensed houses, whether or not they were of unsound mind when first received. We fear many are under the impression that the reception of one lunatic patient is not a breach of the Act, and that only in the case of more than one is a licence required. But the law is very definite in this respect, and the Commissioners appear now determined to carry out its provisions

C. B. S. (Clayton-le-Moors).—Reference to the theory in which you are interested would not appear in Index to last volume. Your contention was urged in the earlier part of 1884, and will be found in Index for first half of the year, which was given with our number for July 2nd.

LITHOLYDIUM.—In answer to one or two correspondents, we are at present unacquainted with the composition or properties of this new remedy. We have it at present under observation, and shall report in due course should we find it of value. We are aware that great things are claimed for it as a solvent of stone, and as an infallible remedy in chalky gout, gravel, &c., but claims and facts are not always found to be the same on test. We join our correspondents in expressing regret that what appears to be an excellent therapeutic agent should be obtainable only as a secret remedy.

F.R.C.S.—The book referred to is of American origin, and is not *the* "Bryant's Surgery." It is unfortunate and misleading that the American publishers did not see the justice of advertising it differently.

A REMEDY FOR STREET NOISES.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Some years ago, owing to illness and long residence in the Tropics, I became morbidly sensitive to noises of every kind, and procured complete relief in the following way:—I placed some spermaceti ointment in the centre of a little square of thin limp cotton, brought the corners together, tied them with thread, and inserted one of the little plugs well into each ear, and after a little kneading and gentle pressure, found that I was absolutely deaf to all ordinary noises, such as the loud barking of dogs and the rumbling of heavy carriages in the streets. A couple of points must be carefully attended to. The ointment must not be too soft, the quantity about the size of a small pea, and the little bag must be somewhat larger than its contents to allow the plug to take the shape of the auditory canal. If the bag be too small, or its contents larger in size than a pea, it cannot be inserted into the ear, and if applied only to the orifice, it entirely fails in its object. This little experiment is easily tried, and a daily experience of over twelve months warrants me in saying that it will be found invaluable in the sick room.

I am, Sir, your obedient servant,

London, January 10th, 1885. M.D.

Meetings of the Societies.

WEDNESDAY, JANUARY 14TH.

HUNTERIAN SOCIETY.—At 8 p.m., Dr. Radcliffe Crocker, The Internal Administration of Turpentine in Cutaneous Diseases.

EPIDEMIOLOGICAL SOCIETY OF LONDON.—At 8 p.m., Surgeon-General W. J. Moore, The Constitutional Requirements for Tropical Life, with especial reference to Temperaments.

OBSTETRICAL SOCIETY OF LONDON.—At 8 p.m., Specimens will be shown by Dr. Edis, Mr. W. S. A. Griffith, Dr. Amand Routh, Dr. Heywood Smith, and others.—Dr. William A. Duncan, On the Extirpation of the Entire Uterus.

EDINBURGH OBSTETRICAL SOCIETY.—At 8 p.m., Dr. Halliday Croom, A Case of Decapitation.—Dr. Ballantyne, On Pulse Tracings in Puerperal Eclampsia.—Dr. Peter Young, Note on a Case of Pulmonary Thrombosis in a Puerpera.

FRIDAY, JANUARY 16TH.

ROYAL INSTITUTION—At 9 p.m., Professor Tyndall, Living Contagia.

MONDAY, JANUARY 19TH.

SOCIETY OF ARTS.—At 8 p.m., Dr. G. V. Poore will deliver the second Cantor Lecture, On Climate and its Relation to Health.

Vacancies.

Aberdeen Royal Infirmary.—Dispenser. Salary, £100 per annum. Applications, with testimonials, to Mr. W. Carnie, 27 Exchange Street, on or before February 1.

Cheltenham.—Medical Officer of Health for the Borough. Salary, £300 per annum. Applications to the Town Clerk before Monday, Jan. 26. (See advt.)

Doncaster General Infirmary and Dispensary.—House Surgeon. Salary, £100 per annum, with board and residence. Applications, with testimonials, to the Hon. Sec., not later than Jan. 31.

Hertford General Infirmary.—House Surgeon. Salary, £100 per annum, with board and lodging. Applications, with testimonials, to the Secretary, on or before Jan. 22.

Naas Union, Newbridge Dispensary.—Medical Officer. Salary, £140, with fees. Election Feb. 5.

Rotherham Hospital and Dispensary.—Resident House Surgeon. Salary, £100 per annum, with furnished apartments and board. Applications, with testimonials, to the Hon. Sec. on or before Feb. 1.

West London Hospital, Hammersmith.—Physician for Diseases of Women. Applications, with testimonials, to the Secretary, by Jan. 29.

Appointments

BROATCH, G. T., M.B., C.M. Ed., Assistant Medical Officer to the East Riding Lunatic Asylum, Beverley, Yorks.

DUNN, H. P., F.R.C.S., Assistant Ophthalmic Surgeon to the West London Hospital.

GRAVES, C. H. P. D., M.D., M.Ch. R.U.I., &c., Medical Officer to Cookstown Dispensary District, co. Tyrone.

KIDDLE, W., House Surgeon to Sir P. Dun's Hospital, Dublin.

KING, F. J. F., M.B., B.Ch. Univ Dub., Resident Medical Officer to the Monkstown Hospital, co. Dublin.

NANCE, H. C., L.R.C.P. Lond., M.R.C.S., House Surgeon to the Norfolk and Norwich Hospital, Norwich.

SWALLOW, F. McD., L.R.C.P. Ed., L.R.C.S. Ed., Medical Officer for the Silkstone District of the Penistone Union.

THORBURN, W., M.B., B.S., B.Sc. Lond., House Surgeon to the Clinical Hospital, Manchester.

WORTHINGTON, T. B., B.A., M.D. Trin. Coll. Dub., Medical Superintendent to the Hants County Asylum, Knowle, Fareham.

Births.

CROWE.—Jan. 8, at Worcester, the wife of G. Wyndham Crowe, M.D., of a son.

GARDNER.—Jan. 8, at Bareilly, India, the wife of Dr. Barton Gardner, Civil Surgeon, of a daughter. (By telegram.)

MARTIN.—Jan. 9, at 26 Chapel Street London, W., the wife of John H. Martin, M.D., of Portsmouth, of a son.

Deaths.

BASKERVILLE.—Dec. 22, John Dunbar Baskerville, L.R.C.P., L.R.C.S.I., of Hopton Road, Streatham, aged 36.

DAVIES.—Jan. 4, at his residence, Vale Mount, Hampstead, Herbert Davies, M.D., F.R.C.P., of Finsbury Square, aged 63.

GODFRAY.—Jan. 5, at 81 New Street, Jersey, of phthisis, Amiraux Godfray, M.R.C.S., aged 33.

HAY.—Jan. 4, suddenly, at 1 Albion Street, Hull, William Banks Hay, M.R.C.S., M.D. Aber., L.R.C.P. Ed., aged 6 .

LANCHESTER.—Jan. 8, at his residence, Croydon, H. T. Lanchester, M.D., F.R.C.S., of congestion of the lungs, aged 4 .

MAXWELL.—Jan. 7, at 44 Upper Rutland Street, Dublin, Zachariah Maxwell, M.D. R.C.S.I., aged 83.

NUTTALL.—Dec. 26, at Ayr, N.B., George Robert Nuttall, M.R.C.S., late Bombay Medical Service, aged 63.

SHEPHERD.—Jan. 9, at Poplar Hospital, London, E., Lionel J. Shepherd, L.R.C.P. Ed., M.R.C.S. Eng., aged 22.

STOKES.—Jan. 1, at his residence, Howell Road, Exeter, Adrian Stokes, M.D.

STUART.—Dec. 14, at 4 Kyd Street, Calcutta Dr. Kenneth Bruce Stuart, aged 49.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 21, 1885.

CONTENTS.

ORIGINAL COMMUNICATIONS.

The Nature and Treatment of Gout. By Dr. W. E. Ebstein, Professor of Medicine and Director of the Medical Clinic at the University of Gottingen 45

Case of Glycosuria, with Remarks. By G. de G. Griffith, L.R.C.P. Lond., M.R.C.S., Eng., &c. 47

The Significance and Treatment of Hæmoptysis. By Alfred Drysdale, M.B. Lond., L.R.C.P., &c., Mentone 49

CLINICAL RECORDS.

West London Hospital—Hemiplegia—Cerebral Softening—No Hæmorrhage. Under the care of Dr. Thorowgood. (Notes by Mr. Maitland Thompson, House Physician; Mr. Bird, Clinical Clerk 51

TRANSACTIONS OF SOCIETIES.

ACADEMY OF MEDICINE IN IRELAND

Lupus and its Treatment 51
Hereditary Amaurosis 52

BRADFORD MEDICO-CHIRURGICAL SOCIETY—

Case of Operation for Transverse Fracture of the Patella 52
The Motion of the Brain 53

PAGE

ABERNETHIAN SOCIETY—

Mesmerism 53

FRANCE 54

LEADING ARTICLES.

PROVINCIAL MEDICAL STUDENTS AND LONDON EXAMINATIONS 54
A NEW DEPARTURE IN LUNACY PRACTICE 55
BACILLI AT THE MEDICAL AND CHIRURGICAL SOCIETY 56

NOTES ON CURRENT TOPICS.

The Rules of the Medico-Chirurgical Society of London 57
A Disagreeable Incident 57
The late Professor Darling 57
Pilocarpin in Erysipelas 58
Prof. Lankester on Bacteria 58
Poor-law Superannuation 58
The Dundrum Criminal Asylum 58
A Great American Catholic University .. 58
Dublin Hospital Sunday 58
Yankee Diploma Mills 58
Patent Medicine Statistics 58
Ambulance Drill 59
Dr. Pantaleoni of Rome 59
Health of Dublin 59
Washing out the Stomach in Ileus 59

PAGE

Squaring an Examiner 60
The New Examinations at the Edinburgh College of Physicians 61

SCOTLAND.

The Notification of Infectious Diseases in Edinburgh 61
The Glasgow Death-Rate 61
Handsome Gifts to the Glasgow University 61
Glasgow Royal Asylum for Lunatics 61
Epidemic of Measles in Dundee 61
Glasgow Death-Rate 62
The Financial Difficulties of the Dundee Lunatic Asylum 62

LITERATURE.

Trephining for Tympanic Disease 62
LITERARY NOTES AND GOSSIP 62
The Irish Academy of Medicine 63
NOTICES TO CORRESPONDENTS 64
British Medical Benevolent Fund 64
Births 64
Marriages 64
Deaths 64

Original Communications.

THE NATURE AND TREATMENT OF GOUT.

By Dr. W. EBSTEIN,
Professor of Medicine and Director of the Medical Clinic at the University of Göttingen.

Non fingendum, aut excogitandum, sed inveniendum quid Natura faciat rut ferat.—*Bacon.*

CHAPTER II. *(continued).*

IN the layer lying between the two, where the round form of the capsule shows that it is equably compressed on all sides, the difference of pressures in the first and third layer is thus neutralised, whence, it is singly refracting. Even if one should explain this behaviour of normal articular cartilage in polarised light differently, this at any rate may be said, that when changes take place in the behaviour of the cartilage some thing in the molecular structure of the cartilage must be disturbed.

Cartilage affected with gouty disease behaves, as my investigations have taught me, differently from normal cartilage.

When, for instance, we examine fine sections of gouty cartilage, infiltrated with uric acid deposit, that have been taken for the reason above stated, not from the margin, but from the central part, and preserved in Canada balsam, in polarised light with crossed Nicols the appearance given in Fig. 12 results. We see, commencing at the free edge of the cartilage, a crystalline deposit of urates, doubly refracting light—with the exception of certain opaque spots, generally not permitting the passage of light—which extends downwards into the zone provided with capsules, lying perpendicular to the surface of the cartilage. These deposits of urate show an irregular border below. After this comes a dark-looking zone, which is also irregularly marked off below. This extends, especially in some places, and in direct proportion to the greater or lesser magnitude of the deposit of urates, variously deeply into the third layer of cartilage, that with capsules placed vertically to the surface of the cartilage. Exuberantly growing processes in the cartilage cells cannot be verified in this zone, but rather changes, such as have been accurately described on p. 2. The

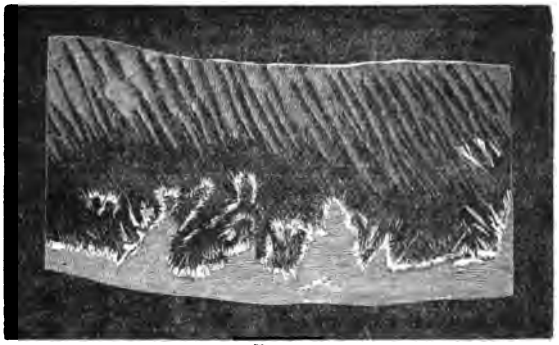


FIG. 12.

changes, therefore, are simply to be referred to the refracting power of the cartilage tissue. One may therefore, say that every deposit of urates is surrounded by a zone of cartilaginous tissue of greater or less circumference, imperfectly, or in general, not doubly refracting. In those parts of the cartilage lying below we again meet with the property normal to cartilage tissue of doubly refracting light.

In this way examination of cartilage affected with gout in polarised light gives a very valuable result, when we have to ascertain with the greatest possible exactitude the extent to which the basement substance of the cartilage has become altered in its molecular structure under the influence of the gouty process.

This changed behaviour of the property of double refraction is, however, not peculiar to gouty disease of cartilage. Ranvier states that the basement substances of cartilage in acute or chronic articular rheumatism, as well as in scrofulous inflammation of joints where the cells of the superficial layer of cartilage are swollen and exuberant;

and the basement substance has undergone a certain softening in the corresponding places, no longer doubly refract light. For gout of cartilage, examination in polarised light is of especial value. For this complements the examination by stained preparations in the most effective manner, and confirms the statement that beyond the limits of the deposits of urates the cartilage tissue is injured in its nutrition, and in a manner exactly analagous to that I had occasion to describe in the necrosing process of gouty kidney.

Chapter III.

Necrosed Gouty Patches in other Connective Tissues.

Gout is localised in other connective substances far less frequently than in hyaline cartilage. My own material for investigation is from the same case to which I am indebted for the gouty hyaline cartilage.

The literature of gouty disease of these tissues appears to be meagre. Garrod remarks that ligaments, fibrous cartilage tendons, and tendon sheaths, incrusted with urate of soda, exhibit under the microscope an appearance exactly similar to that of articular cartilage, except that in them the crystalline structure is not so regular as in hyaline cartilage and synovial membrane. Rindfleisch, however, like Garrod, notes that in the membranous parts of joints, as well as in the medulla of bones, the clusters of crystals are disseminated without reference to the texture. Whilst, in speaking of gouty affection of hyaline cartilage he expresses the view that formation of crystals of urates takes place in the cells of cartilage, first because there is most room for them; then he remarks, in relation to the regular nodules of urates that form in the membranous parts of joints, as well as in the medulla of bones, and which develope to the size of a pea and larger: "one involuntarily wonders at the sight of them, whence space is procured for such voluminous deposits."

I now turn to the results of my own investigations, and speak of

A.—Gouty Disease of Fibrous Cartilage.

As material for investigation I made use of the lenticular cartilage of the knee-joint, in which a large quantity of deposits of urates, in part of considerable size was present. The preparation (balsam preparation) is delineated in Fig. 13, in which the condition under consideration may be easily demonstrated. The gouty character of the change is immediately shown by the crystalline deposits of urates.

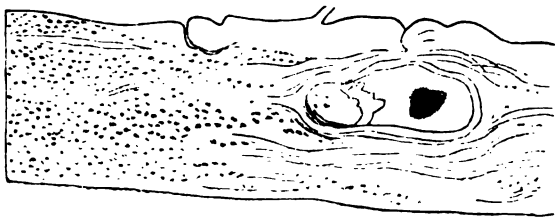


Fig. 13.

Independent of these, however, further tissue changes are present, completly analogous to those mentioned in the description of gouty arthritic disease of the kidneys, and of hyaline articular cartilage. One sees at the first glance where the healthy fibro-cartilaginous tissue is marked off from the diseased portion. The crystalline deposits of urates, which were very thick and massy, are now principally dissolved out by soaking in warm water, and it is only at one spot that one sees as *signatur* of the process a residuum of urates of quite typical appearance. This is of roundish form, and composed of a mass of acicular crystals, thickly felted together. At the margin of this conglomerate of crystals a few tips of acicular crystals are seen. This deposit of crystals lies in the midst of amorphous completely structureless substance, that is already sharply defined all round, and is encapsuled from the surrounding parts. In the midst of it a defect is seen, where a part of the substance under consideration has become loosened from its surroundings, and fallen out in the preparation. Besides this patch, that is sharply defined, others are seen, and especially in the parts lying close to the edge of the cartilage (the references have not been reproduced in the figures as in the original plates), where the limitation in this manner is not yet completed, but the fibro-cartilaginous texture is already completely destroyed. Here, also, as examination of the preparation before maceration in water showed, urates were embedded almost everywhere in crystalline form in thick drifts. These are now completely dissolved out. In this upper portion, just as in the encapsuled patch, no shaped elements are seen, and no method of staining brings out any colouration of nuclei, whilst in the lower portion of the preparation coloured nuclei and some more or less marked fibres can be identified. The textureless patches in the cartilage examined by me were almost altogether limited to the upper part of it; deposits of urates were never sought in vain; others were always present in such thick interlaced masses that many times it was only by their projecting points at the free edge that it could be recognised that these were made of needles. In the parts immediately surrounding the textureless patches just described, freely coloured nuclei are seen. Besides the parts of the tissue that are completely necrosed, necrosing patches are also met with in fibro-cartilage, in which absolute death of the tissues has not yet taken place.

From the preceding we obtain the result that in gouty disease of fibro-cartilage also, besides the deposits of crystalline urates, necrosing patches develope that lead to complete death of the tissues.

I now turn to the description of—

B.—Gouty Disease of Tendons.

When the tendons become affected in gout we find essentially the same gouty patches that we have become acquainted with in arthritic affections of the kidneys, and in hyaline and fibro-cartilage. The crystalline deposits in gout of tendons have this, in the first place in common with gouty affections of fibro-cartilage, that they are distinguished by their bulk and thickness.

I have had two microscopic preparation of gout of tendons delineated, and Fig. 14 represents the gouty patch

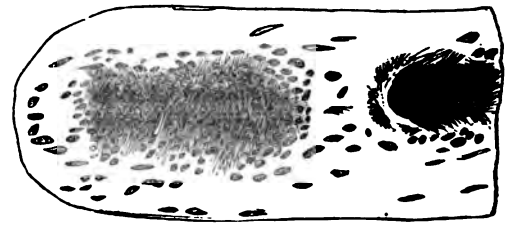


Fig. 14.

of the tendons with the deposits of urates in parts well preserved, whilst Fig. 15 represents the same after the urates have been dissolved out. Fig. 15 shows the changes in transverse section with a low power, whilst the enlargement of Fig. 14 demonstrates these conditions more fully and also longitudinally.

In Fig. 14 we see two gouty patches (*a* and *a*1). The deposits of urates are seen to fail only in the latter, and in this in places only, and in these spots the familiar textural mass comes into view. The first, on the other hand, is composed throughout of thickly drifted, interlaced crystalline urates, only to be recognised at the marginal parts as distinct acicular crystals. In the neighbourhood of this is a tolerably free small-celled growth, whilst in the case of the lower patch this is confined to the lateral parts. Perhaps still more instructive for the determina-

tion of the necrosed patches in the tendons in gout is the transverse section slightly enlarged in so far as the whole of the crystalline deposits of urates are dissolved out. Where these have lain the complete textureless mass comes into view.

These patches have taken the Bismarck brown staining in various degrees. The main cause of this, as far as my experience goes, is that they take a more intense colouring the more the tissue is beginning to soften. The older the patches, the nearer they are to destruction, the darker they are generally coloured by Bismarck brown. Along with the completely textureless patches, a series is seen in which nuclei are still visible, but are no longer capable of taking the colour, and even some in which a few stained nuclei show themselves in the midst of the textureless tissue. In the immediate neighbourhood of the necroses, or necrosing patches, for the most part a free small-celled infiltration may be observed. It was only in a few of the patches that I did not observe these.

I was many times in a position to remark a striking brittleness, and this was generally in those parts that took up the colouring matter the most in the process of staining. This was recognised on cutting by the section crumbling up at the part affected. Examination of the affected tendons in polarised light affords a very good method of determining the extent of the necrosed patches, which often spread out beyond the crystalline deposits of urates. As is already known, longitudinal sections of tendons have the property of doubly refracting light.

In those parts of the tendons that are necrosed this property is lost; where the Nicols are crossed they appear quite dark.

In gouty patches of tendons, also, we find, in addition to the necrosed patches that are sharply defined from the surroundings, some in which this is not the case, and the reader will easily find both types represented in Fig. 15. But besides this I found places where the ne-

FIG. 15.

crosed process was not as yet complete. I saw these mostly in connection with patches already necrosed, and found in them that all trace of basement substance had not disappeared; a fibrous character was seen on longitudinal section, as in the normal parts surrounding, the fibres appeared—as a præ-mortal symptom?—to stand out in places perhaps even more distinctly. That the process we had to do with in such parts was really one of necrosis was shown by the corpuscles of the tendons, for these were completely uncoloured, in contrast to those distinctly coloured in their neighbourhood, and even partly already in course of disappearance. I have before me a preparation very well coloured with Grenacher's alum carmine in which these conditions are very distinctly marked.

In the gouty tendons examined by me some yellow-coloured parts, which were mostly found in the immediate neighbourhood of the uric acid deposits, were very noticeable even by the naked eye. Microscopic examination showed that we had here to do with pigmented, mostly indistinct cells, and punctiform detritus of a yellowish brown colour. I wondered at first whether we had here cells, or remains of cells encrusted with uric acid or its compounds. The pigmented masses were not removed however, by maceration in lukewarm water, and I arrived at the opinion that they were residua of hæmorrhages, as the effect of a demarking inflammation particularly intense in many spots, an explanation that had so much in its favour that these pigmented masses were found interspersed in the free small-celled infiltration.

(To be continued.)

CASE OF GLYCOSURIA, WITH REMARKS.

By G. DE G. GRIFFITH, L.R.C.P. Lond., M.R.C.S. Eng.,
Senior Physician to the Hospital for Women and Children, Pimlico; Physician Accoucheur to St. Saviour's Maternity.

MRS. G., æt. 59, married, admitted Nov. 7, 1884.

History.—Before her marriage (at 20 years of age) patient suffered from dysmenorrhœa, but was otherwise healthy. Has had fifteen children, and one miscarriage. At her first confinement, which was premature, she had convulsions. The second confinement was also premature, and the third threatened to be so, but by great care patient went on to her full time. Last catamenia was in her 47th year. At the menopause she suffered from profuse flooding and debility, but since then has had good health.

Present symptoms, dating from the summer of this year.—Intense irritation about the vulva. Great pain and throbbing after the irritation has subsided. Smarting on micturition. Pain in shoulders; much worse at night. Constant pain in the lumbar region, and "bearing down." Patient unable to walk much. Bowels regular. Coryza, headache, and a sense of stiffness in the nostrils, as if she always had a "cold." She talks through her nose.

Examination by Dr. Griffith.—Tongue and all the mucous membrane of the mouth and pharynx dry, glazed, and fiery red; tongue cracked and scored. Intense inflammation of vulva and vagina; cervix and os red, glazed, and dry, with much excoriation of latter, anterior lips of os uteri being œdematous; also the condition termed pruritus vulvæ is present, the entire vulva being swollen and hard—a peculiar leathery feel, and tough, the condition of the mucous membrane being dry and glazed from the labia minora up through the vagina to the cervix, giving an appearance of eczema in the dry stage, and exactly resembling the condition of tongue, &c., and fauces. On separating the vulva, the mucous membrane of all the parts was seen covered with whitish "thrush"-like spots as if sugar-castored with white sugar.

Urine.—Acid reaction, and of a pale straw colour, and having a whitish fluffy deposit, and exhaling an odour of fresh-cut hay. Sp. gr. 1055. Sugar present in large quantities. Amount passed in twenty-four hours—32 to 36 oz., the amount of fluid taken in same time being 36 oz.

Ordered urine to be drawn off by catheter four times daily, in order to prevent any of it coming in contact with the angry parts, great distress being experienced when water was passed.

As there was constipation, and also to help to ease the backache, there was ordered—Pulv. jal. co., ʒss., quâque nocte horâ somni sumendus; and liq. kali ʒvi.; aq. ad ʒviij., ft. injectio; ʒss. ter die in Oij. aq.; calidæ by means of Higginson's syringe, so as to wash away the discharge from the vagina and labia. In order to counteract the sleeplessness, as well as to ease the local irritation, she had prescribed for her—

Pot. brom., ʒiv.; aq. ad ʒvi.;
ʒj. H. somni et tertiâ quâque horâ.

Nov. 8th.—Pure carbolic acid, dissolved by heat, was applied to os and cervix, and to the entire vagina, as the speculum was withdrawn. Ung. ac. carbol. to be kept constantly applied to the vulva on linen, so as to keep the labia apart.

10th.—Inflammation much better, and patient improved in every way. Urine—sp. gr. 1040; sugar still abundant. Ac. carbol. applied to cervix, &c., as before.

12th.—Soreness and tenderness much relieved. Pain and irritability continue. At night—Pain in lumbar region increased. Urine—Sp. gr. 1032.

14th.—Quantity of urine passed corresponds with amount taken. Sp. gr. 1025. Glyc. tampon applied to cervix and left in vagina for two days. Ordered—

Pot. br., ʒiv.; liq. kali, ʒv.;
Tr. aurantii, ʒiv.; aq. ad ℥vi.
ʒiv., post cibos st. in aquâ.

The haustus bromidi prescribed on Nov. 7th to be given when required.

16th.—There being some gastric symptoms—viz., pain on taking food and flatulence, she was ordered—

Pulv. opii, gr. ¼, after food.

Sp. gr. of urine 1030. Irritation considerably relieved by change of dressing to glycerinum and aconite. White discharge ceased. Labia have lost their leathery appearance.

18th.—Sp. gr. of urine 1025.

20th.—Patient complained of pain in the bladder. Dr. Griffith ordered—

℞ Tinc. hyoscyami, ʒvij.;
Liq. kali, ʒviij.;
Syrupi, ℥j.;
Inf. trit. rep., ad ℥viij.;
ʒiv. 3is. horis in aq.

The bromide day mist. to be laid aside.

21st.—Ac. carbol. applied to cervix and entire vagina in same manner as before. Dressing of carbolised lard applied between labia, instead of the glyc. aconiti, as it had begun to smart, and set up irritation. Sp. gr. of urine 1013. Increase dose of mist. of Nov. 20th to ʒv. and ʒvi., 3 h.

26th.—Middle-sized Ferguson's speculum passed, so as to get thorough view of os and vagina. Very little tenderness. Dressing of acon. resumed inside labia, as the hyperæsthesia had somewhat returned. Ung. carbol. between and to labia. Tongue good, not glazed, fiery red, &c., as before, and slightly coated with a healthy, whitish fur. Urine—Sp. gr. 1022.

℞ Tinc. hyoscyami, ʒvij.;
Liq. kali, ʒviij.; syrupi, ʒj.;
Inf. trit. rep., ad ℥viij.;
ʒiv. p. c. statim in aq.

Dec. 1st.—Dressing between labia of ung. carbol.

5th.—Glyc. applied to cervix and vagina.

10th.—Sp. gr. of urine 1023. Glyc. applied to cervix. "Cold" quite gone.

11th.—Discharged, "feeling quite well, but weak."

Remarks.—I prefer to distinguish glycosuria from diabetes mellitus (*a*), the former being that condition in which sugar obtains in the urine, and it may be in other excretions, and also in (*b*) secretions and in the blood itself, there being no excess of urine, the latter (diabetes mellitus) being glycosuria plus a greatly-increased urinary flow. In both there is the production of glucose or grape sugar, and its elimination or excretion from the blood. Often the glycosuria is, so to speak, the first stage of the other, the very presence of the glucose in the blood creating irritation in the kidneys, and thereby an incessant action of their secretory function, that in turn provokes the bladder to frequent ejection of its contents, the vesical irritation again reacting on the kidneys, and aggravating them to still greater excretory efforts. The frequency of micturition often begins at night, and, unless the disease be checked, becomes at length so frequent by day that the patient is harassed with incessant micturition, the amount of water passed being in excess of that imbibed. As much as fifty or more pints may for weeks and months be voided. In this way glycosuria will pass on to true diabetes mellitus. The complement passed over and above the amount drunk is by some explained as being supplied by the absorption of water from the atmosphere, or the chemical combination in the body of hydrogen and oxygen. But it is doubtful if there be any excess of output over intake if both be carefully measured. This, however, is certain, that cutting off the intake or reducing it to any considerable extent is attended with the gravest results, and may occasion death, through excessive exhaustion. Pruritis vulvæ has been noticed in connection with glycosuria, and with diabetes mellitus. Perhaps the term pruritus genitale is more applicable, inasmuch as in a number of cases not alone is the vulva hyperæsthetic, but the urethra, bladder, vagina, and uterus, and in some instances the entire pelvic organs, especially when the affections occur before the menopause. Roberts (5th edition "Practice of Medicine," pages 956 and 957) says, under the head of Neurotic Affections:—"Pruritis, or the sensation of itching, must not be confounded with prurigo. It is met with in a general and most intense form in some neurotic states not well understood, and locally about the vulva or anus, from irritating discharges, as in diabetes." By some of the older writers pruritus was placed under the head of prurigo.

The first thing which directed my attention to the possibility of glycosuria being present in this case was the condition and characteristic appearances of the tongue—dry, glazed, and preternaturally red, and of the roof of the mouth, the palate, and the pharynx, and the mucous membrane of the nose, there being no history of fever of any kind, nor of septicæmia, such as is generally understood by that term. These appearances told also of advance of the glycosuria beyond the incipient stage. The local irritation of a most aggravated kind, and the peculiar appearances of the labia; the character of the redness and general condition of the vulva and vagina, increased my suspicion of the nature of the ailment, and the examination by the urinometer, showing the specific gravity of the urine to be 1055, confirmed my diagnosis, made still more certain by the employment of Fehling's test, and that by liq. potassæ. There were, however, in her favour her general well-nourished condition, her good and buoyant spirits, her bright complexion, and the tumbling of the specific gravity of the urine from 1055 to 1013 under the administration of the medicines, and without any particular dietetic restriction, except in the matter of sugar, beer, wine, and spirits; the colour of the urine, which was hardly deviating from health; the absence of any great flow of urine, and of all traces of disease of the kidneys, of inordinate appetite for food or drink; the want of any peculiar (*a*) exhalation from the breath; the absence of emaciation or even wasting, and of any serious complication; the non-daintiness of appetite; the good nights, and the readiness with which she responded to treatment.

At p. 294 of his "Practice of Medicine," Dr. Roberts says:—"The phenomena of diabetes mellitus probably depend upon derangements of a special function which is carried on in the body, and in many cases may be referred to a local cause of a definite character."

The experiments of Claud Bernard show that irritation of the floor of the fourth ventricle and of the olivary bodies of the medulla oblongata will induce the appearance of sugar

(*a*) The presence of sugar in the urine in connection with diabetes was first prominently noticed by Dr. Thos. Willis in the reign of Charles II. According to Dr. Pavy and others there is always a certain amount of sugar in the urine, which is to be ascertained by tests sufficiently delicate to detect its presence. At times this is increased, and its presence as a symptom of disease may be excited by certain conditions, the normal quantity of sugar being exceeded; the greater the excess the more profound the constitutional disturbance.

(*b*) Claud Bernard held that the saliva *per se* was not saccharine, and that the sugar was contained in the mucus mixed with it.

(*a*) "The breath has in some cases a distinctly sweet or ale-like odour; in most cases, which end fatally with nervous symptoms, it yields a smell like that of stale vinegar." (Roberts and Balthazar Foster.)

in the urine, and will increase it if it have already been present In some instances where the pruritus genitale owes its origin to affections other than glycosuria and diabetes mellitus, the very itching of the pruritus, and the incessant rubbing of the parts to procure relief will through reflex action set up sympathetic irritation in the fourth ventricle and in the medulla oblongata, which will in turn induce the production and appearance of sugar in the urine, and may in fact give rise to at least temporary and intermittent glycosuria and diabetes mellitus. It is well worthy of notice in the case before us that the subsidence of the vulvo-vaginal irritation was quickly followed by fall in the specific gravity of the urine and diminution in the amount of sugar it contained. If it be contended that the cause of those ailments (glycosuria and diabetes mellitus) lies in some defective action of the process of digestion, or some malaction of the lungs, liver, or of all combined, in the discharge of their functions, then I would call to mind the profound disturbance created in those organs because of the pruritus, and the rubbing of the parts in order to relieve it, and by the habit of delection into which the patient falls not willingly, hardly even wittingly, certainly insensibly, and almost uncontrollably, how this profound disturbance induces maladministration of the functions of all those organs.

The chief pathological changes to be found by post-mortem examination are referrible to the nervous system. I have mentioned the discovery of Bernard. I would now add that pressure by *any* tumour, aneurismal or otherwise, on the sympathetic, or on the pons varolii, or on the medulla oblongata; or even the pressure exercised by simple dilatation of the arteries on these nerve centres and substances, occasioning degeneration, will set up glycosuria and diabetes mellitus. The onset of these affections may be due to a great fright or shock of any kind, to excessive grief or anxiety, venereal excesses, exposure to wet and cold, to long-continued want, to the overuse of mercury; these—one or more—may originate the symptoms in those predisposed by heredity, by rheumatic and gouty tendencies, by residence in damp or malarial situations. Blows on, and injuries to, the back and spine, especially if occurring in the cervico-dorsal regions; anthrax in the same situations, may all induce sugar in the urine by reason of the irritation and congestion which they set up in the medulla oblongata or the great centres I have named. But, however originated, the stages are very insidious, if, indeed, at all at first recognisable, and to be differentiated as being characteristic; the weariness and lassitude, the constant feeling of being tired, and of "having a cold," or "being chilly," the physical sluggishness, the mental hebetude, the declination of natural sexual feelings, the want of interest in surroundings, &c., the persistent pains in back, thighs, and legs for which there seems no uterine, or vesical, or spinal cause, the chronic dyspepsia, betokoned by enlarged and flabby tongue, coated with a creamy white fur, and by gastralgia with constipated and costive motions devoid of their natural smell; these may all exist along with depression of spirits, loss of memory, fretfulness and peevishness, steadily progressive emaciation, but cannot be connected with any one disease, or particularly diseased action, so as to establish any differentiation, till the patient begins to be disturbed at night by increasingly frequent calls to empty the bladder, calls that gradually extend from the night into the day, till both by night and day the patient is harassed with frequent micturition. Then attention is directed to the water. On examination it is found to be a pale straw colour with a copious deposit (in some cases) of light mucus, not the heavy, ropy, thick, tenacious of chronic vesical catarrh, specific gravity of from 1025 to 1055 or more; acid in reaction, and at a temperature of 70° or 80° giving with yeast a vinous fermentation; with sulphate of copper and liq. potassæ (Trommer's test), a mahogany colouration. Thirst, great appetite for food, which is difficult to satisfy, or impossible to appease; dry, harsh skin, anxious face, haggard, drawn, and pinched, lack-lustre eyes, arid, parched lips, tongue and mucous lining of mouth dry, glazed, and fiery red, all pointing to glycosuria.

Closer observation regarding the urine shows that a quantity is passed more or less in excess of the normal amount, sometimes even as much as several gallons in the 24 hours. If this urine be allowed to stand for some time without the addition of any chemical to it, spontaneous decomposition will occur, the reaction will become excessively acid, and sour milk odour will be exhaled. If an acid be in the urine and the latter exposed to the air the yeast fungus (torula cerevisiæ) will be developed, and sugar can be seen by the aid of the microscope, when not detectable by chemical reagents (Dr. Arthur Hassall). Dr. Oliver's indigo-carmine test paper is valuable as a delicate reagent. When albumen is co-existent it is a very grave sign. The urine may be tested by the usual one of heat and nitric acid, or by Oliver's potassio-mercuric iodide papers. In conclusion, I would say that the prognosis in this case is not unfavourable if the patient attend to herself carefully.

THE SIGNIFICANCE AND TREATMENT OF HÆMOPTYSIS.

By ALFRED DRYSDALE, M.B. Lond., L.R.C.P., &c.,
Mentone.

IN the treatment of disease the objective condition must not only be attended to, but some account must also be taken of the patient's subjective state. Hæmorrhage from the lung is one of the most alarming accidents which can happen to a human being. The reason of this is that so many of us have either by reading novels in which the hero or heroine after having been disappointed (always in love and never by the failure of a bank or the non-success of a cherished speculation) begins to spit blood and so on, after pines away and dies, or have otherwise received an idea that hæmoptysis is sooner or later a necessarily fatal symptom. It is not wonderful that the laity should still entertain this error when the profession itself up to a comparatively recent date believed it. Louis, the famous French physician, when asked if he had ever known such a case ultimately recover, felt himself obliged to answer: "Hitherto, never." Hughes Bennett, in his classical work on consumption, relates the case of a farmer of robust constitution, and accustomed to a life of exertion in the fields, who was suddenly without any warning seized with hæmoptysis. No physical signs whatever could be detected at the time, but he nevertheless lost health and appetite, gradually became worse, and finally died of pulmonary consumption. The prognosis given by the older physicians in hæmoptysis was about the same as that given in cancer, *i.e.*, that it was sooner or later necessarily fatal. Such prophecies, like others, would no doubt have a tendency to work their own fulfilment. The aforesaid farmer, no doubt, would be reduced to the lowest depression of spirits by what he could gather from his doctor as to the fate in store for him. He would naturally, believing himself under sentence of a lingering and painful death, lose health and appetite; all his functions would be depressed, together with his spirits, and his weak condition would render him peculiarly susceptible to chill and consequent pneumonia. Hence it is not improbable that the farmer was killed, not by the tuberculosis foreshadowed by hæmoptysis, but by Dr. Bennett's prognosis. However this may have been in this individual case, there can be no doubt that the "uniformly gloomy prognosis" pronounced in such cases fifty years ago was almost invariably justified by the event. How are we to account for this, if we reject the palpably absurd explanation offered by some esteemed physicians of the day "that the type of disease has changed?" The discovery of cod-liver oil is sometimes advanced as an

explanation, but must be rejected by those who, like myself, have seen patients recover who have never taken it throughout their illness. No doubt, however, the different principles on which such patients are now treated will partly account for the very much more favourable results obtained. Fifty years ago a patient who had once suffered from hæmoptysis was looked upon as a doomed man; he was shut up in one room, which was maintained as far as possible at a constantly high temperature, and he was obliged to swallow a variety of nauseous and depressing compounds, besides being periodically blistered, bled, and purged. Now, as the first attack of hæmoptysis no doubt indicated a generally debilitated system with a special weakness of the lungs, it may readily be believed that this mode of treatment produced the very consummation which it was designed to obviate. Now-a-days, no doubt, a very different amount of importance is attached to the appearance of hæmoptysis, but it is nevertheless justly looked upon as a very grave occurrence, not so much on account of its immediate results as because it is supposed usually to indicate the existence of pulmonary phthisis. Also it is still supposed by many that the blood poured out into the pulmonary vesicles and smaller bronchi is able to set up secondary pneumonia and the so-called phthisis ab hæmoptyse. This last I believe never to occur as a sequela of hæmoptysis, notwithstanding the numerous assertions I have seen to the contrary. I must be understood not to deny that an elevation of temperature accompanied by the physical signs of pneumonia does often follow close upon an attack of hæmoptysis; but the explanation of this is not that usually accepted. When signs of pneumonia follow an attack of hæmoptysis the patient is usually already an advanced *phthisiaire* intermittently liable to inflammations producing fresh patches of indurated lung. What I believe to happen is this: As in the first stage of inflammation a fresh piece of lung tissue becomes so engorged with blood that some escapes into the air passages, causing hæmoptysis; this escape of blood, as long as it lasts, determines a fall of temperature. Afterwards, from the third to the fifth day, the temperature rises, and the signs of consolidation are observed over the newly-affected portion of lung. My reasons for believing that this is really what happens are the following: I have never seen pneumonia follow on hæmoptysis in patients in whom there have not been well-marked lesions of the lung previously existing as well as well-marked phthisical symptoms, such as evening fever, loss of flesh, &c.

Where hæmoptysis has occurred in apparently otherwise healthy subjects, that is to say, in persons who neither have any signs of pulmonary lesions nor any marked phthisical symptoms, I have never once seen it followed by secondary pneumonia.

The chief object of this paper is to draw attention to the distinctions which must be drawn between the different classes of cases of hæmoptysis, more especially with regard to the treatment adopted. We are told by the authorities on this subject that "hæmoptysis must be treated by perfect rest in bed, sucking of ice, administration of astringents and abstinence from stimulants and hot food." No doubt this mode of treatment is admirable in one class of cases, but it is quite wrong in another. Here, again, is an instance of the perniciousness of wide generalisations. The above-given line of treatment is well suited to those cases in which the hæmoptysis is the index of the fresh extension of phthisical inflammation in a long-standing case of pulmonary consumption or of the "necrotic division" (this phrase translated from the new jargon only means ulceration) of a comparatively large vessel in the wall of a cavity. But if hæmoptysis occurs in a subject who has not previously exhibited any very marked symptoms of phthisis, and who, above all, after a careful examination, presents no physical signs of local lesion, an entirely opposite line of treatment must be adopted. In these cases, though the fact of hæmoptysis occurring usually indicates a hereditary weakness of the lungs, the immediate cause is simply hyperæmia of a portion of the lung, caused probably by the coincidence of a too sedentary life and a consequent deficient expansion of the lungs with some usually trivial exciting cause. Though the amount of blood expectorated is often very considerable, the patient will always be restored to perfect health in a few days if suitably treated. Far from being enjoined perfect rest, he should be made to take open air exercise at once, his diet should be stimulating, meat and wine being taken freely. Confinement to bed or to the house is the very worst possible treatment in such cases, and will greatly prolong the duration of the blood-spitting and the convalescence of the patient. It must not be supposed that I have not tried both methods of treatment; the first is so much more in accord with the ideas of patients themselves and of their friends that it is only after the most complete conviction of the superiority of the results yielded by the second that I was led to insist upon it, the other being so much easier of application; as after treatment I have found cold sponging followed by friction, the gradual and daily ascension of a tolerably steep hill, and a complete change from a sedentary to an open-air occupation efficacious. Such cases so treated rarely have a recurrence of the symptom.

It is of the utmost importance not to attach the same significance and apply the same treatment to all cases of hæmoptysis. The first thing is to determine as accurately as possible its cause and the conditions upon which it depends. Roughly all cases of hæmoptysis will fall under three heads.

1. Those in which it occurs suddenly without any antecedent phthisical symptoms in subjects who, though not exactly robust, are yet free from any signs of tubercular or other disease. In these persons the hæmoptysis does not depend upon any lesion of the lung or upon inflammatory conditions. It is merely due to some disturbance of the circulation of the blood through an organ so highly vascular as the lung. Usually the attack has not been preceded by chill; in fact, it almost always occurs in summer after unusually fine and warm weather. The predisposing causes are a weakly and ill-developed frame, sedentary habits, with full diet. Usually the hæmorrhage is large in amount, often as much as several pints being ejected at once, and is followed by a great sense of relief, the patient feeling that the chest-walls move more freely, and that he is in every way better than before the attack. No physical signs whatever can be detected over the chest except the large râles produced by the existence of blood in the bronchial tubes.

The treatment to be adopted in these cases is the following:—The patient must be encouraged to take exercise in the open air without waiting for the cessation of the hæmoptysis, for this, far from being encouraged by movement, as we are led to expect by those who enjoin complete rest, is stopped by it. I am persuaded that many of such cases treated by complete rest in bed, &c., will continue to expectorate blood for weeks, while on the contrary, if they are allowed to take exercise it will cease entirely in a short time. The diet must be moderately sustaining, and small quantities of stimulants should be given. Cold baths, followed by friction with rough towels, is also of great benefit. Not only a "guarded," but a "confident" prognosis may be pronounced in these cases, provided that the after-treatment of the abandonment of a sedentary occupation, &c., be strictly followed. No fear need be entertained of that unsubstantial spectre "phthisis ab hæmoptyse."

2. Where it occurs in patients who have had previous well-marked phthisical symptoms with usually but by no means universally, the physical signs of consolidation or even cavity. In these cases the hæmorrhage is not great in amount, being confined to a few mouthfuls of blood followed by the expectoration of clots of coagulated blood for several days. The cause of the hæmorrhage is the engorgement with blood of a fresh patch of lung as the first stage of its inflammation. If the lung be carefully

examined, dulness and tubular breathing will be found over a spot where they were absent a few days previously.

The treatment is that usually enjoined indiscriminately in all cases of hæmoptysis, viz., rest in bed, suction of ice, low diet, &c. The ultimate prognosis is of course extremely grave, though with proper treatment a certain proportion of cases recover.

3. Occurs in patients in an advanced stage of phthisis, and is due to ulceration through a tolerably large vessel in the walls of a cavity. Here the hæmorrhage is very profuse and obstinate, and often produces death in a few minutes, either from asphyxia or syncope from loss of blood. The first step in treatment is to raise the back and shoulders of the patient so as to obviate the occurrence of asphyxia from obstruction by the blood to the entrance of air in the trachea. This step may seem tolerably obvious, but I must be excused for mentioning it, as I have known instances of loss of life from its neglect. The patient must be kept absolutely at rest, fed with iced liquids, ice-bags being applied to the chest and large doses of astringents, the best of which is gallic acid, given, and solutions of ergotin injected subcutaneously. This is the best that can be done for such cases; it need not be said that the best is but little, and that the last state of these patients is worse than the first.

Clinical Records.

WEST LONDON HOSPITAL.

Hemiplegia—Cerebral Softening—No Hæmorrhage.

Under the care of Dr. THOROWGOOD.

(Notes by Mr. MAITLAND THOMPSON, House Physician; Mr. BIRD, Clinical Clerk.)

JAMES B., æt. 50, while at work at St. Paul's Schools, Hammersmith, on November 14, 1884, suddenly became giddy, but did not fall down, and kept on with his work as a labourer until Saturday, November 15, when he found himself unable to walk and unable to move his left arm. On Nov. 24 he was admitted into the West London Hospital. States that he has been feeling giddy, and as if he were tipsy. Generally he has had good health, but last July had a sunstroke and fell to the ground. He had no medical assistance, and was all right in about four hours. Has had syphilis.

Present Condition.—Patient looks older than his years. He lies on his back; the conjunctivæ are congested; left pupil dilated, and he does not see well. The angle of the mouth is drawn down on left side. He can close his eyes and distend his cheeks. There is entire loss of motion in left arm and leg; the muscles feel lax and soft, but there is no loss of sensation. Tongue when protruded points to left side. Reflex movements cannot be excited; left arm and leg colder than the right. Right side of chest moves more freely than left in respiration. Patient speaks thickly, and complains of pain in forehead; has passed a motion in his bed. First cardiac sound weak, but free from murmur. Pulse 96; temp. 98·2; urine acid and free from albumen—sp. gr. 1020.

Diagnosis.—Softening of central parts of brain on right side; probably no hæmorrhage. A mixture was ordered thus:—

℞ Ammon. carb., gr. v.;
Potass. iodid., gr. iij.;
Tr. cinchon. co., ʒj.;
Aq. ad. fʒj.—ter die.

The patient gradually became more feeble—and less intelligent.

December 2nd.—The temperature rose to 102°; his urine had to be drawn off by the catheter, and was very offensive and ammoniacal. At times he was sick; pulse was 100. No clenching of fingers observed, and paralysis remains as at first. A mixture of diluted acid. hydrochloric. in infusion of buchu, was ordered on account of the condition of the urine. Gradually symptoms of congestion of both lungs came on. Temperature rose to 102·8°, pulse to 120, and râles were heard all over chest, both front and back.

10th.—Respirations 30. Diaphragmatic movement marked. Urine is drawn off by Mr. Thompson from time to time, and blood is seen in it. Motions passed involuntarily. Brandy and nourishment was fairly taken, but on Dec. 14 patient died.

The post-mortem examination was made by Mr. Percy Dunn, twenty-four hours after death. No excess of subarachnoid fluid. Vessels of pia mater full. Arteries very atheromatous—the right anterior cerebral almost occluded, and left in a similar condition, but less advanced. The central portion of the right hemisphere was in a state of white softening for a space of about two inches. The disease was situate above the lateral ventricles. In addition, there were patches of softening in each crus. Some old pleural adhesions were found, and both lungs were in a state of hypostatic congestion. The heart weighed 16oz.; ventricles dilated, and the mitral valve was thickened and incompetent. Liver was congested; kidneys granular, contracted, and with adherent capsules. The bladder was hypertrophied, contracted, and the mucous membrane was sloughing.

Remarks by Dr. Thorowgood.—The interest of the present case seemed to lie in the clear indication of cerebral softening to the exclusion of hæmorrhage. The weak and poorly nourished condition of the patient; his liability to attacks of giddiness; and, lastly, the fact that in his final seizure he had no loss of consciousness and no sudden fall to the ground—all seemed to indicate white softening. During the progress of the case no convulsive movements took place, nor was there any muscular spasm or rigidity. Failure of respiratory power, with prolonged expiration and mucous râles eventually carried him off. The softening being found in the substance of the brain above the ventricles may have been the cause of the early failure of his intelligence.

Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND.

MEDICAL SECTION.

A MEETING of the Medical Section was held at the College of Physicians on Friday evening, Dec. 19, the President (Dr. CRUISE) in the chair.

Dr. MONTGOMERY, Sectional Secretary, read the minutes of the previous meeting, which were signed.

LIVING SPECIMENS.—Dr. R. A. Hayes: Lupoid (?) ulceration of the larynx. Mr. A. Benson: Primary lupus of the conjunctiva. Dr. C. F. Moore: A case of eczema capitis in an infant aged six months.

SPECIMEN BY CARD.—Dr. Finny: Double pneumonia with pleuritis.

LUPUS AND ITS TREATMENT.

Dr. WALTER SMITH read a paper on the nature and treatment of lupus. He finds the frequency of occurrence of lupus in Ireland (Dublin) to be about 1 in 200 of cases of skin disease. In England and Scotland the proportion is about 1 in 50. He drew attention to the differential diagnosis of lupus, but he dealt chiefly with the arguments in favour of the doctrine that lupus is a branch of the tuberculous stock, and is produced by an organised pathogenic virus. These arguments are derived from three sources—viz.: (1) clinical, (2) histological, (3) experimental. Viewed *clinically*, numerous skilled observers in England, France, and Germany recognise the points of contact between scrofula and lupus, and note the frequent coincidence of cheesy affections of the glands and joints with lupus. In 1883, among 38 patients under M. Besnier's treatment for lupus in St. Louis, 8 presented well-marked physical signs of phthisis. *Histologically*, the close resemblance between a caseating miliary tubercle and a lupus nodule has been often pointed out, and quite recently Dr. R. Koch has furnished decisive proof. He examined 7 cases of lupus—in 4 excised bits of skin; in 3, scrapings of the lupus tissue. He found tubercle bacilli in all the four excised bits, but never more than a single bacillus in a giant cell. *Experimentally*, both culture and inoculation experiments have yielded positive results. As to the *treatment*, it was pointed out that if the tuber-

culous doctrine of lupus be accepted, it strengthens the position of those who advocate constitutional treatment, and especially anti-strumous remedies. The different plans for dealing locally with the lupus neoplasm were referred to, particularly the methods of linear scarification and of erosion.

Dr. HENRY KENNEDY said he had in his practice combined constitutional with local treatment, and of thermal applications he had used plain hot water, as hot as the patient could bear. In one case he established an issue in the patient's arm which had the effect of keeping her face well for six years. All that time she wore the issue. Cod-liver oil was one of the best constitutional remedies. It was remarkable as showing the constitutional history of the cases that the moment the health became impaired the disease reproduced itself. He had used blisters with good effect. He inquired how far Dr. Smith had been successful, especially how long he had kept his patients well by the scraping treatment.

Dr. ARTHUR BENSON alluded to some experiments made on rabbits by introducing pieces of living granulations taken from the conjunctiva of a child suffering from lupus into the eyes of the animals. One rabbit died after a week from hæmorrhage into the stomach. The eye was examined and found healthy. In the eye of the other rabbit there soon appeared patches of tissue of a yellowish colour with a pinkish appearance, very similar to what is recognised as tuberculosis of the cornea. After three weeks this animal succumbed to chloroform, and sections made from the enucleated eye by Dr. Abraham exhibited tuberculosis of the cornea and iris. Almost all the patients he had seen with lupus of the conjunctiva showed a marked tubercular tendency, but without lupus appearing elsewhere in the body.

Dr. DOYLE said when he was a student lupus seemed to be a prevalent disease, but he had reason to think that in a number of the cases eczema had been mistaken for lupus.

Dr. CORLEY asked whether the presence of the bacillus was an accident, or whether it was common to tubercular ulcers, as he was not so sure of the bacillary theory in this disease as some recent writers on the subject appeared to be. Having had a large experience in the treatment of lupus, he had tried several remedies—red iodide of mercury amongst others; but latterly he had chiefly employed the method of scraping with Volkman's spoon, which he thought gave the best results. Still some of these cases returned after two or three months, when he had to repeat the scraping, the disease having reappeared. He therefore wished to know which class of cases would be most favourable for this plan of treatment. Undoubtedly constitutional treatment, especially by cod-liver oil, was of great value in some cases.

Dr. FINNY stated as the result of his experience in several cases that his treatment was chiefly scooping combined with linear incision. The class of cases in which he adopted scooping was that where the lupus was in the tuberculated form, and not where it had formed large thick crusts. Thus, where the tubercle was disseminated with a certain amount of skin between the patches, a good cicatrix might be anticipated. If a portion of skin apparently healthy but not really so was left without being touched with the nitrate of mercury lupus nodules developed again. In many cases the return of disease was due to the inefficiency rather than the inutility of the treatment. The intense pain caused by exposure to cold wind in some of his cases was relieved by the scraping process and linear incision and burning out every spot with nitrate of mercury. The lupus seemed to have a relation in phthisis and scrofuloderma, but their present knowledge was insufficient to enable them to speak positively on the subject.

Dr. ROBERT M'DONNELL having given the disease special attention, related the particulars of a case in which various remedies, including arsenic, had been tried without having given permanent relief until eventually the patient was cured by the free use of cod-liver oil internally; but she died some years afterwards of phthisis, showing the tubercular character of the disease in her case. Whilst a student in Paris under Cazenave he had paid a good deal of attention to the disease. Cazenave observed a case of lupus of the face which became attacked by erysipelas, and although fearing this complication would make the disease a great deal worse, to his surprise when it passed away the patient got rapidly well. Effects of this kind suggested the use of counter-irritants to imitate erysipelas, and Cazenave, after using a number of irritants for the purpose, gave a preference to red iodide of mercury ointment; but beyond comparison the greatest improvement of the time in the treatment of the malady was the scraping with the spoon and then rubbing the raw surface with a rough sponge. He had used this method a great many times and had never been disappointed. There was a form of lupus in which, if arsenic was given at all, it should be in such doses as would produce poisonous symptoms, to act as mercury does where it was intended to produce marked salivation. It produced rapid improvement, but he could not say that a permanent cure was always effected.

Dr. WALTER SMITH in reply said the diagnosis of superficial lupus of the ear from eczema was shown by a loss of tissue when the crust was removed. So far as he knew, the bacillus was only found in affections tuberculous or scrofulous, and not in large ulcers, and therefore it could not be introduced from without. Lupus on a single surface like the cheek seldom ulcerated deeply, but when it attacked the nose it acted on both surfaces, and thus caused great destruction of tissue. He could hardly lay down a specific rule as to which cases were most suitable for scraping. Spots of lupus too small to be scraped he treated by drilling with a pointed piece of wood tipped with nitrate of mercury.

HEREDITARY AMAUROSIS.

Mr. JOHN B. STORY read a paper on hereditary amaurosis.

Mr. SWANZY having made some remarks in reference to one of the cases mentioned in the paper,

The Section adjourned.

BRADFORD MEDICO-CHIRURGICAL OCIETY.

JANUARY 13TH, 1885.

DAVID GOYDER, M.D., President, in the chair.

Mr. PHILLIPS showed a pathological specimen o cerebral hæmorrhage, an immense clot in right frontal lobe in a girl, æt. 18.

Dr. RABAGLIATI read notes (mainly compiled by Mr. Spencer, House Surgeon at the Infirmary) of a

CASE OF OPERATION FOR TRANSVERSE FRACTURE OF THE PATELLA.

W. M. L——, æt. 49, was admitted in-patient, 28th August, 1884. Six weeks before admission was kicked with a clog on the left knee during a row in a public house. He was at once conveyed to a local bone-setter, who told him "the cap of the knee was off," and who was supposed to replace it by applying sundry plasters and bandages, after which the patient was sent home. He rested for two weeks, and then, aided by sticks, commenced to walk about. As no improvement took place he sought advice at the Bradford Infirmary. Upon admission the patella was found to be fractured transversely about the middle, the separation being about 1½ inch. There was considerable swelling and tenderness. The patient could get about wonderfully well considering the nature of his injury, but was unable to raise the limb. He was put to bed and evaporating lotion applied. The swelling and tenderness soon disappeared under this treatment, and on the 12th September with strict antiseptic precautions, the fracture was cut down upon (under chloroform) and the edges pared, the fibrous tissue between the fragments being removed. The fragments were then brought together by a silver wire after the manner described by Mr. Lister. Unfortunately the bone was soft, and when the wire was being tightened to approximate the fragments, it tore through the upper fragment, that wire had therefore to be withdrawn, and it was thought advisable to use two wires, one at each end of the broken fragments. This measure was successful in approximating the bones, both of the wires holding, as there was less traction on each of the side wires than there had been on the single central one. Patient complaining of acute pain on inner side of joint, and as this continued after injection of morphia, the dressing was removed at 9 p.m. on the 13th. There was nothing to be seen; the wound looking well, the surrounding tissue being quiet. On the 14th there was severe pain from 4 p.m. till 10, and again on the 15th for some hours, and patient complained of headache. Evening temp. 102·8°, which, however, subsided to 101·2° next morning. On the 18th,

morning temp. was 101·3°, and the wound was dressed, when a small abscess was found on the inner side of the joint, and was opened by a double opening, &c., drainage tube inserted. On the 19th again dressed, morning temperature 99·3°. Dressed again on 22nd. On the 28th the original wound was quite healed all along its length, but thick pus was still flowing from the site of the abscess. Drainage was inserted by single opening. Although the wound was healed the temperature kept high, varying from 99° or so in the morning to 102° or 103° at night. Patient did not look well, the pulse varied from 96 to 108, and there was some sweating and appearance of hectic. There was also pain more or less continuously. This unpleasant state of things continued long after the wound and abscess cavity were quite healed, lasting till the 19th November, between nine and ten weeks after operation. On November 18th morning temperature 99·3°, evening temperature 102·5°. On the 19th it occurred to Dr. Rabagliati that as there seemed nothing else to account for the chronic fever, and as it did not yield to quinine or local antiphlogistic treatment, nor to pressure, it might possibly be due to the presence of the wires. He accordingly cut down and removed them. The morning temperature on November 19th was 99·6°, but in the evening it was only 100° as against 102·5° on the previous evening. From this time forward recovery was uninterrupted. On the 21st the temperature was 98·4° exactly, a fact not witnessed since the day after operation. On the 25th the temperature was 98°, subnormal, that is, and Dr. Rabagliati drew attention to this fact, pointing out that it did not occur accidentally, but in accordance with a general law. This law was, he said, common to all affections in which there was a rise of temperature, and the law held for simple inflammations, for specific inflammations, so called, and for fevers. It might be called the law of the three stages, and its statement was that "all pyrexial affections consisted essentially of three stages, 1, a primary depression generally ending with rigor; 2, Reaction when pulse and temperature were above normal; and 3, a second depression in which they tended to be sub-normal before they rose to normal when convalescence was fairly established." As this law was true of simple inflammations as in the present case, and of fevers, he held that these two sets of affections could not be separated from one another by the facts observed in their course, but only by their etiology. This consideration, however, though of the utmost importance in his opinion to a proper classification and treatment of diseases, was here mentioned only incidentally. He certainly was very much surprised to find so simple a cause as the presence of two silver wires under a sound skin and in sound tissues sufficient to keep up the temp. for nine or ten weeks, and apparently capable of doing so indefinitely in a healthy labouring man with apparently no imagination or fads in his nature or constitution. There was a rise of temp. for three days, three weeks after removal of the wires, to which no cause was assignable, but with that exception, the removal of the wires caused the temp. to fall. The bone seemed quite sound, the patella moving in one piece. The man was up, but owing to the protracted nature of the convalescence, he could not yet lift the limb off the bed without helping it with his hand. He could, however, all but lift it, and Dr. Rabagliati was confident that in a short time he would be able to do so. He hoped in time he would be again able to follow his employment. For many weeks the temp. had been normal, and the man quite well in every way.

The President, Drs. Tibbits and Hime took part in the discussion.

Dr. GOYDER, Honorary Medical Officer to the Bradford Infirmary, gave an address on

THE MOTION OF THE BRAIN,

which we hope to publish, with illustrations, in our next.

After the delivery of the address Dr. Foster proposed a vote of thanks to Dr. Goyder, which was seconded by Dr. Rabagliati, and carried unanimously, and the meeting adjourned.

THE Hunterian Oration at the Royal College of Surgeons will be delivered on Saturday, February 14th, by Mr. John Marshall, F.R.S.

ABERNETHIAN SOCIETY (ST. BARTHOLOMEW'S HOSPITAL).

THE eleventh meeting of this Society was held on Thursday, Jan. 8th, Mr. T. W. SHORE, President, in the chair.

Mr. CH. PERCIVAL CROUCH then read a paper on

MESMERISM.

He began by shortly sketching the history of mesmerism, referring to its probable origin in the East, where it was practised by the Magi, who combined the qualification of priest and physician. While at Delphi it was interesting to read that the oracle uttered her responses while in the mesmeric trance. In the temples of Æsculapius mesmerism was very largely employed in the treatment of disease. He then referred to Mesmer's practice in Paris, which became so notorious that the Government appointed a committee of inquiry, who, however, did not return a report satisfactory to Mesmer, and he was from that time generally looked upon as an ignorant impostor. The various methods of inducing to sleep were then discussed, and the reader impressed upon his hearers the fact that it was by no means an easy matter to put anyone into the sleep, but often many attempts were necessary before success was attained. He then passed on to discuss the various stages of the sleep. In the first, or "alert" stage, certain phenomena of an active sort were to be obtained, remembrance of which was retained when the subject returned to the normal waking state, that he was in fact in the condition of a witless, though conscious, automaton. In the "deep" stage phenomena were also to be obtained, but the subject had no remembrance of what has taken place when he returned to his waking state. He next spoke of the anæsthetic stage, and reminded his readers that Esdaile practised painless surgery many years before the introduction of ether and chloroform, and some of his operations were quoted. With regard to the various theories put forward from time to time to explain the trance Hudenbain's was chiefly dwelt upon as being the most scientific, but the reader impressed upon his audience that it would require very considerable modification before it would explain all the phenomena met with. In conclusion, the more unusual phenomena were shortly considered, as transference of tastes and pains, &c.

France.

[FROM OUR OWN CORRESPONDENT]

AT the Académie de Médecine M. Sée spoke on a new mode of dressing wounds which would be permanent. When a wound is going to be sutured he arrests the blood by catgut ligatures at first, and then dusts the part with subnitrate of bismuth finely powdered. When all oozing has ceased he makes, if the wound is profound, deep sutures, and the drainage tube is made of red india-rubber. More powdered bismuth is applied and the whole covered with a phenicated pad, in the centre of which is slipped a sachet containing a certain quantity of corrosive sublimate. The tubes are withdrawn at the end of the third or fourth day, and the dressing removed in a fortnight or three weeks, when the cicatrix is fully formed.

AT the Société de Chirurgie M. Championnière read a note on reunion by first intention in amputation of the breast, which he considered should be always sought for as he believed it retarded possible relapses. M. Verneuil on the contrary considered that to seek reunion by first intention was a very dangerous plan in operations on the breast, and often impossible when extensive ablations are made. M. Verneuil, who is a partisan of large excisions, had rarely experienced a return. He confessed the treatment lasted at least two months, but the patients usually got up after a fortnight. M. Desprès quite agreed with the last speaker, and believed that reunion by first

intention predisposed to erysipelas. M. Trelat followed in the same line, whereas M. Pallaillon said that it was always his custom to provoke immediate reunion, and he never suffered any inconvenience from it.

M. FERNET read a note before a meeting of the Société des Hopitaux upon the transmission of tuberculosis by sexual contact. He called to mind that already Cohnheim and Verneuil endeavoured to prove that tuberculosis of the male urethra can be caused by coition with a woman whose uterus was attacked with the disease, and M. Babés was able to demonstrate the existence of bacilli in the urine and vaginal secretion of women thus tainted. In conclusion, M. Fernet thought he could maintain the following facts:—(1) That tuberculosis of the genital organs can be the result of direct contagion affected during copulation; (2) That all painless discharge which has not succeeded a true gonorrhœa should be suspected and examined for baccilli; (3) That sexual contact between married persons one of whom is affected with tuberculosis is dangerous; (4) That genital tuberculosis can be the source of general infection.

REGISTERED FOR TRANSMISSION ABROAD.

The Medical Press and Circular

Is published every Wednesday morning. Price 5d. Post free, 5½d.

POST FREE TO ANNUAL SUBSCRIBERS . . . £1 2 0
„ IF PAID IN ADVANCE 1 1 0

* Post-office Orders and Cheques to be drawn in favour of—
A. A. TINDALL, 20 King William Street, Strand, London, W.C.
A. H. JACOB, 3 Molesworth Street, Dublin.

Agents for Scotland:—
MACLACHLAN and STEWART, South Bridge, Edinburgh.
A. and W. STENHOUSE, Hillhead, Glasgow.

Sole Agent for the Continent:—
JOHN F. JONES, 31 Bis, Rue du Faubourg Montmartre, Paris.

ADVERTISEMENT SCALE—Whole Page, £5 0s. 0d. Half Page £2 10s. 0d.; Quarter Page, £1 15s. 0d.; One-eighth Page, 12s. 6d.

Small Announcements of Practices, Assistancies, Vacancies, Books &c., of Seven lines or under, 4s. per insertion; 6d. per line beyond

Considerable reductions are made from the foregoing Scale when orders are given for a series of insertions. Letters in this department should be addressed to the Publishers.

SUBSCRIPTIONS FOR FRANCE are received by Messrs. BAILLIERE, Rue Hautefeuille, Paris—post free in advance, £1 3s. 6d. per annum.

SUBSCRIPTIONS FOR RUSSIA are received by Messrs. RAJCHMAN and FRENDLER, 18 Senatoren Street, Warsaw—post free £1 5s. 0d. per annum.

SUBSCRIPTIONS FOR THE UNITED STATES are received in New York by Messrs. WILLMER and ROGERS; Philadelphia, by Dr. BRINTON: post free in advance, 5½ dollars (£1 3s. 6d.) per annum; or direct from the Offices in this country for the same amount, if remitted by International Post-Office Order.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 21, 1885.

PROVINCIAL MEDICAL STUDENTS AND LONDON EXAMINATIONS.

A PETITION has recently been forwarded to the Royal College of Surgeons of England from medical students in the principal centres of education in the North, praying the College to make arrangements for holding its written examinations in future in the various towns concerned, thus making it necessary for provincial students to attend in London only for the oral test. For all practical purposes this request must be regarded as addressed to both Colleges in London, although the petitioners made the curious mistake of omitting to include the College of Physicians. Such a reading of the document is necessitated when we remember that the College of Surgeons diploma has no longer an independent existence, and that the majority of those who will be affected by the granting of the prayer of the petition will be candidates for conjoint qualification under the much-debated combination scheme.

On abstract grounds the application is perfectly just and reasonable. Under the present system men coming from the county are required to pay, in addition to the fees chargeable for the diplomas, a tax varying in amount with the duration of the visit to town, and always a very serious addition to the prime cost of qualification. It may, of course, be said that the additional expense to which country students are put as compared with their metropolitan brethren is more than counterbalanced by the extra cost of education in London. But such a mode of reasoning would be eminently illogical under the circumstances, inasmuch as the higher advantages enjoyed by London students are a just excuse for the increased fees they are called upon to pay. In any case, however, the argument is inadmissible in the present connection, and it may safely be assumed that the concessions asked for from the Colleges will be granted without much demur. It would have been a proper improvement any time within the past fifteen years, but the need for it is now more than ever felt, since the liberal regulations applying to the conjoint examinations enable the various subjects to be passed in eight separate instalments. It is evident that eight visits to London for several days each time, would seriously add to the expense of students; and, although the proposed alteration would still leave it compulsory on them to attend for *viva voce* examination in London, still the railway fare to and fro would then be almost the only expense incurred; and there are few candidates who would be likely to take the set of examinations in more than four, or at most five, instalments. And here we are reminded of a serious omission in the petition above referred to, which ought, when applying for extra-metropolitan examinations, to have asked at the same time, that those candidates hopelessly "plucked" on their written answers should be so informed, and thus saved the cost of a purposeless journey to London. There can be no difficulty in effecting this, for we take it that all provincial candidates will, when the scheme is at work, be examined orally after London students, thus giving the examiners sufficient time to adjudicate upon their papers prior to their arriving in town for the *viva voce*. In doubtful cases where a good oral may recover the ground lost over the paper, it is of course to the advantage of the candidate to make the trial, and hence only absolutely fatal papers would have to considered in this association.

The question of the feasibility of the proposed alteration is fortunately settled by the successful working of

the arrangements whereby the University of London conducts its examinations simultaneously in several different places. The only important matter that the conjoint committee will have to determine will be the number of centres to be fixed at which the examination shall be held; and here, fortunately, they will be saved any serious labour by reason of the geographical situation of the provincial schools of medicine. Of these the chief is Manchester, and in addition to students from its own school, this centre can be made available for candidates from Leeds and Sheffield, distant from Manchester respectively one and a-half and one hour's journey by rail. Newcastle being five hours distant from Manchester, must of necessity be a centre within itself, and it would not be too much to require that any ambitious Scotch student aspiring to the English qualification should present himself along with the Newcastle detachment. There remain now Birmingham and Bristol. The former is, perhaps, sufficiently near to London to justify the conclusion that students from it might run up and back again for the day of written examination, and be subsequently notified whether they are to be questioned *viva voce*, and when. In the case of Bristol there seems nothing but for it to be elevated to the dignity of a local centre.

By adopting these changes the Colleges will assist themselves in a way that will be necessary to them more and more as the incidence of the new regulations is felt, for by doubling the fees on examination the associated Colleges have added so much to the price of qualification.

A NEW DEPARTURE IN LUNACY PRACTICE.

THE idea is now firmly rooted in the English mind that in Scotland there *does* exist a system of lunacy practice peculiar to that country. The "Scotch System" is the title by which this individuality is known; but to analyse it and determine its native and characteristic features requires a very nice discrimination and a wide range of observation over time and space. Without assuming the possession of such an armamentarium we may safely assert that the fundamental principles which underlie the Scotch and English systems are essentially the same. We may safely go farther and assert that in the matter of fundamental principle Scotland has borrowed more from the sister countries than it has given in return. The cardinal doctrines of non-restraint and employment of the insane, owe their inspiration more to England than Scotland, and the names of Conolly and Tuke have no contemporary or antecedent equivalent in Scotch history. The development of the Scotch system is but a thing of yesterday, and what is original and commendable in it is to be found in practical elaborations of the first principles laid down by English and Continental reformers. The imported idea of non-restraint has fertilised the genius of the Scotch superintendent, and the Central Board has "watered and given the increase" to the struggling proliferations. Hence we have the total abolition of airing courts, parole *ad lib.*, open doors, industrial communities, and boarding out in private dwellings. The Scotch system is characterised by a dash and enterprise which has an unmistakeable commercial flavour. Indeed it has forced itself into notice by eccentricities of routine rather than by strictly professional methods. Lunacy administration is admittedly a question of social politics as well as of medicine; but that is no reason why the one should be developed so as injuriously to overshadow the other. While protesting against the habit of advertising every new excrescence of the Scotch system we are bound to admit that it is pregnant with good things, and while it affords greater facilities for abuse compared with its English compeer it is perhaps more likely to achieve *the greater good for the greater number*. In England there has been a disposition of late to discount the glowing excellencies of some Scotch asylums, to question their statistics of parole and escapes, and to accept with caution and the proverbial *grain of salt* all that has been claimed for the open-door system. To some indeed, the extensive or universal use of the latter in any asylum is considered possible only at the risk of restraint exercised in other and more violent directions, and it seems a mere abstract refinement or a sham to have open doors where the patients are ranged like wax figures against the walls of the apartment and dare not pass out or in, even if they would. When "open doors" is synonymous with parole the case is altogether different, and the advantage to the insane where such a reasonable practice obtains is incalculable. Statistics can be made to prove anything, and we are chary in accepting statistics which are plainly meant to vie with one another, and which are too frequently the outcome of a craze for notoriety and special favour.

The latest example of this craze was published in our issue a few weeks ago, when we directed attention to the increase of "fashion madness" in asylum administration. The leader of fashion in this case is the superintendent of the Dumfries Asylum, which has been made the theatre of a new and startling departure in lunacy practice. A shooting moor has been rented there for the patients who are rich enough to afford this dangerous luxury. This is introducing the advertising and commercial element into our chartered asylums with a vengeance. It would be interesting to know whether the shooting first suggested itself in the course of the doctor's therapeutic studies, or while his fertile brain was planning ways and means to replace the loss of some high-class patients. We hear and have heard a great deal of the righteous public asylums and the wicked private ones. Who shall judge between them when so much can be said on both sides? The fertile fancy of Charles Reade never soared so high as a shooting moor when he wrote "Hard Cash." If it had, how that famous novel would have bristled with tragic suggestions and startling villainies, more thrilling than his creative fancy ever conceived! We sympathise very much with the superintendent in his bold venture, and are surprised and grieved that the financial position of the institution should be in so bad a way as to call for such an outrageous departure from the usual practice of asylums. The science of psychological medicine is not yet founded on principles of mathematical certainty, and the experiment of a shooting moor as a curative agency for irresponsible lunacy is far-fetched and reckless in the extreme.

HOW LONG ARE SCARLATINAL PATIENTS INFECTIOUS?

A DISPUTE which is going on at the present time between the Manchester Health Committee and the Board of Management of the Royal Infirmary, illustrates the importance of this question, and the difficulty there is in giving an authoritative answer to it. The former allege that the latter, who are responsible for the management of the Monsal Fever Hospital, are retaining the cases of scarlet fever sent to them an unnecessary time, and they have, in consequence, refused to pay their accounts in full for the last two quarters, deducting some £540. To understand the relations between the two authorities we may state that in 1881 Manchester obtained powers for the compulsory notification of infectious disease, and at once took steps to provide suitable hospital accommodation. Having no fever hospital belonging to the Corporation, arrangements were made with the Royal Infirmary, and Children's Hospital, at Pendlebury, to receive infectious cases from the City, the remuneration given being a fixed sum annually, and in addition 14s. to 21s. per week per patient, according to the number sent. The sums paid during the last two or three years amounted to about £5,000 per annum to the Royal Infirmary, and £1,000 to the Children's Hospital. At the beginning of last year some complaints were made by another authority, who sent patients to Monsal, that they were sending out scarlet fever patients who were still desquamating, and thereby spreading the disease. These complaints caused the Monsal authorities to keep their convalescents for a longer period, and it is to the enhanced expenditure incurred thereby that the authorities of the City of Manchester take exception. They allege that some cases have been retained as long as fourteen weeks, and the majority have been kept considerably over six weeks, a period which their medical adviser, the health officer for Manchester, considers ample. The Board of Management of the Infirmary have passed a resolution calling on the City Authorities to pay the sum deducted, forthwith, at the same time refusing to receive more cases except on the understanding that their own medical officers are to be the sole judges of the fitness of the cases to be discharged. The further question then arises for consideration by the Corporation, whether it shall establish an infectious hospital of its own, and thus be independent of the Monsal Fever Hospital.

The question in which we, as representing the profession at large, are most interested, is as to the length of time it is necessary to retain scarlet fever patients in quarantine in order to render them absolutely free from the suspicion of spreading the disease on their discharge? We take it as certain that, as a whole, the profession are agreed that the process of desquamation which usually follows the rash must be complete before the patient is discharged, very few being found to agree with Mr. J. Makinson Fox, Medical Officer of Health for Mid-Cheshire, who believes "that a fortnight after the cessation of the fever, the epithelium that was shed was, after disinfection of the skin, absolutely harmless." We believe this latter opinion to be not only radically wrong, but extremely dangerous, and to act upon it would seriously endanger the lives of our patients' friends.

We do not believe the disinfectant exists which would effectually destroy the germs or microbes of scarlet fever present in or beneath the epithelial layer without injuring or destroying the skin itself, and nothing short of a complete desquamation will render the patient free from infection. But then the difficulty arises, that while in the majority of cases the skin becomes smooth by the end of the fifth or sixth week, desquamation, especially about the feet or heel, continues for two, or even three months. Is it necessary to retain the patient for this period? We can hardly believe that it is. We believe that if during the period of the fever or the three weeks during which time the patient usually keeps his bed, he is washed daily with carbolic soap, or water containing some sulphurous acid, and then has warm baths daily during the next three weeks, soaking his feet in water to peel away the thick skin that so pertinaciously adheres, he may be discharged with the greatest probability of safety at this period—the end of the sixth week—and with absolute safety by the end of the 8th. If desquamation reappears after his discharge, we should not think it of any consequence. If the present dispute should be the means of establishing convalescent homes for fever patients where the cost of maintenance would be far less than when in hospital, it will have served a useful purpose.

BACILLI AT THE MEDICAL AND CHIRURGICAL SOCIETY.

THE very elaborate paper which Dr. Percy Kidd read on the 9th ult. at the Medical and Chirurgical Society gave rise to a long, well-sustained, and interesting discussion, which was adjourned to the 13th inst., and again put off to a meeting specially called for this (Wednesday) evening, when, we presume, will be terminated a debate which has greatly interested all those who have closely followed the recent investigations concerning the micro-organisms of tubercle. As we have already very plainly stated our own views on the subject of the bacillus theory, we can afford to mention than in the opinion of not a few this theory is already on the wane. Of course, as to the actual presence of the rod-like bodies there never was any question; the real point, in the minds of the sceptics, was whether any one could at any time, even for a moment, maintain that these bacilli are *confined* to tubercle. They state that many who not long ago were enthusiastic in their successful searches after bacilli have by degrees experienced a diminution in their ardour by reason of their increasing want of faith in the practical utility of their own proceedings. Moreover, they contend that the fact that the bacilli of putrefaction, of saliva, of chancre and syphilitic gummata (recently discovered in Germany), and, Dr. Green's views notwithstanding, those bacilli found in cases of phthisis in which tubercle is conspicuous by its absence differ in no appreciable manner from the "bacilli of tubercle," will in no wise tend to restore their quondam confidence. The questions, so it is said, which naturally arise are: Given a bacillus, what does it indicate? and admitting for a moment that bacilli always accompany tubercle, how are these bodies when found to be differentiated from their non-tubercular namesakes? It is stated further that it is idle to argue

that accidental inhalations in an out-patient waiting-room may account for their discovery in some non-tuberculous hospital cases; and again, though Mr. Watson Cheyne tells us that bacilli will not take the blue staining, it may be asked by some of those who listened to Dr. Wilson Fox whether the belief that only one particular kind of micro-organism is capable of taking up or of resisting a certain colouring matter has as yet been proved to be well founded. We are told that if we submit that this has been proved we are immediately confronted with the fact that already we have to deal with "circles" in addition to "rods."

Dr. Green stated that if we exclude chronic basic pneumonia, stonemason's, &c., phthisis, inflammatory disorganisation resulting from pressure on a bronchus, and, lastly, syphilitic lung affections, we may define pulmonary phthisis to be a condition of lung presenting the following characteristics:—(1) Consolidation at the apex; (2) consolidation some of which is undergoing softening and disintegration; and (3) consolidation possessing infecting properties which spread. In the light of this definition, Dr. Green maintains that bacilli will be found to be present in all phthisical, and to be absent from all non-phthisical, cases. Of course, this statement is open to the criticism that, eliminating the consideration of the bacilli, it is impossible to distinguish a tuberculous from a non-tuberculous case in the event of a similarity in clinical symptoms being afforded by each of the two cases. Nor will the difficulty, in the opinion of some, be at all lessened by the admission by Dr. Green that, even in the *accepted* tuberculous cases, bacilli are not found at all times. We may say, *en passant*, that we understood Dr. Wilson Fox to lay down the dictum that a fibroid change in the lung indicated a cicatricial state. We trust that no one will push this argument to the extent of declaring that the effect of alcoholic and syphilitic influence may be regarded as curative. It would have been interesting to hear from Mr. Watson Cheyne that it was that led him to entertain the idea that a chemical poison was caused by the bacilli in the alveoli.

We think we have said enough to show our impartiality in this discussion. Many of our readers have already witnessed the rise and fall of more than one theory respecting tubercle, and, on the *audi alteram partem* principle, their thanks are due to Dr. Percy Kidd for having by means of his paper brought from Dr. Creighton his criticisms on Dr. Koch's manipulations, and on the validity of his conclusions. On our part, we may safely content ourselves for the present with continuing to watch with patience the steady progress of the bacillus.

Notes on Current Topics.

The Rules of the Medico-Chirurgical Society of London.

WE believe we are correct in stating that the occurrence which was witnessed at the last meeting of this Society is without precedent in the whole of its annals, notwithstanding that due provision is made for it in the Society's By-laws. Our readers will remember that in our impression of the 17th ult. we adverted to the unusual announcement which had been made that a gentleman, who, by reason of the non-payment within the required period of the annual subscription due from him last March, had jeopardised his Fellowship, was desirous of re-admission into the Society. As we stated at the time his case came under By-law IV. Chapter V., in conformity with which his name had been suspended in the public room. He had since last November sought to be reinstated as a Fellow, but, at the unusually largely-attended meeting held on the 13th inst. the ballot decided against his re-admission.

A Disagreeable Incident.

AN unpleasant duty was imposed on Mr. Paget, magistrate at the Hammersmith Police Court, on Thursday last, on the occasion of hearing a summons issued against a butcher, at the instance of the Fulham Board of Works, for exposing for sale five flanks of unwholesome beef. In support of the charge Dr. Collier, medical officer of health, gave evidence to the effect that he had examined the meat and found it in a state of commencing putrescence, and this opinion was corroborated by another medical witness. For the defence, however, a Dr. Kelly testified that he also had examined the meat, and found it as wholesome as any he had ever seen. At the conclusion of the argument on both sides, Mr. Paget said a painful duty was imposed upon him to judge between gentlemen in the medical profession, and he was obliged to weigh the evidence as to its value, the result being that he gave preference to that tendered by Dr. Collier, and fined the defendant £10, with £3 5s. costs. It is very much to be regretted that such an unfortunate variety of opinion should have been publicly displayed by members of the profession, especially on so clear an issue as the one in question. It is impossible to imagine a difficulty in deciding the question of fact as to whether a sample of meat is, or is not, offensive in odour, and unfit for human food. It is such unedifying spectacles of inharmonious relations between practitioners that tend more than anything else to weaken the confidence of the public in the profession, and to diminish the respect in which the latter is held; and in this instance, especially, there seems to have been ample reason for wishing that so decided an opposition had not been exhibited to the expert evidence given.

The late Professor Darling.

THE decease of the late Professor Darling, of New York University, has evoked numerous expressions of sincere regret in the medical journals published in America, and in all the notices that have appeared in this connection a high appreciation of the great attainments of their subject is evidenced. A vote of condolence with the family of the deceased was passed at the meeting of the medical faculty of the institution with which he was so long associated on December 26th last; in this there was expressed also the sense of the loss the University had experienced by Dr. Darling's lamented death. The New York *Medical Record* contains an interesting obituary notice of the Professor, from which it appears that he had been ailing for several days prior to his death, the immediate cause of which was pneumonia, following a

cold caught through injudicious exposure. The well-known habits of the deceased, leading him to court an almost exclusive retirement, were unfortunately the cause of his being unattended during the earlier part of his illness; and it was only after he had been confined to his rooms for two or three days that his condition became known to his professional brethren, by whom then every possible care was at once exhibited on his behalf. We are informed that almost his last utterances consisted of a disquisition on an anatomical subject, thus proving, what has always been apparent indeed, how completely devoted was his life to the study for which he has done so much. The collection of osteological and anatomical preparations left by Dr. Darling is declared to be the most complete and extensive possessed by any private individual in the world, and much interest will be felt concerning its final destination. Whether any instructions to this end have been found among the papers of the deceased physician is not yet made known.

Pilocarpin in Erysipelas.

THE employment of pilocarpin for the treatment of acute facial erysipelas has, in the hands of Professor Da Costa, of the Pennsylvania Hospital, been attended with the most successful results, two more recent cases being reported in the *Boston Medical and Surgical Journal* for January 3rd. The drug is used in the form of hydrochlorate of pilocarpin, of which doses of 1-6th to 1-4th of a grain are injected hypodermically. The injections may have to be repeated, or supplemented by fluid extract of jaborandi, the object being to produce free diaphoresis; but if the disease be in its incipient stage, the results are almost magical—the erysipelatous symptoms entirely disappear. During convalescence, a course of iron was found to be advantageous. No relapse has thus far been noticed, and no special effect upon the salivary glands or kidneys have been observed.

Prof. Lankester on Bacteria.

ON Wednesday last, Prof. E. Ray Lankester delivered a lecture on Bacteria at University College, when a large and attentive audience was present. This address was mainly an amplification of the letter in *Nature* to which we recently referred as coming from Prof. Lankester's pen. A principal point insisted on was the possibility of changes in form and function on the part of bacteria usually regarded as specific. The lecturer was, of course, out of harmony with Koch, whom he necessarily regards as an intruder in the field of science. A large supply of diagrams and microscopic objects rendered the lecture a most interesting one.

Poor-law Superannuation.

WE observe with satisfaction that the Coleraine Guardians have voted to Dr. Macintire the retiring allowance which they had twice refused him after a faithful and conscientious service of thirty-two years.

We observe, also, that one of the opposing guardians has tabled a notice to move to rescind this vote. If, however, the sanction of the Local Government Board is given, we believe that the vote is irrevocable, and that Dr. Macintire's pension is safe.

The Dundrum Criminal Asylum.

DR. ARTHUR MITCHELL, of Edinburgh, one of the Scotch Lunacy Commissioners, has been requested by the Lord Lieutenant of Ireland to conduct, in conjunction with Mr. Holmes, the Treasury Remembrancer in Ireland, an inquiry into the arrangements for the custody of the persons confined to the Asylum for Criminal Lunatics at Dundrum.

A Great American Catholic University.

THE establishment of a great American Catholic University is now an assured fact. Miss Mary Caldwell, of St. Louis, has contributed 300,000 dollars to start the fund for its endowment, and has assurances from other wealthy Catholics in America and Europe that the 3,000,000 dollars requisite for its complete establishment will be forthcoming. The seat of the institution has not yet been chosen, and it will be either New York, Baltimore, or Cincinnati.

Dublin Hospital Sunday.

THE official returns of the collections upon Hospital Sunday, presented last week, will afford satisfaction to every friend of the cause of the hospital charities. The amount realised has reached £4,399 0s. 11d.—a sum which exceeds any former collection by over £200. Taking into account the depressed condition of the country for so long a time, there is abundant room to be gratified for the genuine support given to the movement.

Yankee Diploma Mills.

IN Atlanta (Georgia) there is an "Eclectic" College of American Medicine and Surgery, which started in 1839 as the "Southern Botanico-Medical College," and became subsequently the "Reform Medical College." The following announcement in the *Eclectic Star*, the organ of the college, is amusing: "The janitor will meet all the day trains from the first of October, and will have a badge on his hat. He will bring you direct to the college, and will attend to your luggage; will furnish free ride to those who matriculate at this college. Do not be misled. Come, and do not listen to a single drummer until you visit us." There are three other "Medical Colleges" in Georgia.

Patent Medicine Statistics.

IN a recent issue of the *British Medical Journal* there appeared a notice in reference to the death of a lady through taking an overdose of chlorodyne, with the general tenour of which, as relating to a need for repealing the Patent Medicine Stamp Act, we entirely agree. Unfortunately, however, the writer of the article has weakened the force his arguments would otherwise possess by permitting his judgment to be overpowered by his imagination, for he calmly makes the astonishing statement that "the annual mortality from patent medicines alone is something like 150,000." Now it is a pity that such misleading utterances should find currency in an important organ of professional opinion, because their repetition by uninformed persons can only have the effect of obstructing the reform in pursuit of

which, in common with our brethren of the medical press, we have for some time been striving. In order that the incredible figures put forward by our contemporary should be correct, it is necessary that one out of every three or four deaths should be traceable to the effects of patent medicines, inasmuch as the total number of deaths from all causes in England is under 520,000 annually.

During the year less than 500 deaths are officially given as resulting from poisons of all kinds, patent medicines included, but, of course, medical men are aware that this number does not represent the aggregate mortality, as there are hundreds of cases, especially amongst the poor, in which the deaths of children are primarily induced by the constant administration of "soothing syrups," but which end in death through wasting diseases without the intervention of the coroner.

We feel sure that no advantage can be derived from the importation of the sensational element into the discussion of the patent medicine question, and it is exceedingly regrettable that any attempt of the kind should be made.

Ambulance Drill.

SURGEON-MAJOR EVATT has addressed to the Dublin schools (or some of them) a suggestion that classes for ambulance drill might advantageously be established amongst Dublin students, as has been successfully done in London. At a meeting of the medical students of the Dublin University School it was unanimously resolved to form a volunteer corps on the lines suggested. We regret to find that school jealousies and army medical jealousies seem to have interfered to prevent Dr. Evatt's proposition being taken up with anything like enthusiasm in Dublin. It is true that there is no volunteer system in Dublin which might form the basis of such a movement, but nevertheless true that ambulance drill might with great benefit be studied by the Irish students who may possibly look to the army or the volunteers as a future sphere of action. It is also true that most army medical officers do not care to bother themselves about business which they are not compelled to do, but nevertheless true that the exceptional energy of Dr. Evatt may produce excellent results, and ought, therefore, to be appreciated. We hope his ministrations in Dublin may be as successful as he could wish.

Dr. Pantaleoni of Rome.

WE regret to learn that Dr. Pantaleoni, of Rome, so well known and esteemed by the profession in this country, has been compelled by illness and the natural infirmities attendant on an active practice of fifty-five years, to relinquish work, and to seek that repose which a recent dangerous attack has necessitated. For nearly a quarter of a century Dr. Pantaleoni has been a frequent contributor to these columns, and we sincerely hope that his retirement from the active pursuit of his profession will be followed by recruited health, and that for many years to come he may be as pleasantly accessible to English visitors to Rome as in the past, and as free from those weaknesses usually attendant on age as his best friends could wish.

Health of Dublin.

ACCORDING to the report of Dr. Charles A. Cameron, M.D., V.P.R.C.S.I., Medical officer of Health for Dublin, the deaths within the metropolitan area during the five weeks ended Jan. 3 were in the ratio of 31·41 per 1,000 persons living. The deaths from the seven principal zymotics were in the ratio of 3·02 per 1,000 persons. As compared with the previous month, there was an increased mortality caused by measles and typhoid fever, whilst there was a diminished mortality from whooping-cough and dysentery. The zymotic deaths were abou the same in each month.

Washing out the Stomach in Ileus.

PROFESSOR KUSSMAUL of Strassburg recently advocated prolonged washing out of the stomach in cases of ileus, and reported three cases in which much benefit was obtained, not only in allaying all urgent symptoms, especially fæcal, and all other vomiting and collapse, but also in producing the natural evacuations when all other means had failed. In one case, constipation had lasted 23 days, and although the case ultimately proved fatal from peritonitis, a general alleviation of all the symptoms was produced. He attributed the good results to the washing away of gases and fluid fæces from the stomach and the parts of the intestinal tract above the seat of the obstruction. On the results above mentioned becoming known other leading hospital physicians in Germany soon made trial of the method. Dr. Oser, of Vienna, was one of the earliest to take up the subject. He considers that it is not possible to obtain all the good results attributed to the method unless the contents of the intestines are also pumped out along with those of the stomach, and shows that the insufficiency of the pylorus that is known to exist in certain intestinal stenoses must be credited with some part of the good attained. On Dec. 17th the subject was introduced before the Berlin Medical Society, by Herr Senator, who gave the histories of three cases of ileus treated by this method and all with success as far as related to relief of vomiting and alleviation of general symptoms. The first case was that of a young man, 22 years of age, who was admitted into hospital on Oct. 14th with a history of constipation and abdominal pain. He was then completely exhausted, with cold extremities, cyanotic, frequent pulse, weak voice, without fever. The abdomen was much distended, not painful; no hernia nor mechanical obstruction could be detected. The patient vomited everything given. On the third day after admission the vomiting was fæculent, and the case was so desperate that laparotomy came under consideration. Just at this period Kussmaul's first notice appeared, and in consequence the stomach was washed out, when immediate relief was procured. A pint of fæculent fluid and mucus was washed out with a quantity of gas, and the vomiting and hiccough at once ceased. The patient slept for the first time the following night. The morning after the washing out was repeated and the patient felt much relieved, although the objective symptoms were not much improved. On the morning of the same day a spontaneous copious fluid stool was passed, after which the patient felt hungry, and the food given was retained. In the evening another

washing out took place, followed by another stool. The patient still further improved, and a painful resistance could now be felt in the ileo-cæcal region. The favourable change lasted 10 days, but on Oct. 21st constipation again came on, and the symptoms returned. A distinct tumour was now felt in the ileo-cæcal region, the temperature rose and oscillated greatly. The patient eventually died of tubercular peritonitis, as was shown by section. The second case was that of a woman suffering from carcinoma of the rectum. She had dyspnœa, hiccough, vomiting, and constipation. This patient was also much relieved by the washing out. The third was a case of lead colic. Here also washing out of the stomach gave great relief. Herr Patschkowski confirmed Senator's statements as relating to the second case. Herren Rosenthal, Ewald, and B. Fränkel also spoke favourably of the method.

"Squaring" an Examiner.

THE Council of the Irish Pharmaceutical Society was occupied at its last meeting in discussing a letter read before it by Dr. Duffy—one of its examiners. In this communication the representatives of Messrs. Leslie, the wholesale druggists of Dublin, addressed the examiner, "trusting" that "he" would do all in "his" power to get the licence for a *protégé* who was about to present himself for examination. The Council very properly thought that the condemnation of the proceeding expressed by every speaker would be a sufficient intimation to Messrs. Leslie of the opinion of the Society. We do not think so. The firm is already notorious for its thick-skinnedness, and, no doubt, will think themselves none the worse for their attempt to "square" the examiner.

The New Examinations at the Edinburgh College of Physicians.

AT the last examination held by the College two candidates presented themselves and passed for the membership of this College. From what we have seen of the papers set, and from other sources of reliable information, we are happy to state that the test is a very severe one, and if maintained at its present standard cannot fail to raise the value of the diploma in the estimation of the profession. We may further state for the benefit of intending candidates that the ordinary text-books in use by students are of little value, and that other organs must be carefully studied. The candidate must be prepared with a competent knowledge of the latest advances in medical science, and in no portion of the examination is this more marked than in midwifery, the diseases of women, and gynecology. The cause of this severity may perhaps be due to the fact that the examination is in the hands of the younger Fellows of the College, who seem to think less of enriching than promoting the honour of their College. How long this Utopian state of matters will last it would be ungenerous to ask; we have at present only to deal with the fact, and this we do to prevent disappointment to intending candidates, who, we are sure, will not be few in number when the true value of the diploma becomes recognised. The examinations for the Fellowship of the College of Surgeons are of no mean order, but the system of almost life examinerships maintained in the College, together with the absence of special examiners, must tend to retard the professional appreciation of the Fellowship.

DR. SYDENHAM CHANDLEE has been elected Resident Medical Officer and Registrar to Cork Street Fever Hospital, Dublin, in the vacancy caused by the death of Dr. Maturin.

WE understand that Mr. J. C. Clarke, M.P. for Abingdon, has offered to build, at his own expense, a Cottage Hospital for the borough, at a cost of about £1,000.

THE winter dinner of the Queen's University and Queen's Colleges Graduates' Association, London, will be held at the Café Royal, Regent Street, on Saturday, the 17th prox., Sir William MacCormac, F.R.C.S., in the chair.

DR. HAYES, of Naas, against whom, it may be mentioned, a conspiracy was got up by a party in his Board of Guardians to drive him out of his office by means of trumped up charges, which were investigated and declared untrue, has resigned, and been succeeded by Dr. D. Coady.

ABOUT six thousand persons are believed to have died during the cholera epidemic at Naples, Italy. The notoriously bad hygienic conditions there existing doubtless made the epidemic so fatal. Into many of the streets the sun never enters, so narrow are they, and the buildings so high. Many of the people live in cellars, thousands live huddled together, ten or fifteen in a single room, without distinction of sex, with the most miserable food.

IN the *Centralblatt für Gynäkologie* Dr. Roth regards globus hystericus as due to a paræsthesia of the sympathetic. And as the pellitory root has been found useful in paralysis of the tongue and pharynx, the author was led to try it in globus. He gives from ten to twenty drops of tincture of pyrethrum four times a day. He reports six cases in which he employed it.

IN the principal foreign cities the rates of mortality per week per 1,000 of the various populations, according to the latest official returns, were:—Calcutta 38, Bombay 28, Madras 50, Paris 26, Geneva 19, Brussels 21, Amsterdam 32, Rotterdam 27, The Hague 21, Copenhagen 25, Stockholm 27, Christiania 21, St. Petersburg 28, Berlin 24, Hamburg 26, Dresden 24, Breslau 22, Munich 29, Vienna 24, Prague 28, Buda-Pesth 26, Rome 25, Turin 36, Venice 37, Lisbon 43, Alexandria 32, New York 25, Brooklyn 23, Philadelphia 20, and Baltimore 18.

THE deaths registered last week in the principal large towns of England and Wales corresponded to an annual rate of 24·9 per 1,000 of their aggregate population. The deaths registered in the several towns corresponded to the following annual rates per 1,000:—Birkenhead 26, Birmingham 28, Blackburn 23, Bolton 19, Bradford 20,

Brighton 19, Bristol 25, Cardiff 36, Derby 20, Halifax 22 Huddersfield 22, Hull 27, Leeds 20, Leicester 31, Liverpool 27, London 25, Manchester 30, Newcastle-on-Tyne 27, Norwich 28, Nottingham 22, Oldham 23, Plymouth 30, Portsmouth 21, Preston 34, Salford 22, Sheffield 19, Sunderland 22, and Wolverhampton 30.

The highest annual death-rates from diseases of the zymotic class in the large towns last week were—From measles, 2·7 in Newcastle-upon-Tyne, 4·2 in Leicester, and 12·9 in Cardiff; from whooping-cough, 1·2 in Sheffield, and 4·0 in Wolverhampton; from scarlet fever, 1·1 in Leeds and 2·7 in Halifax; and from "fever," 1·0 in Newcastle-upon-Tyne. The 42 deaths from diphtheria included 26 in London, 4 in Bristol, and 3 in Liverpool. Small-pox caused 48 deaths in London and its outer ring of suburban districts, one in Liverpool, and one in Newcastle-upon-Tyne.

Alexandria has recommenced returning the customary statistics of mortality to the Registrar-General's office in this country, which had been discontinued since the bombardment. If the figures now given—32 per 1,000 of the population—may be taken as a correct index of the death-rate, the sanitary condition of the city has greatly improved under English occupation.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

The Notification of Infectious Diseases in Edinburgh.—From the monthly report of Dr. Littlejohn, the Medical Officer of Health, which was read at the meeting of the Health Committee last week, we learn that the total number of deaths registered in the city during the month of December was 430, giving a death-rate of 20·58 per one thousand of the estimated population. There were 226 intimations of infectious disease made during the month, in terms of the Edinburgh Police Act; and during the past year there were 4,716 cases of infectious disease reported, which were distributed as follows:—Typhus fever 42, typhoid 591, diphtheria 183, small-pox 1, scarlatina 1,423, and measles 2,476. Scarlatina and measles were pretty equally distributed in the Old and New Town, but of the 591 cases of typhoid fever 364 were in the Old Town. It will thus be seen that there were no less than 4,716 cases of infectious diseases notified during 1884, representing in money value, at half-a-crown per case for notification, of £589 10s. This seems to be a good sum to pay for the private information of the Medical Officer of Health. The report further states that during the same period there were 2,476 cases of measles, showing that the disease prevailed as an epidemic during the year. It is surely open to remark that the notification of disease, at least in Edinburgh, does not appear to be able to arrest a threatened epidemic, and it would be interesting to know how many of the notified cases (2,476) were taken to hospital, or how many were *even* visited by the sanitary inspectors, and precautions taken to prevent the spread of the disease. The expenditure of £309 10s. for measles for one year seems, to say the least, extravagant, and should be a warning to other towns to be careful before they adopt a system which appears from the reports of its greatest advocate to be barren of any good results. We certainly for the guidance of other Local Authorities should like to know how many of the notified cases were visited, and how many ended with the clerk who entered the half-crowns against the name of the notifying medical man.

The Glasgow Death-Rate.—Notwithstanding all the energy of the medical officer of health, Dr. Russell, and the adoption of isolation and disinfection in infectious diseases, the health of the city continues to yield most disappointing results. Last year there were 13,929 deaths registered—representing a death-rate of 27 per 1,000 of the population as estimated by the Registrar-General. This was 1 per 1,000 below the death-rate of 1883, 1 above the average of the five years immediately preceding, exactly the same as the average of the 10 years 1874-83, and 4 per 1,000 below the average of the 10 years 1864-73. This, notwithstanding the congratulations of the health officer at the fortnightly meeting held last week, is a very excessive rate as compared with other large towns, and shows conclusively that it is due to natural circumstances and surroundings over which he can have no control. During the fortnight ending 3rd January, 1885, there were 734 deaths registered, as compared with 648 in the fortnight preceding, an increase of 86, representing a death-rate of 37 (36·8) in place of 32½ per 1,000 living. Of that excess against this fortnight, 53½ per cent. was due to diseases of the lungs and 26½ per cent. to zymotic diseases, chiefly measles, scarlet fever, and whooping-cough, the balance being equally divided between the nervous and nutritive diseases special to children, and miscellaneous general ailments.

Handsome Gifts to the Glasgow University.—We understand that Miss Grant of West Thorn, Edinburgh, has offered to the Senate of the Edinburgh University the sum of £1,200 for the foundation of a bursary in the Faculty of Arts, in memory of her father, the lale Mr. George Grant, cotton spinner, of Glasgow. A like sum has been offered by Miss Grant's sister, Mrs. John Mair, of South Dean, Hawick, for a bursary in memory of her brother. The former will be called the George Grant Bursary, the latter the George Grant, junior, Bursary.

Glasgow Royal Asylum for Lunatics.—At the annual meeting of the Governors of the Glasgow Royal Asylum for Lunatics, held on the 15th inst., the report for the past year stated that at the commencement of the year the asylum contained 462 patients of all classes. There had been 233 admissions, 170 discharges (of which 93 were recoveries), and 42 deaths. The number resident at the close of the year was 483. Of this total 281 were private patients and 262 were chargeable to parishes; 93 patients had been discharged recovered during the year, and in addition to these, 40 others recovered sufficiently to leave the asylum and return to their homes. The death-rate had been low, and there had been no serious accident of any kind. The Lunacy Commissioners continue to report very favourably as to the condition and management of the asylum. As this is not a proprietary institution which is expected to yield a profit to the shareholders, the object kept in view in its management is to secure, at a moderate cost to the patients, thorough efficiency in all the departments of the house, so that nothing might be wanting which was calculated to promote the welfare and recovery of the inmates. Various important structural improvements and additions have been made during the year, which involved an expenditure of £720. The funds of the institution, including all sums invested and in bank, now amount to about £18,813.

Epidemic of Measles in Dundee.—Measles are at present raging violently in Dundee, no fewer than 462

cases having been reported in December, as against 227 in November. At the Sanitary Committee meeting on the 13th inst. the extraordinary spread of the disease was regarded as alarming, and it was resolved to apply to the Board of Supervision for their approval of a resolution declaring measles to be an infectious disease within the meaning of the Local Police Act, whereby medical practitioners and householders will be bound to report every case with a view to the disease being checked and stamped out.

GLASGOW DEATH-RATE.—For the week ending with Saturday the 10th inst. the deaths in Glasgow were at the rate of 36 per 1,000 per annum. The week before the rate was 39, and for the corresponding weeks in 1884, 1883, and 1882 the rates were 26, 30, and 27 respectively.

THE FINANCIAL DIFFICULTIES OF THE DUNDEE LUNATIC ASYLUM.—A quarterly court of the directors of the Westgreen Lunatic Asylum was held last week, when it was stated that, towards the relieving the institution from its present financial embarrassment, £2,000 had been raised by public subscription, with which a dividend of 6s. 1d. in the £1 had been paid of all pressing tradesmen's claims, but £5,000 was still required to clear off these debts.

Literature.

TREPHINING FOR TYMPANIC DISEASE. (a)

BY this *brochure*, Mr. Wheeler, of Dublin, follows up the paper read by him last year before the Surgical Section of the Dublin Academy of Medicine. He deals more directly with diseases of the mastoid and its cells, and enforces his observations by pointing out the variability of the extent of these cells which, in some cases, extend even beyond the masto-occipital suture,

He refers, also, to the observation of Hyrtl, that in a few cases the cellular portion of the occipital bone formed an elevation (processus pneumaticus) which is filled with air from the tympanum, Mr. Wheeler enumerates five ways by which suppurative inflammation of the dura mater follows carious disease, and, having narrated three interesting cases, he points out that, according to the statistics collected by Mr. Buck, of New York, and others, the operation of trephining for mastoid disease is a fairly successful one, and, on the other hand, that from the expectant treatment in suppurative inflammation there is little to look forward to but a fatal result. The most important surgical result of Mr. Wheeler's experience and researches is his indication of the most safe and suitable site for the operation of trephining. The site, he says, should be such as to place the lower border of the trephine on a level with the external auditory meatus and anterior to a line dividing vertically the mastoid process. By adopting this course there will be no danger of wounding the lateral sinus, the tympanum and mastoid cells will be opened giving full exit for discharge, the dura mater will be exposed, and should pus exist between it and the cranium there will be ample freedom for its escape. Mr. Wheeler's *brochure* is, we think, a valuable contribution to surgery, and to otology, and will be of special value because it combats the policy of non-intervention, which so seriously endangers life.

Literary Notes and Gossip.

WE understand that Scientific Papers and Addresses of the late Professor Rolleston have been gone over, edited, and arranged by Professor Turner, of Edinburgh, and will be issued immediately by the Clarendon Press. Professor E. B. Tylor will write an introduction.

***

NEW editions have been issued during the past few days of the following:—Macnaughton Jones' Diseases of Women, Prosser James' Laryngoscopy, Burnett's Ear Diseases, Woodhead's Pathology, Kingzett's Nature's Hygiene, Gant's Guide to the Royal College of Surgeons, Heath's Practical Anatomy, Roberts' Urinary Diseases, and Lescher's Recent Materia Medica.

***

WE are to have another year-book in medicine! What with *The Medical Annual*, *Braithwaite*, and the annual retrospects of the various medical journals, the profession ought, indeed, to be well informed. We fear, however, a too bountiful supply of these memorisers will be apt to degenerate into follow-my-leader practice, and induce a universal form of book treatment by no means desirable. Messrs. Cassell are responsible for the new venture, the title of which is to be "The Year-book of Treatment."

***

"BRAITHWAITE'S Retrospect" has now completed its forty-fifth year of publication, the volume just issued bearing the number XC. Its usefulness as a *résumé* of the important contributions to medicine and surgery for the half year with which it deals is so generally recognised that no special notice of it can be necessary. The ninetieth volume in no way falls short of its predecessors in point of excellence, and it fully maintains a well-earned reputation for discriminating selection and careful editing.

***

THE publishers of Quain's Dictionary of Medicine have hit upon a plan to still further popularise that splendid work, by re-issuing it in five-shilling parts monthly. This form of publication is adopted, not to cheapen the price of the work, but to enable students and others who cannot afford a guinea and a-half at once to obtain the book by spreading the amount over a period suitable to their requirements. Manifestly no one part can be said to be complete in itself, and the only thing that can be pleaded in favour of this form of re-issue is expediency.

***

WE regret to hear that American enterprise is not always rewarded with that success in literature which usually follows it in commercial pursuits. Recently the leading publishers have opened offices in this country in the hope thereby of doing a sufficient amount of business to warrant the step. One such has, we hear, already found that the demand for medical literature is so well supplied with English books as not to make it pay to keep offices for the sale of those of American origin, and has handed over his stock to the highest bidder.

***

THE Thruston Prize, given triennially to the member of Gonville and Caius College who has published, within the preceding three years, the best original investigation in Physiology, Pathology, or Practice of Medicine, has been awarded to Dr. Charles Henry Ralfe, for his treatise "On the Morbid Conditions of the Urine dependent upon Derangements of Digestion." Dr. Ralfe, who was formerly physician to the Seamen's Hospital at Greenwich, is an assistant physician at the London Hospital, and is author of the manual of "Clinical Chemistry" in Cassell's series of medical handbooks.

***

THE death of the late Dr. Angus Smith has removed one of the principal pillars of the Manchester Philosophical Society, in the affairs of which he was at all times deeply interested, and it might have been supposed that an effort would be made to secure for this institution a permanent memorial of its President in the shape of the library accumulated by him. The destination of this important collection of works on meteorology and climatology has been settled by the purchase of the library of 3,500 volumes by subscription, and its presentation to the Owens College, where it will remain as a memorial of its former possessor.

***

THE care of babies has of late become quite a fashionable amusement among mothers, and it must be assumed that this growth of maternal solicitude on behalf of the helpless portion of the community has derived an important stimulus from the innumerable "guides" to nursing published in recent months. A good many of these have from time to time been noticed in these columns, some good, a few bad, and many indifferent. The last to hand, however, entitled

(a) "Trephining in Mastoid and Tympanic Disease." By W. I. Wheeler, M.D., F.R.C.S.I., Surgeon to City of Dublin Hospital.

"The Care of Infants," by Dr. Sophia Jex-Blake, deserves to be read with care by young mothers, who will find much in it to assist them in their endeavours to rear strong and healthy offspring.

* * *

THE complications arising out of the regulations applying to the new conjoint scheme of examination in England are, as might be expected, considerable and confusing. Nor is much assistance given to those who make the attempt to puzzle out the meaning of the Committee of Management, whose regulations are worded in the most ambiguous language possible. One thing, however, is now made clear, that members of English Universities who have passed equivalent examinations to the primary of the College of Surgeons at their respective Universities will be allowed to proceed at once to the final examination for the double qualification, on payment of the full fee of thirty guineas.

* * *

FEW of the friends of the late Professor Darling are likely soon to forget the remarkable figure lost through his death. His individuality was most pronounced, and many who appreciated him as much for his happy disposition towards those whom he had once admitted to his friendship as for the eminence of his scientific attainments, will frequently recall the characteristic traits he displayed. Dr. Darling was very fond of puzzling his friends by means of tricks of manipulation, and we always anticipated, and rarely without cause, that we should be taught some new trick by him on his annual visit to these shores. Last summer, however, his principal desire seemed to be to arouse an interest in a very remarkable skull of which he had become possessed, and which presented evidence of dislocation and fractures at the junction of the occiput and spinal column of the most remarkable nature. Dr. Darling then promised that he would write a full description of the specimen for the *Medical Press*, and it is still possible that this may have been done prior to his decease.

* * *

THE forty-first volume before us of Guy's Hospital Reports fully maintains the high standard of excellence which characterise the previous volumes of the series. It contains in all twenty papers, embracing a large variety of subjects, each carefully worked out. Among these we may particularise a valuable monograph on Surgical Affections of the Tongue, by Mr. Thomas Bryant; and the report of a case of "Idiopathic Anæmia of Addison," to which Dr. Pye Smith has added an illustrative commentary, partly summarising what has been already written with reference to this disease, and partly discussing its relation to other forms of anæmia. Tables of selected cases are appended, completing a very comprehensive paper, which will well repay perusal. But perhaps the most interesting feature in the volume is an obituary notice of the late Mr. Joseph Towne, who had been for 53 years modeller to Guy's Hospital. In giving to us a sketch of his life and labours, Mr. Bryant pays a just tribute to the excellence of the man, his modest and unassuming character, as well as to the wonderful mechanical skill, which still speaks for itself in the perhaps unique collection of casts and models to be seen in Guy's museum.

* * *

NEW WORKS AND NEW EDITIONS.—The following have been received for review since the publication of our last monthly list:—Transactions of the Academy of Medicine in Ireland, Vol. II. Nature's Hygiene, by C. T. Kingzett, F.C.S. (2nd Edition). The Ear, its Anatomy, Physiology, and Diseases, by C. H. Burnett, M.D. (2nd Edition). The Story of a Great Delusion, by William White. Nursery Hygiene, by B. B. Joll, M.B. A Popular Treatise on Medical Electricity, by Henry Woodward. Helps to Health, by Henry C. Burdett. The Revival of Ovariotomy, by Sir Spencer Wells, Bart. Spinal Deformity in relation to Obstetrics, by A. H. F. Barbour, M.D. Diseases of the Nervous System, by J. Grainger Stewart, M.D. The Sanitary Record Diary for 1885. A Pharmacopœia for Treatment of Diseases of the Larynx, by G. M. Lefferts, M.D. Pharmacopœia of the British Hospital for Skin Diseases, by Balmanno Squire, M.B. The Harveian Oration of 1884, by J. Russell Reynolds, M.D., F.R.S. Practical Pathology, by G. Sims Woodhead, M.D. (2nd Edition). Text-Book of Human Physiology, by Dr. Landois, Vol. I., Translated by W. Stirling, M.D. The New Chemistry, by J. P. Cooke, LL.D. (8th Edition). Memoria sull' Estrazione Lineare della Cateratta, pel Dottore R. Castorain. Braithwaite's Retrospect of Medicine, Vol. XC. The Care of Infants, by Sophia Jex-Blake.

THE IRISH ACADEMY OF MEDICINE.

A GENERAL meeting of the Academy was held on Saturday last for the purpose of deciding on the following three propositions made by the General Council:—1. That the General Secretary be paid a salary of £100 a year for his services in editing the volume of Transactions, &c. 2. That a number of Honorary Fellowships of the Academy be conferred. 3. That application be made to the Government for a habitation for the Academy in the Museum of Science and Art which is now in course of erection. The first of these propositions was carried by a large majority, but in face of manifest dissent of a not insignificant number of the Fellows present. Almost every one present, we believe, was convinced that, even if a General Secretary was found who would manage the Academy and edit its work gratuitously, it was not likely that he would long continue to give the energy and steadiness to his duties which the prosperity of the Academy would require. Moreover, the opinion was, we believe, quite unanimous that Dr. Thomson, who now holds the Secretaryship, has performed his work thoroughly well, and done every justice to the Academy. Nevertheless, we believe we speak the opinion of the great majority of the Fellows when we say that a commencing salary of £100 was not only more than was wise, but more than the work to be done justified; that the General Council was carried away by the temporary financial prosperity of the Academy, and by a generous feeling towards a popular officer, and that the Fellows assented to their recommendation with many misgivings, and because they did not like to refuse the advice of their own excutive.

The proposition to create a large number of Honorary Fellows was also adopted without any serious expression of dissent. The names recommended by the Council are as follows:—Sir James Paget, Theodor Billroth, Prof. Virchow, Prof. Pasteur, Prof. Charcot, Dr. Austin Flint, Dr. Keith, Prof. Schröeder, Prof. Kölliker, Sir Joseph Lister.

It is, no doubt, quite right that the Academy should have Honorary Fellows, and we do not express any opinion as to whether one or all of those named above were the most worthy of the distinction which might be selected, but we think that the method pursued by the General Council to provide for the election of Honorary Fellows was not calculated either to enhance the honour intended to be conferred or to satisfy the Fellows of the Academy. A "house list" supplied cut and dry to the Academy, and voted *in globo*, can hardly be regarded as a spontaneous tribute of honour to the persons named in it. We do not suppose that any Fellow who was present and assented to the adoption of the list had seriously considered the merits or demerits of any of the persons proposed for decoration, and we think it likely that, if the Fellows had been actually free (as they were theoretically free) to propose and discuss each individual candidate, other distinguished men would have been offered for the approval of the Academy. The General Council would—as we think—have acted with more judgment if they had confined themselves to recommending the Academy to create Honorary Fellows, leaving it to the spontaneity of members to bring forward worthy names.

The proposal to seek a *habitat* for the Academy in the Science and Arts buildings was warmly debated, and, upon a division, lost by a small majority.

Notices to Correspondents.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular* may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean and flat after it has passed through the post.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

E. R. W.—We are in possession of no further particulars relative to the Health Officership at Cheltenham than those stated in the advertisement in our last and present issue. The appointment is a fairly remunerative one (£300 per annum), and would be considered a good stepping-stone to more important and better paid appointments elsewhere.

SURGEON-GENERAL GORDON.—We hope to commence your interesting papers on "The History of Medicine and of Medical Opinion" in an early number.

MR. R. T. L. (Glasgow).—Two Warsaw chemists succeeded some time since in liquefying oxygen by the use of *ethylene*; but M. Cailletet, a French expert, has just found a body having a still lower boiling point than ethylene, and by means of which oxygen can be very readily liquefied. This substance is simply *foremens* or *marsh gas*, which under slight pressure and cooled in ethylene, boiling under the ordinary atmospheric pressure, is resolved into an extremely mobile, colourless liquid, which in passing again into a gaseous state causes such a lowering of temperature that oxygen in its neighbourhood is immediately liquefied.

DR. FITZHENRY.—We are much obliged for the information, and have pleasure in acquainting you with the fact that an examination of the case very fully supports the conclusions arrived at in respect to it. A complete account will be published at an early date.

MR. CUTHBERT.—The omission was very unfortunate in its results, and led to much temporary inconvenience. It was, however, clearly accidental, and notice to this effect has already been given in the necessary quarters.

BRITISH MEDICAL BENEVOLENT FUND.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I have great pleasure in informing you that a vote of thanks for the services you have rendered to the Fund was unanimously passed at the annual meeting (Jan. 15th) of subscribers.

I am, Sir, faithfully yours,
EDWARD EAST, Hon. Sec.

MR. L. C. J.—From the description we should judge the affection to be pityriasis versicolor, and trial of remedies adapted to the destruction of the parasite should be made before resort is had to any more determined or unaccustomed measures of cure.

DR. R. MCC.—We are animated by a single desire to expose improper practices in treating the subject, which is at best an unpleasing one. The information in our possession amply justifies all that we have written concerning it, and all that we yet propose to say. It must be a question for your own decision entirely how far you choose to provide us with the facts you aver that you can give us.

DR. WILMOT (Bradford).—The address stated to have been forwarded in your note has not yet reached us.

DR. DAVISON.—Several manufacturing chemists announce that they are in a position to supply hydrochlorate of cocaine, the price asked being about eighteenpence per grain. Apply to Messrs. Christy & Co., Fenchurch Street, or Messrs. Ferris & Co., Bristol, or other first-class house.

ARTICULUS.—Mr. Henry Morris's book on the Joints, and Mr. Barwell's, on the Diseases of Joints, will probably be found the most suitable for your purpose. The Hunterian Museum at the Royal College of Surgeons of England is the source to which you should apply for the preparations you require.

Meetings of the Societies.

WEDNESDAY, JANUARY 21ST.

HOSPITALS ASSOCIATION.—At 8 p.m., Mr. C. J. Radley, The Relation of the Provident Dispensary to the Hospital.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—At 8 30 p.m., Special Meeting.—Adjourned Discussion on Dr. Percy Kidd's paper on the Distribution of the Tubercle Bacilli in the Lesions of Phthisis.

THURSDAY, JANUARY 22ND.

ROYAL INSTITUTION—At 3 p.m., Prof. Dewar, The New Chemistry.

FRIDAY, JANUARY 23RD.

QUEKETT MICROSCOPICAL CLUB.—At 8 p.m., Papers by Dr. W. B. Carpenter and Mr. F. Parsons.

CLINICAL SOCIETY OF LONDON.—At 8.30 p.m., Dr. Althaus, A Case of Hemianæsthesia from Congenital Brain Disease.—Mr. Treves, A Case of Scrofulous Gland Disease with Phthisis.—Mr. C. J. Symonds, A Case of Stricture of the Œsophagus, illustrating a new method of employing the Œsophageal Catheter.—Dr. Hale White, A Case of Myxœdema, with a Post-mortem Examination.

Vacancies.

Aberdeen Royal Infirmary.—Dispenser. Salary, £100 per annum. Applications, with testimonials, to Mr. W. Carnie, 27 Exchange Street, on or before February 1.

Cheltenham.—Medical Officer of Health for the Borough. Salary, £300 per annum. Applications to the Town Clerk before Monday, Jan. 26. (See advt.)

City of Dublin Hospital.—House Surgeon. Salary, £100, with apartments, &c. Applications on or before Jan. 22. (See advt.)

Doncaster General Infirmary and Dispensary.—House Surgeon. Salary, £100 per annum, with board and residence. Applications, with testimonials, to the Hon. Sec., not later than Jan. 31.

Hertford General Infirmary.—House Surgeon. Salary, £100 per annum, with board and lodging. Applications, with testimonials, to the Secretary, on or before Jan. 22.

Ingham Infirmary and South Shields and Westoe Dispensary.—Senior House Surgeon. Salary, £70, rising by annual increase of £10 to £90, with board and residence. Applications, with testimonials, to the Secretary, on or before Jan. 26.

Naas Union, Newbridge Dispensary.—Medical Officer. Salary, £140, with fees. Election Feb. 5.

Rotherham Hospital and Dispensary.—Resident House Surgeon. Salary, £100 per annum, with furnished apartments and board. Applications, with testimonials, to the Hon. Sec. on or before Feb. 1.

West London Hospital, Hammersmith.—Physician for Diseases of Women. Applications, with testimonials, to the Secretary, by Jan. 29.

Appointments

BARLOW, T., M.D., F.R.C.P. Lond, Physician to the London Fever Hospital.

GULLIVER, G., M.B., M.R.C.P. Lond., M.R.C.S., Senior Assistant Physician to the London Fever Hospital.

HARVEY, J., L.R.C.P. Lond., M.R.C.S., House Surgeon and Secretary to the Scarborough Hospital and Dispensary.

HAW, W. H., B.A., M.R.C.S., L.S.A., House Physician to Charing Cross Hospital.

JOLLIFFE, A. R., M.R.C.S., L.S.A., House Surgeon to Charing Cross Hospital.

MAGUIRE, R., M.D. Lond., M.R.C.P., Physician to Out-patients at St. Mary's Hospital, Paddington.

MARRIOTT, J., M.R.C.S., L.R.C.P., House Surgeon to Charing Cross Hospital.

PHILLIPS, S. P., M.D., M.R.C.P. Lond., Junior Assistant Physician to the London Fever Hospital.

THOMAS, B. W., M.R.C.S., L.R.C.P., House Physician to Charing Cross Hospital.

WALLINGTON, W. T., L.S.A., Resident Obstetrical Officer to Charing Cross Hospital.

WILLIAMS, W. M., M.B., C.M.Glas., Medical Officer for the Pentrefoelas District of the Llanrwst Union.

Births.

LEESON.—Jan. 15, at Collingham House, South Kensington, the wife of Dr. Oliver Leeson, of a son.

MOORE.—Jan. 11, at Coventry, the wife of Milner Moore, M.D., of a son.

Marriages.

IRVINE—HUGGINS.—Jan. 15, at St. Thomas's, Portman Square, London, Robert James Irvine, M.S., M.B., only son of Robert Irvine, Deputy Inspector-General R.N., to Helena Jane, widow of W. Farquhar Huggins, of Limpsfield, Surrey.

ROSSER—CRICKMAY.—Jan. 15, at St. Jude's Church, Kensington, Walter Rosser, M.D., of Croydon, to Edith Maud, youngest daughter of G. E. Crickmay, of South Kensington.

Deaths.

BAXTER.—Jan. 14, at Weymouth Street, London, W., Evan Buchanan Baxter, M.D., Professor of Materia Medica, King's College, London.

HALL.—Jan. 14, at 12 Hampden Street, Nottingham, Charlotte, widow of the late Marshall Hall, M.D., F.R.S., aged 83.

MANN.—Jan. 11, at Warltersville Road, Hornsey Rise, N., John Mann, M.R.C.S., L.S.A.L., aged 82.

NOBLE.—Dec. 12, at his residence, 258 Oxford Road, Manchester, Daniel Noble, M.D., aged 75.

RANDALL.—Jan. 15, at 36 Lansdowne Road, Croydon, Alfred M. Randall, M.R.C.S., aged 34.

TUCKER.—Jan. 13, at Bournemouth, St. George Wade Tucker, M.D., of H.M.'s Indian Medical Service, aged 65.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 28, 1885.

CONTENTS.

ORIGINAL COMMUNICATIONS.

A Series of one thousand Cases of Abdominal Section. By Lawson Tait, F.R.C.S., Birmingham 65

Lettsomian Lectures on Disorders of Digestion: their Consequences and Treatment. Delivered before the Medical Society of London, Jan., 1885. By T. Lauder Brunton, M.D., F.R.C.P., F.R.S., Assistant Physician to St. Bartholomew's Hospital 68

Note on Complete Aspiration. By David Christie, L.R.C.P. Ed., L.F.P.S. Glas., Medical Officer of Rosneath Dispensary 72

A Summary of New Remedies. (Specially arranged for the Medical Press) 72

CLINICAL RECORDS.

Jervis Street Hospital, Dublin—Case of Compound Dislocation of the Ankle-Joint. Under the care of Dr. Meldon, Senior Surgeon. (Reported by Mr. Shuldham Hy. Dunlop, Resident Clinical Clerk 73

SANITARY DEPARTMENT.

Supplement to the Thirteenth Annual Report of the Local Government Board 74

PAGE

TRANSACTIONS OF SOCIETIES.

Clinical Society of London—

Case of Hemi-Anæsthesia from Congenital Brain Diseases 75

A Case of Scrofulous Gland Disease with Phthisis 75

Malignant Stricture of the Œsophagus 76

Sheffield Medico-Chirurgical Society—

Strangulated Hernia 76

Hæmophilia 76

Genu Valgum—Removal of a Wedge of Bone 77

Natural Drainage in Otorrhœa 77

LEADING ARTICLES.

Legal Valuation of Medical Services 79

The Darenth Small-Pox Camp 78

The State of the Army Medical Department 79

The Bacillus Debate 80

NOTES ON CURRENT TOPICS.

Dangerous Lunatics 81

Methyl Iodide 81

The Treatment of Œsophageal Cancer .. 81

Atmospheric Bacteria 81

PAGE

The North-West London Hospital 82

Mysterious Illness 82

Cheap Contract Doctoring 83

Liquor Rewards for Paupers 83

Cocaine in Vaginismus 84

Aconitine for anæsthetising Sensitive Dentine 84

Portrait Group of the Council of the Royal College of Surgeons of England 84

Provident Dispensaries and Hospitals .. 84

The Victims of Dynamite 84

SCOTLAND.

Charge against a Medical Man 85

The Royal Infirmary Medical Society 85

Increased Accommodation for Fever Patients 85

Proposed Extension of Aberdeen University Buildings, &c. 85

CORRESPONDENCE.

How long are Scarlatinal Patients Infectious? 85

Miscarriage of Justice 86

Wood-wool 87

Medical News 87

Notices to Correspondents 88

Original Communications.

A SERIES OF ONE THOUSAND CASES OF ABDOMINAL SECTION.

By LAWSON TAIT, F.R.C.S.,
Birmingham.

The conclusion of such a series affords a suitable time for a retrospect and a critical examination of the results of the work and a consideration of what general conclusions may be drawn from them.

The question of the best anæsthetic for use in abdominal surgery is one to which of course I have given a very large amount of attention, and it is very singular that in the class of drugs, the action of which there can be the least doubt about, we are as yet certainly very unsettled in our views. Like all pupils of Simpson, I began my professional life with a most profound belief in the advantages of chloroform over all other anæsthetics. I have never seen an accident from chloroform, but partly by reason of the fear of inquests and partly by the example and teaching of Dr. Keith, a belief grew in my mind that ether was preferable to chloroform, and at first I had the impression that the sickness after ether was less marked than after the use of its rivals. I was not, however, very long in discovering that ether had special risks for people with a tendency to bronchitis; and later on I discovered, and have already published the fact, that during the administration of ether the secretion of urine is completely arrested. It was subsequently very forcibly impressed on me that for patients with damaged kidneys ether is a dangerous anæsthetic, and although I cannot say that I have seen any fatal results arising from this peculiarity of its action, I certainly have had abundant cause to fear it. My first alteration, therefore, in my views concerning ether, was to limit its application to patients under forty, but even after this I found my confidence in its safety greatly diminished by the fatal occurrence of bronchitis in a case of hysterectomy in a woman aged thirty. In this case the patient's breathing was embarrassed from the moment she recovered from the anæsthetic, her urine was scanty and became ultimately albuminous, and she died on the fourth day from suffocative catarrh, the post-mortem showing that so far as the operation was concerned everything was perfectly satisfactory.

Amongst my other experiences of anæsthetics was the employment of bichloride of methylene and of Richardson's mixture, generally known as methylene ether. The latter is by far the most easy of employment of all the anæsthetics I have seen tried. Patients recover more rapidly from it and seem to be less affected by it than any other anæsthetic; but I had a death from it, and on that account promptly gave up its use. The bichloride of methylene has many advantages, but it has one practical disadvantage that its application requires a special apparatus and an amount of skill in the employment of that which cannot always be had. I have also found that the sickness after it is more persistent and troublesome than after ether or chloroform, and there are some patients who are kept under its influence with very great difficulty. A further objection to it is that it does not keep well, and it certainly is not commonly supplied in a pure condition, so that my employment of it was not very extensive. The last stage of my experience in the employment of anæsthetics is the use of a mixture of two parts of ether and one part of chloroform, given by means of Clover's apparatus. This mixture is rapid in its action, is not at all unpleasant to the patient, and certainly the sickness after it is far less than with anything else I have ever used. I cannot say that I think it more safe than any other anæsthetic, for we may be quite certain that with none of the drugs will there ever be absolute security against accidents, but I have seen no bronchitis after its use; it has no effect in arresting the secretion of urine, and on the whole I am far better pleased with it than any other, and I may say that Dr. Annie Clarke, who has now been my administrator through a very extensive experience, is quite in agreement with this conclusion.

The next point for consideration is an accurate determination of the meaning and application of the term abdominal section, and this is by no means so easy a

matter as might at first sight be imagined. I have gathered from the writings of others that there is by no means a complete agreement on this point, and there are several of my own cases upon whose classification I have considerable doubt. The commonly accepted view is that an operation is not an abdominal section when the peritoneum is not opened, yet there are many operations where this is done that are not, at least so far have not been, classified as abdominal sections. Thus herniotomy, when the sac is opened, would be an abdominal section if this definition were logically followed. The removal of a kidney or the opening of the colon might or might not be an abdominal section by the accidental peculiarities of any particular case. Indeed, numerous difficulties may be raised. Any definition can be objected to, and no hard and fast line can be logically followed, but it seems to me that less confusion will arise upon the discussion of many points if we take the definition I have indicated, and therefore I follow it. The only changes effected by it upon series already published are that a few kidney operations, all successful, are excluded, as are also two cases of removal of extraperitoneal cysts, both fatal operations. The difficulty mentioned in connection with herniotomy does not occur in my practice, as I do not perform such operations save in the umbilical variety, and that operation no one can object to being classed as an abdominal section.

I desire it to be understood, therefore, that in all of the cases in the following analysis of the series, the peritoneum has been involved.

ANALYSIS.

	Cases.	Deaths.	Percentage Mortality.
Exploratory Incisions	94	2	2·1
Cystoma { Parovarian	65	2	3 07 } 8 1
Cystoma { One Ovary	239	26	11· } 8 1
Cystoma { Both Ovaries	101	5	5· } 8 1
Removal of Appendages for Myoma ..	99	7	7·
,, ,, Inflammatory Disease ..	201	10	5·
,, ,, Epilepsy ..	6	0	0
,, ,, Deformity ..	1	0	0
Hysterectomy	54	19	35·7
Opening for Draining Pelvic Abscesses ..	30	0	0
,, ,, Incomplete Operations ..	30	15	50·
,, ,, Cholecystotomy	13	0	0
,, ,, Nephrectomy	3	0	0
,, ,, Nephrotomy	9	0	0
Extra-uterine Pregnancy	11	2	13·
Hepatotomy for Abscess and Hydatids ..	10	0	0
Hydatids of Peritoneum	2	0	0
Tumours of Omentum and Mesentery ..	5	0	0
Enterotomy	8	1	12·5
Adhesion of Intestines relieved	2	0	0
Chronic Peritonitis opened and drained ..	7	1	14·3
Acute Peritonitis	2	1	50·
Umbilical Hernia	4	0	0
Cæsarean Section	1	1	100·
Scirrhus Tumour of Abdominal Wall ..	1	0	0
Suprapubic Lithotomy	1	0	0
Enucleation of Myoma	1	1	100·
	1,000	93	9 3

The first point to attract attention is the general death-rate, 9·3 per cent. Whether this is high or low I cannot say, for no such series has before been published, and, therefore, I cannot discuss it relatively. I think it high, and am perfectly certain that if I live to complete another such series it will have a very much lower mortality, and for two reasons. In the first place, the present series contains my early work, where the want of experience told heavily. A contrast of the results in my first series of fifty ovariotomies (thirty-eight per cent. mortality) with my last three hundred and thirteen (4·80 per cent. mortality), is enough of itself to indicate the terrible influence of want of experience; and though other factors enter into the explanation of this great difference, the influence of inexperience is everywhere visible. In hysterectomy it is very evident, and also in the removal of diseased appendages, but it is most apparent in the marked preponderance of incomplete operations in my early practice. Many operations were then left unfinished which would not be so now, and thereby a heavy item of mortality would be removed.

This quite justifies what I said in my first contribution to abdominal surgery, that in this branch of our art "more I think than in any other in the whole field of surgery, does the personal experience of the operator, gained by failures and hair-breadth escapes, serve him in good stead for his subsequent work."

The second reason from which I predict that my second series of a thousand cases will have a much lower death-rate is that important causes of failure have been absolutely removed by the complete discontinuance of the clamp in ovariotomy and of the ligature in hysterectomy, and cases of all kinds are now operated upon at earlier stages of these diseases than they were when I first began my work, all of which points will be discussed in their proper places.

The first group of cases of which I have to speak is formed of ninety-four exploratory incisions, made for the purpose of ascertaining exactly the state of matters inside the abdomen and settling any doubt as to the diagnosis and prognosis in each case. Ninety-four is a large number, but it must be remembered that years ago I advocated an exploratory incision in preference to a first tapping, and that I have persistently carried out the practice. As I have said many times before, so I say again now, I make exploratory incisions to make sure that I am not wrong, whereas formerly I used to make them only to find I was entirely mistaken. They serve the purpose of complete tappings, and, as the patients almost uniformly recover, they do no harm at all. There are two deaths recorded in this group, but I might have eliminated these two cases with perfect fairness, for one died really of the prolonged sickness after the anæsthetic, a broken-down old woman of sixty, and in the other I passed a trocar into the irremovable tumour, so that the operation was not strictly limited to mere exploration.

In nearly fifty of the cases the exploration has amounted merely to a tapping. Occasionally it was followed by drainage, and in some of these cases results of the most marvellous kind have followed—results which have completely justified the practice. In four cases I have explored the abdomen to see if I could remove the spleen, and in two of these the enlargement of the organ has completely disappeared, and the patients have now perfect health. In one case, resident in London, I opened the abdomen and found a large tumour of the liver, which seemed to me to be certainly malignant. The ascitic effusion has not occurred again, and the tumour now, nearly a year after the operation, is certainly less than half of its original size, and the patient is rapidly getting well. In five cases, where there was a large effusion due to papilloma, mere exploration has completely cured the patients, a singular fact that I have already drawn attention to. It is perfectly impossible to understand this, just as it is perfectly impossible to understand how papilloma in two cases, presenting in detail identically the same characters, is a curable disease in one and a rapidly malignant disease in the other. But of this there can be no doubt now, for my original observation has been fully confirmed by Mr. Alban Doran. Several cases have also been published where pelvic pain has been relieved in a most inexplicable way by mere exploration.

The great advantage, however, of this extended application of abdominal section is most apparent in other groups where tumours have been removed and diseases cured under circumstances apparently hopeless, and when the operation was begun under the belief that nothing satisfactory could be accomplished.

The next group includes four hundred and five cases of cystomata. Of these I have nothing new to say, there is nothing that I have said of recent years that I have to unsay, unless it be that I have an impression that in some previous paper I have said that I never lost a case of removal of a parovarian cyst. I cannot find the statement, but I have a strong impression that I did make it, and now I display a group of sixty-five cases of removal of parovarian cysts, with two deaths. These two cases have been dissected out of my earlier lists, published

before I recognised the importance of separating parovarian from ovarian cystomata. The explanation of the fatalities is that they were clamp cases.

Upon the subject of the clamp, as on the subject of Listerism, I have nothing more to add to what I have already said, and the following analysis of the four hundred and five cases proves as clearly as any figures can indicate a conclusion, that the clamp was the chief cause of my early mortality, and Listerism had little or no influence one way or the other:—

	Cases.	Deaths.	Mortality, per cent.
Clamp (Listerian) ...	36	9	25
Clamp (non-Listerian)	26	7	27
Ligature (Listerian)...	30	2	6·6
Ligature (non-Listerian)	313	15	4·80
Total ...	405	33	8·15
Extra Peritoneal Cases	62	16	25·7
Intra Peritoneal Cases	343	17	4·95

The diminution of mortality, about two per cent., in the group of cases (313) where I used the intra-peritoneal method without Listerian details, when compared with the group (30) where I used the same method with Listerism is in all probability due to increased personal experience. I have only further to say that so far as I am concerned this statement ends all discussion of this much debated subject, unless something should happen to alter my opinions about it. For the present I am tired of wrangling over it.

The third group contains ninety-nine cases of removal of the appendages for the arrest of the growth of uterine myoma and for the hæmorrhage due to that disease; and in connection with these cases it will be convenient to discuss the group of hysterectomies, fifty-four in number.

Nothing could be more startling than the different mortalities of these two operations, and it is only fair to the first of the two to say that five out of the seven deaths occurred in the early part of my practice, and that the other two might very fairly be reckoned on a list of what Mr. Bryant calls "too late" cases. My belief is now firmly established that if this operation were performed as soon as symptoms drew attention to the disease its mortality would be hardly appreciable, and it would restrict the necessity of the terrible operation of hysterectomy to a very small group of cases. I am glad to know that in this view I am supported by Mr. Knowsley Thornton. The operation is very often not an easy one, and in the earlier part of my practice it happened three times that I was unable to complete the operation, one of these cases died. In another, I could neither remove the appendages nor the tumour; it went on growing, and was removed (hysterectomy) somes years after by Mr. Knowsley Thornton, with a fatal result. The third incomplete case died, I am informed, about two years after my attempt, from protracted hæmorrhage.

The ultimate results of about a third of these cases I have already published, and the whole of them will form the subject of a detailed paper when a sufficient time has elapsed to enable me to obtain fair conclusions.

In a recent paper in the *Medical Times and Gazette* (July 5th, 1884), Sir Spencer Wells said that more evidence was wanting on this subject, and that mere vague statements made no impression on a thoughtful and sceptical profession. It is a very remarkable contradiction of Sir Spencer Wells own words, which I have just quoted, that he himself has contrived three separate and wholly contradictory explanations of the fact that the removal of the uterine appendages arrests menstruation, and surely he would not have devised these explanations unless he had accepted the fact. In 1880, he advanced the theory that the arrest was due to the inclusion of the ovarian artery (whatever that may be) in the ligature. In 1881, he produced a dissection at the International Medical Congress, which proved clearly that no human ingenuity could tie this so-called ovarian artery. Finally, in his recent address on "Modern Surgery," (*British Medical Journal*, Nov. 15th, 1884), he tells us that "we have learned that if the ovaries be not completely cleared away—if, having been adherent, they have been twisted or scraped away from their connections and some small portions left—menstruation may afterwards recur quite regularly, even though both tubes have been totally removed." Birmingham certainly was a curious selection for the enunciation of doctrines so old-fashioned as this, displaying as it does a belief in the ovular theory of menstruation, now happily exploded. It is perfectly impossible to argue with anyone in a state of mind like this. I can only quote the words written about it in a pamphlet recently received by me from its author, Professor Reeves Jackson, of Chicago. "Thus it has been urged as a possible explanation that some portion of the ovarian tissues may have been left behind, and that this remaining portion has been sufficient to continue the work of maturing and expelling ovules. Surely the mind which could rest content with such an explanation would be easily satisfied. In refutation of its force it is only necessary to call attention to the obvious anatomical and physiological difficulties involved in the supposition and to the fact that no such condition has been shown to exist in any of the cases under consideration." I can only say that in eleven of my cases there has been complete arrest of menstruation, although I have left either one or both ovaries, being satisfied for one reason or another to remove the tubes only. But on the other hand, there are occasional cases that go on menstruating regularly for some months after both tubes and ovaries are removed. In one case a woman goes on menstruating still in whom both tubes and both ovaries together with three-fourths of the uterus have been absent from her nearly fifteen months. It is perfectly clear that so far as we have gone we have obtained no clear explanation, indeed we have no trace of any explanation of such cases as these. My conclusions so far, already published more than once, with detailed evidence in support of them, are that the ovaries have nothing whatever to do with menstruation, and my experience confirms the views first published by Ritchie in 1842, and republished by him and his son Charles in 1865. It is most singular that these views should be so absolutely ignored by Sir Spencer Wells, seeing that the volume in which they are published is dedicated to himself, and that Charles Ritchie was his assistant for years, and unfortunately died in his service.

It is perfectly certain that the Fallopian tubes have some most especial connection with the function of menstruation, for in the great majority of cases their removal either with or without the ovaries promptly arrests it. In some patients the process is not arrested for many months, as we might expect from the ordinary phenomena of the menopause, and it yet remains to be seen whether there are any cases in which the operation absolutely fails in arresting mensturation. It is perfectly certain that there are some cases in which even when removal of the uterine appendages arrests the function at once and completely, it does not arrest the growth of the tumour. In such an instance I believe the disease belongs to the variety of soft œdematous myoma first described by myself as a special form. I am now watching three cases where the tumours go on growing after complete arrest of the periods by operation, and I greatly fear all three of them will come to hysterectomy. I have already published cases in which this soft œdematous myoma has continued to grow after the normal climacteric change.

I now come to speak of hysterectomy, concerning which I may say at once, it is an operation which I detest. Its mortality is fearful. Sir Spencer Wells has had over fifty per cent. of deaths, and my own mortality has been 35·7 per cent. Bantock has recently had a run

of bad luck; the mortality of other operators is not fully displayed, and Keith alone has had brilliant results. My own heavy bill is chiefly due to deaths from hæmorrhage, which resulted from trying the plans recommended by Spencer Wells with the intra-peritoneal method. All the eight cases in which I tried this plan died, and they all died in the same way, shrinkage of the pedicle, from serous oozing and subsequent hæmorrhage. I tried every device which I could invent and everything I had seen recommended to prevent this accident but in vain. Four deaths occurred in seven cases where I used Wells' clamp; in two cases I used the cautery with one success. In thirty-seven cases where I adopted the extra-peritoneal method with the principle of circular constriction of the pedicle, I have had six deaths, and this is far more satisfactory and promising. There can be no doubt that for uterine tumours the extra-peritoneal method of dealing with the pedicle is the only one admissible. The principle of circular constriction, originally devised by Koeberle and modified by himself, is a most important addition to the details of the operation. The details and methods of operation elaborated by Bantock are, on the whole, the best I have seen; but there is something wanting yet to complete success. Every patient, or at least nearly every one, who recovers from hysterectomy does so, as it were, by the skin of her teeth. These cases never go on straightforwardly to recovery as ovariotomies do. The amount of worry which is given me by every case of hysterectomy, even when successful, is such as to be almost beyond the recompense of any fee, and the disappointment inflicted by every death is quite indescribable.

(To be continued.)

Lettsomian Lectures

ON

DISORDERS OF DIGESTION: THEIR CONSEQUENCES AND TREATMENT.

Delivered before the Medical Society of London, Jan., 1885.

By T. LAUDER BRUNTON, M.D., F.R.C.P., F.R.S.,
Assistant Physician to St. Bartholomew's Hospital.

LECTURE II.

BILIOUSNESS and indigestion are terms which we use so frequently together, and which are so intimately connected, that we do not always sufficiently distinguish between them. Yet it may be worth our while to inquire where the one begins and the other ends, and to ascertain, if we can, what the nature of their connection is.

The condition which we term biliousness is, in all probability, of complex origin. Its name points to the liver as its source, while its close connection with disturbances of the stomach might lead us to ascribe a gastric origin to it. The difficulty we have in ascertaining the exact causation of biliousness is no doubt largely due to the fact that disturbance of the liver affects the stomach and intestines, and disturbance of the stomach and intestines affects the liver. Indigestion and biliousness are, therefore, so closely associated in many cases, that we can hardly say where the mischief began unless we can trace it from the commencement, although in other cases we get a clue to the primary origin of the disease by noticing whether the disturbance of function is greater in the stomach or in the liver.

The close connection between the liver, on the one hand, and the stomach and intestines, on the other, is rendered inevitable by the arrangement of the blood-vessels in them. In regard to the liver, we see that, with the exception of a small quantity which passes through collateral branches, all the venous blood returning from the stomach and intestines must pass through the liver before it reaches the general circulation. Thus, any products of imperfect digestion are likely to affect the hepatic functions, and not improbably to derange them. On the other hand, any hindrance to the flow of the portal blood through the liver will tend to cause venous congestion in the stomach and intestines. On looking at the liver in a post-mortem examination, it seems so hard and firm that we are apt to think that it is not capable of much dilatation and contraction in the living body. But this notion is perfectly erroneous. I have made a number of experiments on the artificial circulation of blood through the livers of rabbits, and have been quite astonished to find what an elastic organ the liver is. When the bottle containing the blood was raised two or three feet above the liver, so as to increase the pressure under which the blood flowed through it, the organ expanded almost like a sponge, and again contracted when the pressure was diminished. We do not usually notice any very great differences of size in healthy livers; but the reason of this, no doubt, is that the pressure of blood in the portal vein is very low, and not liable to great fluctuations. But there was another point which struck me greatly in my experiments. Sometimes the blood would flow very easily through the liver, would, indeed, pour out from the hepatic vein in a full stream as if no obstacle whatever had been presented to its flow through the hepatic capillaries. At other times, however, the flow would be slow and scanty, the blood evidently meeting with great resistance in the capillaries. These two conditions were sometimes found in the same liver at different periods of the experiment, and they appeared to depend to a considerable extent upon the quality of the blood which was circulating. Bearing in mind this power of the liver to obstruct the circulation through it, we can readily see how a vicious circle may be formed—indiscretion in eating or drinking disturbs the digestive processes in the stomach and intestines; the products of imperfect digestion or of decomposition in the intestine being absorbed into the veins pass to the liver, and may there induce an obstructed flow through the hepatic capillaries; the venous blood returning from the stomach and intestines will no longer be able to find an easy passage into the general circulation, and venous congestion of the stomach and intestines will be the result. Such venous engorgement as this will interfere with gastric and intestinal digestion, and this again will react upon the liver. Here, then, is a vicious circle which it is necessary to break. It may be broken in two ways: (1) by fasting, so as to allow time for matters to right themselves; or (2) by the use of medicines, as we shall afterwards see.

In order to form a clearer idea, however, of what is actually going on in biliousness, it may be well to take advantage of that fortunate accident by which Dr. Beaumont was enabled to examine the interior of Alexis St. Martin's stomach, and discover what was going on there. Although some authorities have denied that the state of the tongue is any index of the condition of the stomach, this is not borne out by Dr. Beaumont's observations, for he found that the state of the two corresponded pretty closely. A healthy tongue is of a pink colour, it is very slightly rough, and its surface is moist. The mucous membrane of a healthy stomach is of a pale pink colour, it has a slightly rough appearance, and its surface is merely lubricated by a thin layer of mucus. When it is stimulated by the ingestion of food, the vessels dilate, the colour becomes heightened, and the gastric follicles secrete a clear transparent juice, which goes on accumulating, and trickles down the side of the stomach. From experiments upon animals we know what changes irritation of the gastric mucous membrane will produce. A slight stimulus, as already mentioned, causes the circulation in the mucous membrane to become increased, and gastric juice to be abundantly secreted. This effect may be produced not only by the ingestion of food, but also, though to a slighter and more limited extent, by gentle rubbing with a glass rod or feather; but if the rod be rubbed roughly instead of gently over the mucous surface, an entirely different re-

sult occurs: the vessels, instead of dilating, contract, the stomach becomes paler, and a quantity of mucus is secreted. If irritation be carried still further, the animal shows signs of nausea, and may actually vomit.

In the condition known as biliousness we find several stages upon which the experiments just mentioned throw considerable light. In the first the appetite is increased rather than diminished; in the next stage the appetite fails; and in the further stage nausea or vomiting occur. Even in the first stage, however, it not unfrequently happens that though the appetite is craving at first, a few mouthfuls of food are sufficient to satisfy it, and sometimes the appetite disappears merely at the sight of food, and is succeeded by nausea. In this case it is evident that the increased circulation in the stomach due to the introduction into it of food, or perhaps of the saliva excited by the expectation of food, has caused the condition of the mucous membrane to pass from the first to the second stage.

Let us now see what conditions of the stomach correspond to these symptoms. Dr. Beaumont mentions that on one occasion St. Martin's tongue had a thin whitish fur, and the appetite was craving. On examining the stomach, several red spots and patches abraded of the mucous coat, tender and irritable, appeared spread over the surface. The digestion, too, was slower than usual, and seven hours were required for the gastric digestion of his dinner, instead of four and a half or five hours as usual. In this condition we cannot say that the liver is involved. The stomach is the only organ affected, and the disturbances of its functions are as yet but slight. Here we may say there is indigestion but not biliousness.

Two days afterwards, the indigestion had advanced to the second stage. His usual appetite was gone, the tongue was covered with a thin coat, no longer whitish but yellowish, the countenance was sallow, and on the interior of the stomach there were several deep red patches. A muslin bag which had been introduced with some food in order to test the rapidity of digestion, when drawn out was covered with a coat of mucus and yellow bile. The sallowness of the face, which had now appeared, may be taken as an indication that the liver had become affected, and that biliousness as well as indigestion was now present.

On the succeeding day the coats of the stomach were still unhealthy and of deeper red than naturally, with patches of a still deeper colour, and the mucous covering abraded in places. This deep colour indicates venous congestion and stagnation of blood, and is as different from the increased rosiness consequent upon arterial dilatation and rapid circulation in healthy digestion, as the dusky hue in mitral disease is from the rosy flush of healthy exercise. This venous congestion indicates, I think, that the liver is already becoming affected, and that the impeded circulation through it is beginning to tell on the venous radicles of the portal system. At this time the secretion of gastric juice was very scanty, and the digestion slower, as well as less perfect than usual.

In this instance, the indigestion seems to begin in the stomach, and to involve the liver secondarily; but I am inclined to think, although it is difficult to prove, that there are some instances in which the indigestion may begin in the liver, and involve the stomach secondarily. Such cases I think are met with amongst persons who suffer from malaria. The malarial poison, whether it be a bacillus or not, appears to have a particular power to affect the liver, spleen, and vaso-motor centres. Under its action, the liver may sometimes swell up enormously, and I am inclined to think that it frequently causes an obstruction to the portal circulation, even when the general circulation is unaffected. In such cases, we may expect to find such symptoms of indigestion as would be likely to occur from venous congestion; and this I think is actually the case.

The usual symptoms of indigestion are flatulence, weight in the epigastrium, acidity, and pain; and it may be worth while to try and ascertain the conditions to which each of those symptoms is due.

First of all, let us take flatulence. Flatulence is due to the presence of gas in the stomach and intestines, which sometimes rolls about, producing borborygmi, or escapes upwards and downwards, producing eructations or crepitations. If the pyloric orifice be closed, the gas from the intestine will not escape into the stomach, nor gas from the stomach into the intestine; but if the pylorus be open, gas may pass freely from the stomach into the intestine, and *vice versâ*. An analysis of gas from the stomach shows that it consists to a great extent of nitrogen and carbonic acid, in much the same proportion as the nitrogen and oxygen of air. It is therefore probable that most of the gas in the stomach consists simply of air which has been swallowed, but from which the oxygen has been absorbed into the blood, and has been replaced by a corresponding quantity of carbonic acid. We are very apt to forget that, although the mucous membranes in man are much specialised, so as to perform a particular function most efficiently, yet their power is not entirely limited to the one function. The diffusion of oxygen and carbonic acid just mentioned through the walls of the stomach, shows us that the gastric mucous membrane has, though to a very slight extent, a respiratroy action; and it is possible that other gases may be absorbed, though to a slight extent, by the gastro-intestinal mucous membrane. Indeed, I need not say it is probable, because we know for a fact that sulphuretted hydrogen may be absorbed in this manner. Some authors consider that the gastro-intestinal mucous membrane may secrete gas in large quantities. However, this may be—and I think that it does not occur very frequently—it is probable that an interference with the absorption of gases may be a not unfrequent cause of flatulence.

In patients who suffer from malaria, attacks of indigestion are sometimes preceded, for two or three days, by a tendency to flatulence, without any other symptom. This may simply be due to disturbance of the stomach and intestines alone; but still I am inclined to think that, in these cases, the disorder begins in the liver, and not in the stomach; the portal circulation becoming obstructed first, and the gastric mucous membrane becoming congested secondarily. After violent exertion, such as quickly running up stairs, or trying to catch a train, one may observe that, at the same time that the heart is palpitating rapidly, and the breathing becoming short and difficult, there is a great tendency to flatulence. A similar condition is also found in patients with cardiac disease, and my friend Dr. Mitchell Bruce has called my attention to the frequency with which such patients complain of "heart-wind."

Another source of flatulence is the gas given off from the food in abnormal process of decomposition. The secretion of gastric juice in the stomach is deficient; the food will not be rapidly digested; the secretion, instead of being acid, is nearly neutral, or perhaps even alkaline; and fermentation may occur with evolution of gas. It is evident, however, that a considerable time is required to allow gas to be formed in any quantity in the stomach; and flatulence from this cause will not occur until some time after food has been taken. Gas, however, may pass into the stomach from the intestines, and distend it, if the pylorus be open; and such distention may occur at any time of the day or night, and is not necessarily dependent on the decomposition of food in the stomach.

I am inclined to think, however, that the most frequent cause of flatulence in the stomach is excessive swallowing of air. There is little doubt that boluses of food may be swallowed without air; but some fluids, especially those of a tenacious character, such as pea-soup and saliva, appear to carry down a good deal. Moreover, it appears to me that, when a small quantity of saliva is swallowed at a time, it does not completely fill the pharyngeal cavity; and that air is actually swallowed along with it. This does not matter—probably it is even beneficial—if

it be not carried on to too great an extent. But we can easily see that, if a person goes on swallowing air after a meal is over, or in the intervals between meals, flatulent distension of the stomach may readily be produced. The conditions which give rise to frequent swallowing of air, so far as my observation goes, are—(1) a continued flow of saliva into the mouth; (2) a sense of irritation or tickling at the back of the throat; (3) a feeling of acidity in the stomach: and (4) a feeling of weight or oppression at the epigastrium or across the chest. I mentioned before that stimulation of the stomach produced reflexed secretion of saliva; and, if the mucous membrane is irritable, the secretion of saliva may go on long after it ought to cease, and give rise to frequent swallowing and accumulation of air.

Acidity in the stomach causes frequent swallowing, perhaps because the feeling is momentarily relieved by the alkaline saliva as it passes from the œsophagus into the stomach. A feeling of oppression or constriction across the chest, like a huge iron hand clutching it, is due to irritation of the vagus, as we know from Czermak's experiments. He had an exostosis on one of his cervical vertebræ, and, by compressing the vagus nerve between his finger and this exostosis, he could stimulate it so strongly as to stop his heart. Such stimulation produced also a feeling of constriction, or, as it is well called by the Germans of *Beklemmung*. But irritation of the vagus can be produced in other ways than by compressing its trunk. Depressing emotions, such as sorrow, appear to act on the nerve-centre in the medulla, from which the vagus springs, and it may be stimulated reflexly from many parts of the body, and notably from the stomach. As Kronecker has shown that its action over the heart is temporarily abolished by the act of swallowing, we would natuaally expect any one suffering from the feeling of thoracic oppression or constriction due to irritation of the vagus would swallow frequently, in order to obtain relief. This appears to take place when the irritation of the vagus, and consequent oppression, are caused by grief, so that it has come to be popularly expressed in the phrase "swallowed his grief." So far as my observation goes, frequent swallowing also occurs in cases where thoracic oppression seemed to me to be due to reflex irritation of the vagus from the stomach.

Flatulent distension of the intestines may also be produced by excessive swallowing of air, and provided the pylorus be open, so that the air can pass through it, either temporarily, as when the contents of the stomach are passing out, or permanently, as in pyloric dilatation or paralysis. The enormous distension of the bowels in hysterical cases, and the rapidity with which it occurs, has often been a puzzle to medical men, and has led some to think that the only possible explanation is a rapid evolution of gas from the blood. From the observations of Ebstein and Zeckendorf (*Pathogenese der Bauchtympanie Inaug. Diss.* Gottingen, 1883), however, it seems more probable that the true cause of this enormous dilatation is to be sought in a paralysis of the pylorus which allows the air to pass freely from the stomach into the intestines.

But whilst the air which has been swallowed is probably the chief agent in the production of gastric flatulence, the gases formed by decomposition in the intestine constitute the chief factor in cases of intestinal flatulence. They are found, on chemical examination, to consist of nitrogen, but in smaller proportion than in the gas of the stomach, of hydrogen, of marsh-gas, and of carbonic acid; sometimes, also, there is a certain quantity of sulphuretted hydrogen. Some kinds of food are extremely apt to give rise to flatulence, and an analysis by Kolbe and Ruge (*a*) of the gases passed *per anum* by a man after different kinds of food, seems to show that it is the formation of marsh-gas which gives chiefly rise to the flatulence. The proportion of marsh-gas in their analyses amounted to a mere trace only, on milk diet; to 27·5 per cent. on a flesh diet; but it rose to no less than 55·9 when peas had been used as food. Marsh-gas can only be formed in the absence of air, and so it is not produced in the stomach.

It is sometimes, however, passed in eructations. C. Anton Ewald, (Reichert und Du Bois-Reymond's *Archiv.*, 1874, p. 217) had a curious case under his care, in which the patient was astounded to find, on trying to light a cigar, that inflammable gas was issuing from his mouth. Here, however, there can be little doubt that the marsh-gas was formed in the intestines, and passed through the open pyloric and cardiac orifices into the mouth.

Sulphuretted hydrogen is a product of the decomposition of albumen, and its odour is well known as that of rotten eggs. It is usually found in mere traces, if at all, in the intestine, and sometimes may occur in such quantity as to make the eructations very unpleasant, not only to the patient himself, but to his friends. When such eructations occur persistently, they are generally indicative of serious organic disease.

Another symptom of indigestion is acidity, and this is not unfrequently combined with flatulence. In some cases, as in that curious one of Ewald which I have mentioned, it may alternate with flatulence. As his patient expressed it, "sometimes he had within him a vinegar manufactory, and at other times a gas-work." The difference between these two conditions probably depended on the nature of the fermentation which was going on. As I have said, however, they are frequently associated, and I am inclined to think that a feeling of acidity frequently gives rise to flatulence, because the irritation which it causes in the stomach leads to frequent swallowing of saliva and air. I have said purposely "a feeling" of acidity, because all cases of acidity do not depend, as is often imagined, on an increased proportion of acid in the contents of the stomach, but upon increased sensitiveness of the stomach or œsophagus, or upon some abnormal condition of the cardiac orifice, which allows the contents of the stomach to come more persistently into contact with the œsophageal mucous membrane than they ought to do. The œsophagus is much more sensitive than the stomach, as anyone of you can easily discover for himself. If you will only swallow a bit of hot potato, you will be able to trace its progress right down the œsophagus to the pit of the stomach, and you will be able to ascertain precisely where your cardiac orifice is situated, because at that point the burning heat of the potato ceases to be felt as it drops into the stomach. Now this very point where the hot potato ceases to be felt, is the point where the acidity and heartburn are felt most strongly. A feeling of acidity coming on immediately, or very shortly, after a meal, is usually ascribed to increased proportion of acid in the gastric juice secreted by the stomach; while acidity coming on an hour or more after meals, is usually attributed to the formation of acid from the food by decomposition or fermentation.

There is no doubt that sometimes the contents of the stomach do become strongly acid from fermentation, and the matters vomited will not only burn the throat, but will set the teeth completely on edge, just as drinking a mineral acid would do. The secretion of gastric juice containing an excessive proportion of acid is, however, by no means proven.

It is quite possible that the stomach might secrete an excessively acid juice, but Dr. McNaught (*Medical Chronicle*, January, 1885, p. 330) has shown in a recent paper that, although heartburn and acidity were present to an extreme degree in his patients suffering from irritative dyspepsia, in no case was the acidity above the normal. The same thing has been observed by Professor Talma (*Zeitschr., fur Klin. Med.*, Bd. viii, p. 414) of Utrecht, who has shown that the feeling of acidity may be, and nothing more, a feeling by putting into the stomach of persons who suffer from it an artificial gastric

(*a*) Quoted by Landois. "Text-book of Human Physiology." Translated by Stirling, p. 372.

juice containing only the normal proportion of hydrochloric acid, a proportion so small that, as is well known, it hardly gives an acid taste to the healthy tongue, much less excites any feeling of pain. In these persons, however, this dilute acid caused a feeling of acidity and pain, it is evident, then, that the feeling of acidity in cases of nervous or irritable dyspepsia, which is often great and very painful, which is usually associated with a clean tongue, and often occurs in gouty patients; is dependent upon hyperæsthetic conditions of the mucous membranes, and not upon excessive secretion of acid by the stomach. At the same time, we must bear in mind that there are other cases in which acidity is due, not to hyperæsthesia of the mucous membranes, but to increased formation of acid by the decomposition of food.

The stomach is much less sensitive than the œsophagus, and usually irritation of the mucous membrane in the body of the viscus gives rise to a feeling of weight rather than of pain. This fact seems to indicate that the pain of heartburn is due to irritation of the cardiac end of the œsophagus, rather than of the stomach itself. It not only occurs just at the spot where a hot potato ceases to cause discomfort on its way downwards, but occasionally heartburn may be brought on by certain positions, and relieved by others. Thus, it sometimes happens, that the contents of the stomach causes an acrid burning feeling in the epigastrium when the person is lying down, and especially lying on the back, but the feeling disappears when the upright position is assumed. It sometimes happens, also, that a little escape of flatulence from the stomach will cause the burning feeling to travel up the œsophagus.

Frequently, however, an escape of wind gives relief. It is difficult to determine, with certainty, the cause of this relief, but I am inclined to think that distension of the stomach by flatulence may tend to pull the edges of the cardiac end of the œsophagus apart, and thus expose the sensitive mucous membrane to the action of the acid contents of the stomach. When the distension is relieved, the cardiac end of the œsophagus will close more completely, and thus protect the sensitive surface of the œsophageal mucous membrane.

The stomach itself rarely contracts with such violence as to give rise to pain like that of colic, but it appears sometimes to do so, and then the pain is excessive. The intestines are much more liable to spasmodic contraction, giving rise to the pain of colic.

Another consequence of indigestion, or, perhaps, rather I ought to say, of biliousness, is the occurrence of piles, which consist, to a great extent, of dilated hæmorrhoidal veins; and here, again, it is of great importance to remember that the blood from the intestines, as well as from the stomach, has to pass through the liver on its way to the general circulation. No doubt some of the blood may return from the rectum by the middle and inferior hæmorrhoidal veins, without passing through the liver, but yet so much is returned through the portal vein, that any interference with the circulation through the liver will tell upon the veins of the rectum, as well as those of the other abdominal viscera. In fact, however, that part of the blood returns from the rectum, without passing through the liver, we see a new proof of the important function which the liver exercises in preventing the entrance of poisons into the general circulation. I have already mentioned that the liver has the power of excreting with the bile the poisons which have been absorbed by the portal blood, and also of destroying, to a certain extent, vegetable or animal poisons which are circulating through it. We would, therefore, expect that some of the vegetable alkaloids injected into the rectum would prove more fatal than when taken by the mouth, as they would be able to pass by the lower hæmorrhoidal veins into the general circulation without passing through the liver. This actually appears to be the case, for Mr. Savory has shown that strychnine is more poisonous when administered by the rectum than when given by the mouth.

While a retarded circulation through the liver may give rise to discomfort, and even pain, by causing congestion of the stomach and intestines or by giving rise to piles, it is not without its advantages to the organism; for it is the portal blood and in the liver itself that the process of building up the smaller molecules of peptones and of sugar into the larger ones of globulines and glycogen takes place. If these products of digestion are absorbed in large quantity, and pass too rapidly through the liver, so that they reach the general circulation without undergoing sufficient elaboration, they will either prove injurious to the organism or be excreted as waste products, or both. Indeed, we find this to be the case, for we frequently meet with affections of the respiration, circulation, and nervous system, which actually seem to be due to a kind of poisoning by products formed, either in the intestinal canal itself, or in the blood; and we also meet with cases in which sugar, peptones, and albumen are excreted by the kidneys, instead of being applied to the repair of the tissues. I have elsewhere insisted strongly on the distinction which is to be drawn between glycosuria from the mere presence of sugar in the urine and the disease diabetes. (Article on Diabetes, Reynolds' "System of Medicine," vol. v.) Simple glycosuria may occur in perfectly healthy persons, and, indeed, is much more frequent than people generally believe. If you will examine the urine of several healthy persons a couple of hours after breaksast, it is highly probable that you will find distinct evidence of sugar; for breakfast is a meal at which a much larger proportion of bread is eaten than at other meals, and at which, not unfrequently, a good deal of sugar is taken along with tea or coffee. But glycosuria depending on digestion is a transitory condition, whereas the glycosuria of diabetes is permanent. That glycosuria occurring during the process of digestion and absorption, is due either to some alteration in the circulation of the liver, or else to the absence from the portal blood of bodies which will build up the sugar into larger molecules, appears to be shown by an observation of Lehmann. He found that sugar, injected into the mesenteric veins of a rabbit, during digestion, does not appear in the urine, although the same quantity injected in the same way into a fasting animal would produce glycosuria.

Within the last few years, the occurrence of temporary albuminuria has been shown to be much more frequent than was previously suspected. In some statistics of life-insurance drawn up in New York, (*a*) one out of every eleven healthy persons who applied for life-assurance was found to present traces of albumen in the urine. Some experiments made by Leube (Salkowski and Leube, *Lehre vom Harn*, p. 369) on 119 soldiers showed that in 4 per cent. the morning urine contained albumen, and albuminuria occurred in no less than 16 per cent. after a severe march. The proportion found by the American insurance office is intermediate between the two values found by Leube. It is, I think, considerably higher than what one is accustomed to find in examination of persons proposing for life-assurance in London, but nearly corresponds to the proportion of cases of temporary albuminuria (12 per cent.) fonnd by Parkes ("On Urine," p. 187) in hospital patients.

The prognostic importance of albuminuria is very great, not only in regard to the question of life-assurance, but in regard also to the dietetic and hygienic treatment of the individual. If we were to assume that because albumen is present in the urine the individual iss uffering from serious disease, we should fall into as grave an error as if we were to suppose that every patient whose urine contained sugar was necessarily suffering from diabetes.

As Dr. Warburton Begbie says, "it is surely a satisfactory consideration that a condition of excessive albuminuria—the urine becoming nearly solid on the application

(*a*) Lehmann, *Akadem. Proefschr.*, Amsterdam, 1873. Medical Investigations in Life Insurance, United States Life Insurance Company, 261 Broadway, New York.

of heat and nitric acid—may, after all, not indicate the existence of any structural change in the kidney. (a)

(To be continued.)

NOTE ON COMPLETE ASPIRATION.

By DAVID CHRISTIE, L.R.C.P. Ed., L.F.P.S. Glas.,
Medical Officer of Rosneath Dispensary.

FOR some years past there has been much written regarding the use of the aspirator in cases of pleuritic effusion, and the talent displayed on this subject is creditable to the medical profession; but in using the aspirator there has been one thing omitted that mars or nearly destroys its utility. I have waited more than two years for some one to find it out, but, strange to say, in vain.

The thing is as simple as making an egg stand on its end *when you know it*, and the only mystery about it is that no one seems to have thought of it. I have tried partial aspiration as it is usually performed, and find that the pleural cavity refills in a short time; after complete aspiration it does not. The way it is managed is very safe and simple. I put a broad bandage round the chest that can be laced behind like a corset; then, as I pump the fluid *out*, I press the ribs *in* by tightening the bandage. I think when I do so it is unnecessary for me to explain that I prevent any internal organ from being displaced (at the same time keeping them at a proper pressure), and the ribs by their elasticity from acting as a suction pump to cause a re-accumulation of fluid. I allow the bandage to remain on for some days. Anyone who understands the action of a pump and a syphon requires no further explanation. Many imagine they do, but are mistaken; these I would advise to consult "Ganot's Physics." After a certain amount of fluid has escaped, dragging pains set in. Tightening the bandage instantly gives relief. Alternate aspirating and lacing should be continued until all is removed; then there is likely to be a fit of spasmodic coughing; the patient may spit some frothy mucus tinged with blood, but all such symptoms pass off in a few minutes, and do not return—at least, that has been my experience.

I may add that the needle should be put in at such an angle that, after piercing the costal pleura, the point can be made to touch it again, so that when the pleuræ approach each other the lung may not be wounded; and when necessary the pleural cavity should be made antiseptically clean.

The Mortality of Foreign Cities.—In the principal foreign cities the rates of mortality per week per 1,000 of the population, according to the latest official returns, were:—Calcutta 32, Bombay 26, Madras 44, Paris 27, Geneva 19, Brussels 24, Amsterdam 33, Rotterdam 27, The Hague 29, Copenhagen 28, Stockholm 30, Christiania 19, St. Petersburg 26, Berlin 23, Hamburg 27, Dresden 27, Breslau 26, Munich 30, Vienna 25, Prague 28, Buda-Pesth 29, Trieste 45, Turin 32, Madrid 40, Lisbon 29, Alexandria 34, New York 24, Brooklyn 22, Philadelphia 21, and Baltimore 20.

Odontological Society of Great Britain.—The following Members were elected as Officers and Councillors for the year 1885, on the 12th inst. Those marked * did not hold office last year:—*President:* *C. Spence Bate, F.R.S. (Plymouth). *Vice-Presidents:* T. Charters White (London), George Gregson (London), *Henry Sewill (London), J. T. Browne-Mason (Exeter), Richard White (Norwich), *Andrew Wilson (Edinburgh). *Treasurer:* *James Parkinson. *Librarian:* Felix Weiss. *Curator:* S. J. Hutchinson. *Editor of the Transactions:* J. Oakley Coles. *Hon. Secs.:* David Hepburn, Robert Woodhouse, *Storer Bennett. *Council:* F. Canton, Alex. Cartwright, Chas. S. Tomes, Wm. St. George Elliott, Augustus Winterbottom, *Samuel Cartwright, *A. Morton Smale, *J. Howard Mummery, *Arthur S. Underwood, of London, J. F. Cole (Ipswich), G. C. McAdam (Hereford), W. E. Harding (Shrewsbury), *Robert Reid (Edinburgh), *J. R. Brownlie (Glasgow), J. H. Whatford (Eastbourne).

(a) Albuminuria in Cases of Bronchocele and Exophthalmos, *Edin. Med. Journ.* April 1874; and Begbie's Works, Syd. Soc. Ed., p. 355.

A Summary
OF
NEW REMEDIES.

(Specially arranged and compiled for the *Medical Press.*)

(Continued from page 28.)

FRANKENIA GRANDIFOLIA.

An herbaceous plant growing at the foot of the coast range of mountains, California. N.O. Frankeniaceæ, also known as Yerba rheuma.

Therapeutical uses.—It has been employed as a local application in various diseases, as chronic nasal catarrh, ozæna, gonorrhœa, leucorrhœa, and reports are favourable as to its value. It has also found a use in the treatment of skin diseases, as eczema, lichen, &c. It has also been used internally in diarrhœa and dysentery.

Preparation and dose.—Fluid extract. Used as lotion or injection in many combinations.

℞ Fluid ext. Franken., ʒss.;
Aquæ distill., ʒiiss. Dose 10 to 20 minims.

2. Tincture. Dose 30 to 60 minims.

GARCINIA.

The fleshy fruit from Garcinia Indica, N.O. Guttiferæ, called Kokum butter.

Therapeutical uses.—A white, greasy oil is expressed from seeds, and has been used as a basis for ointments.

HEDERINE.

An alkaloid obtained from Hedera Helix. N.O. Ataliaciæ; commonly called Ivy gum.

Therapeutical uses.—It possesses febrifuge properties, resembling quinine in its action, and has also been used as an emmenagogue.

Preparation and dose.—Hederine, ¼ to 2 grains.

HENNE

The dried leaves of Lawsonia inermis, growing in Arabia. N.O. Salicariæ.

Therapeutical uses.—It has been valued by natives as a stimulant to liver, and for this purpose has been employed in jaundice.

Preparation.—Fluid extract. Dose 5 to 10 minims.

HOANG NANG.

The bark of a creeper growing in China. N.O. Loganiaciæ.

Therapeutical uses.—It has been long employed by the Chinese as a remedy for snake bites, leprosy, and other skin diseases.

HOMATROPINE.

An alkaloid obtained by action of hydrochlorates on benzo-glycolic acid.

Therapeutical uses.—It has been much employed by oculists. In solution it paralyses the ciliary muscles, widening the pupil. Its action disappears in a few hours.

Preparation and dose.—Homatropine, 1-100th to 1-20th grain.

INGLUVIN.

A preparation from the gizzard of Pullus Gallinaccus, the common domestic fowl.

Therapeutical uses.—It is recommended as a substitute for pepsine in dyspepsia, and in the morning sickness of pregnancy.

Preparation.—Ingluvin (Warner). Dose 5 to 10 grains.

KOUSSIN.

An active principle obtained from female flowers of Brayera anthelmentica. N.O. Rosaceæ.

Therapeutical uses.—It has been employed as a remedy for tapeworm; its efficacy has been frequently tested.

Preparation.—Koussin. Dose 10 to 20 grains for adults; 2 to 5 grains for children.

KALMIA LATIFOLIA.

A shrub growing in various parts of Europe. N.O. Ericaciæ, commonly called Mountain laurel.

Therapeutical uses.—It has been recommended in small

doses in the treatment of cardiac complaints, when a sedative action is desired. It is a poisonous narcotic in large doses.

Preparation and dose.—Fluid extract, 2 to 5 minims.

LYCOPERDON.

The common fungus Lycoperdon Clavatum. N.O. Fungi, commonly called Puff-ball.

Therapeutical uses.—It has been re-introduced as a surgical dressing and hæmostatic, having long been a popular remedy for bleeding surfaces. The dusty mass from interior is sprinkled over wounds. Its action is rapid and effective, even in severe hæmorrhages.

LYCOPODIUM.

The yellow spores of Lycopodium Clovalium. N.O. Lycopodiaciæ, commonly called Club-moss.

Therapeutical uses.—It has been employed in treatment of boils and as a remedy in catarrh, dysentery, and leucorrhœa, from its supposed action on mucous membranes.

Preparation and dose.—Tincture. Dose 10 to 15 minims.

MERCURY FORMAMIDE.

A colourless liquid, prepared by treating ethyl formate with alcoholic ammonia; this dissolves mercuric oxide. It must be kept in brown glass.

Therapeutical uses.—It has been recommended by Liebreich as a useful and rapid remedy for syphilis.

Preparation and dose.—One per cent. solution. Subcutaneous use. Dose 5 to 10 minims.

MICROMERIA.

The herb Micromeria Douglasii, growing in California. N.O. Labiatæ, otherwise called Yerba Buena.

Therapeutical uses.—It possesses aromatic and slightly bitter properties, and owing to its alterative, laxative, and tonic action, has been employed in atonic dyspepsia.

Preparation and dose.—Fluid extract. Dose 30 to 60 minims.

MONESIA.

The bark of Chrysophyllum Glycyphlœum, growing in South America. N.O. Sapotaceæ.

Therapeutical uses.—It has been found useful in the treatment of diarrhœa and dysentery.

Preparation and dose.—Fluid extract. Dose 50 to 60 minims. Monesine. Dose ¼ to ½ grain.

MUDAR BARK.

The bark of Calotropis Gigantea, growing in India. N.O. Asclepiadaceæ.

Therapeutical uses.—It has been long employed in India for snake bites and skin affections, and has also been used for epilepsy.

Preparation and dose.—Powder. Dose 5 to 6 grains.

MYRCIA.

The leaves of Myrcia Acris, growing in the West Indies. N.O. Myrtaceæ.

Therapeutical uses.—A volatile oil is distilled from the leaves, from which the spirit commonly known as Bay rum is made. It has been employed as a local application to the scalp for dandriff and other scaly eruptions, and as a wash for tender skins.

Preparation and dose.—Spirit, used externally, either pure or diluted with water.

ŒNOTHERA BIENNIS.

A biennial plant, indigenous to United States, commonly called evening primrose.

Therapeutical uses.—It has been used as a local application. A decoction of the young shoots, has been recommended in skin diseases. It has also been tried in diseases of the respiratoty tract.

Preparation and dose.—Fluid extract. Dose 30 to 60 minims.

WARBURG'S TINCTURE.

A pyrexial preparation, called after the name of the inventor, Dr. Warburg.

Therapeutical uses.—In the *Practitioner*, February, 1877, there is a very good article on this preparation, from the pen of Dr. Broadbent. The following facts are taken from that paper:—Professor McLean made known the following formula as that of this well-known tincture:—

Aloes socot. ciliam.;
Rad. rhei (East Indian);
Sem. angelica.

(*a*) *Confect. damocratis*, ää uncias quatuor.
Rad. helenii;
Croci sativi;
Sem. fœniculi.

(*b*) *Cret. prepar.*, ää uncias duas.
Rad. gentianæ;
Rad. zedoarias;
Pip. bubeb;
Myrrh elect.;
Camphor.

(*c*) *Bolet Caricis* (Agaric), ää unciam.

The above ingredients are to be digested with 500oz. proof spirit, in a water bath for twelve hours, then expressed, and 10oz. of bisulphate of quinine added; the mixture to be replaced in the water bath till all the quinine be dissolved; the liquor when cool to be filtered, and is then fit for use.

(*a*) *Confect. Damocrat.*—This confection, which consists of an immense variety of aromatic substances, was once officinal, and is to be found in the London Pharmacopœia, 1746.

(*b*) Dr. Warburg states that this ingredient was added to correct the otherwise acrid taste of the tincture.

(*c*) This is the Polyporus officinalis, or Ajaric, formerly much used as a drastic purgative and sudorific.

Warburg's tincture has been largely employed in the treatment of malarial fevers, such as occur in India, and has lately been more generally employed in all the fevers—typhus, typhoid, and malignant scarlatina, and in diseases attended by extreme prostration. In neurasthenia it has been recommended in small doses, followed by combinations of the bromides and hypophosphites. It produces profuse perspiration, with fall of temperature.

Preparation and dose.—*Tinctura pyrexialis* (Warburg's) Dose—After bowels have been well acted on, a tablespoonful may be given, and repeated in three hours. No drink is allowed to be given in interval.

Clinical Records.

JERVIS STREET HOSPITAL, DUBLIN.

Case of Compound Dislocation of the Ankle Joint.

Under the care of Dr. MELDON, Senior Surgeon.

(Reported by Mr. SHULDHAM HY. DUNLOP, Resident Clinical Clerk.)

JANE DEVINE, æt. 32, residing in 9 Usher's Quay, widow. On Tuesday, November 4th, while getting off an outside car she missed her step, and having very narrow high heels on her boots, the foot turned and she sustained a compound dislocation of the ankle. She was brought by the police to Jervis Street Hospital, where the Resident sponged the part with carbolic lotion and sent for Dr. Meldon, who enlarged the wound, and having sawn off the external malleolus and sponged the entire wound with carbolic lotion, with some difficuly reduced the dislocation, dressed the wound antiseptically, and applied a Dupuytren's splint.

Nov. 5th.—Morning temp. was 99·2, evening temp. was 100. She was ordered

℞ Tinct. ferri mur., ʒiv.;
Quiniæ sulph. gr. xxxvj.;
Liq. morph. hy dro. ʒiiss.;
Spts. chlorof. ʒij.;
Aquæ, ad. ʒviij.;
ʒss. ter in die.

6th.—Leg was dressed antiseptically and patient free from pain. Temp., M. 99.8, E. 102.

7th—Leg was dressed antiseptically, and looked very well. Temp., M. 101, E. 102.

8th.—Leg was again dressed, and granulations were seen over the bone, and there was no discharge. Temp., M. 101, E. 100·8.

9th.—Wound looked healthy, the exposed portion of bone

showed abundant granulations, and there was a very little discharge. Temp., M. 99, E. 102·2.

10th.—The limb was dressed twice with comp. tinct. of benzoin (1 in 6) and looked well. Temp., 99·8 and 100·4.

11th.—Dressed twice with benzoin and doing well. Temp., 99·8 and 101.

Between this and the 26th the wound was dressed daily and looked well. The temperature never rising above 100. On the 26th the bone was all covered, and the wound looked well.

Case of Fracture of the Leg, with Great Contusion and Dislocation of the Ankle, subsequently becoming Compound.

J. McK., æt. 58, cattle dealer, 52 Manor Street, married, while walking in Abbey Street on the evening of the 14th October, fell, and finding he was unable to rise, called for assistance, and was conveyed to Jervis Street Hospital. On admission he was found to have a fracture of the fibula and a dislocation of the tibia. The leg was set, the dislocation reduced, and the limb put up in a box splint. There was a good deal of contusion about the joint.

On the 24th October the leg was much swollen, and pitted freely on pressure. The inflammation existed up to the knee-joint. On the inside over the ankle a large slough formed, which subsequently came away, leaving the joint open. The limb was surrounded by a charcoal poultice, and suitable internal treatment adopted.

Nov. 2nd.—Dr. Meldon made free incisions into the leg, and ordered the poultice to be continued, and the patient to get—

℞ Tinctura ferri perchlor., ℥ij.;
Quiniæ sulph., gr. xxiv.;
Liq. morph. hydrochlor., ℥ij.;
Acidi phosph. dil., ℥ij.;
Aquæ ad ℥viij.
℥ss. ter in die.

5th.—The abscess was still discharging a large quantity of pus, and the ulcer looked very unhealthy. The abscess was washed out with carbolic lotion (1 in 40), the wound was dressed with the same, and the limb was put up in a Dupuytren's splint. His evening temperature was 100·2.

6th.—Limb dressed as before. Temp., M. 98·8, E. 100.

7th.—Temp., M. 98·6, E. 100.
8th.— „ M. 99·2, E. 99 6.
9th.— „ M. 99·4, E. 100·6.
10th.— „ M. 98·6, E. 99·6.
11th.— „ M. 100·2, E. 99·4.
12th.— „ M. 98.4, E. 100.

13th.—The abscess was discharging about half a pint of pus, and the wound at the ankle was looking much better. The abscess was washed out first with carbolic lotion as before, then with tinct. benzoin co. (1 in 6), and the wound was dressed with benzoin of the same strength. Temp., M. 97·8, E. 99.

14th.—The abscess was only discharging about 2 oz. of pus and the ulcer at the ankle looked very much more healthy. The abscess was washed out, and the ulcer dressed as before. Temp., M. 97, E. 98·4.

15th.—Temp., M. 98·4; E. 98·8.

16th.—There was hardly any discharge from the abscess; the ulcer was much reduced in size, and the opening into the joint much smaller. There appeared to be some union at the seat of fracture. Temp., M. 98·4, E. 99·4. The abscess was washed out as before, so was the opening into the joint, and the ulcer was dressed with iodoform and vaseline (℥ij. to ℥j.).

17th.—Temp., M. 98·4, E. 98·4.
18th.— „ M. 98·6, E. 99·4.
19th.— „ M. 98·6, E. 99.
20th.— „ M. 99·2, E. 99·2.
21st.— „ M. 98·4, E. 98.
22nd.— „ M. 98·2, E. 98·2.
23rd.— „ M. 98, E. 98·6.
24th.— „ M. 98, E. 98·6.

25th.—The abscess was only discharging about a drop of pus, the wound which was looking very healthy, was much reduced in size, and the opening into the joint was very small. Dr. Meldon grafted a piece of skin on the ulcer, and dressed the leg as before. Temp., M. 97·4; E. 99·2.

26th.—The graft has taken, the ulcer is healthy, and the abscess is nearly well. The leg was dressed as before. Temp., M. 98, E. 99.

27th.—The graft and the edge of the ulcer have joined. Temp., M. 98, E. 99.

Sanitary Department.

SUPPLEMENT TO THE THIRTEENTH ANNUAL REPORT OF THE LOCAL GOVERNMENT BOARD.

(FIRST NOTICE.)

THIS important and anxiously awaited volume, which contains the Medical Officer's Report, is replete with instructive and valuable information. It extends over a wide area of work, comprising the record of the public vaccination service of the country, both human and animal, a *précis* of local investigation by the inspectorate, selected reports of unusual interest and ability by the same staff, official memoranda relating to school closure, cholera importation, and the trade in infectious rags, concluding with a full account of Klein's and Burdon-Sanderson's brilliant experimental work, and a paper by Dowdeswell on symptomatic charbon.

Dr. Buchanan reports that only 3·8 per cent. of births registered were unaccounted for as to vaccination during the year, 8·8 per cent. dying during the period they may remain unvaccinated, namely, the first three months of life. He also supplements his previous statement as to the difference in the rate of mortality from small-pox among vaccinated and unvaccinated children by the announcement that the rate amongst the unvaccinated was ten times greater than amongst the vaccinated, which latter were twenty times more numerous. The proportion of escapes from vaccination to the total of births was, as usual, greater in London than the provinces, in the proportion of 5·3 to 3·5. Awards for good vaccination were made to 1,046 public vaccinators. The National Vaccine establishment still continues its distribution of points and tubes charged and filled with human lymph, and similarly the Lamb's Conduit Street Animal Station sent out numerous convoys of calf lymph. Attention is drawn to Mr. Murphy's tour of observation in Holland and Belgium, for the purpose of inspecting the calf stations there, and a judicious amount of self gratulation derived therefrom. An examination by Dr. Page of an allegation against vaccination, with the usual result of complete disproof, is attended with satisfaction. Dr. Buchanan again reports that Dr. Ballard's diarrhœa inquiry is being pursued at intervals, and again we must live in hope of eventually seeing the fruit of the important labours that are now made in this direction. The medical officer discuss in this connection the relation of choleraic diarrhœa to cholera and to diarrhœa; and also refers to the interesting investigations into diphtheria by Drs. Power and Parsons at Hendon and at Devonport, which were shown to depend upon milk-distribution of a peculiar kind. In both of these the hypothesis of a cow-condition suited the facts of the case best, and at Hendon an additional corroboration was afforded by a peculiar condition of ropiness of the milk, combined with unpalatability. These highly suggestive instances form a supplement to Dr. Power's report on scarlatina, in which he started the supposition of a peculiar condition of a recently calved cow endowing the milk with a specific power of disease. The influence of schools upon infectious disease distribution is then adverted to by the medical officer, who relates the conclusions arrived at by Dr. Page in the case of scarlatina, and of Dr. Downes and Dr. Power in that of diphtheria. In the first, concealment of cases first occurred, and then special incidence on school attendance; the schools were closed, and the disease diminished, but on their re-opening, owing to local complaints, the malady got a fresh start and increased in intensity, the incidence and mortality also increasing. In Dr. Downes' report, he clearly shows that school assemblage fostered and spread the disease, and Dr. Power goes even farther in showing at Tichmarsh a fresh infectiveness and more pronounced potency induced by the bringing together of children at school. In the matter of diphtheria, seasonal influence is shown to be a powerful factor, the end of October being especially suitable for the manifestation of the disease. Allusion is briefly made to Dr. Spear's report on typhus fever at Nazareth House, and to the sporadic character of this disease during 1883.

Dr. Buchanan now alludes to the cholera scare of the same

year, owing to its appearance at Damietta and other towns of Lower Egypt, and amongst the British troops there. Important memoranda were issued by the Board to local sanitary authorities throughout the country, but especially to the port and riparian authorities as being more particularly concerned in preventing its introduction. The medical officer alludes to the reported case of cholera in Marseilles in 1883, and laments the absence of systematic record by the Department of the progress of cholera year by year, which he ascribes to the resignation of Mr. Radcliffe (since deceased), and the pressure of work upon a very limited staff. He is seen to clearly traverse the endemic theory of the origin of the 1883 epidemic in Egypt, and hints that the circumstances of the return of pilgrims from Mecca in 1882 had not been thoroughly examined and eliminated. He expresses the conviction that inductive inquiry of the sort carried out so successfully in English sanitary work would have resulted in corroboration of the usually received opinion as to importation, and in this particular mentions the conditions of the Arab villages which contaminate the water supply of Alexandria above its filtration bed, and the presence and meaning of early unrecognised cases at Damietta.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, JANUARY 23RD, 1885.

Mr. A. E. DURHAM, F.R.C.S., Vice-President, in the chair.

DR. ALTHAUS read the particulars of a

CASE OF HEMI-ANÆSTHESIA FROM CONGENITAL BRAIN DISEASE.

The patient was a girl, æt. 11, who was admittad into the hospital for epileptiform seizures, and what had been called paralysis of the left side. There was no inherited neurotic tendency, but she had been delivered with instruments. On examining the side which had been believed to be paralysed, Dr. Althaus found that there was no paralysis of motion anywhere, but complete hemi-anæsthesia from the vertex down to the toes. Sensibility was unduly keen on the right side, and the line of demarcation between the sensitive and anæsthetic zone was sharply defined. In order to show that she felt nothing in the left hand, the patient herself bit and scratched it, run a pin right into the flesh of the hand and forearm, and said she had never felt anything there as long as she could remember. All the various forms of sensation, viz., of contact, pain, temperature, and pressure, were completely lost; and the anæsthesia affected likewise the mucous membranes of the eyes, nose, and mouth. The superficial reflexes were lost, while the deep or tendon reflexes could be elicited. The left pupil was insensible to the influence of light. There was also hemi-anæsthesia of all the nerves of special sense; ophthalmoscopic examination of the fundus of the eye showed the optic disc to be of a pearly white lustre, and the calibre of vessels small. The patient was blind, deaf, and deprived of smell and taste on the left side. There was also ischæmia, as punctures did not bleed, and some ataxy of movement in the left hand. Dr. Althaus diagnosed hæmorrhage in the posterior third of the posterior segment of the white internal capsule in the right hemisphere, affecting only the paths of sensation, but not the pyramidal strands which conduct the power of motion, and are situated more anteriorly in the capsule. He thought the hæmorrhage to be due to delayed birth and instrumental delivery. It would be an absurdity to assume the existence of hysterical hemi-anæsthesia in a newly-born infant, nor could the idea of a tumour be entertained as the degree of the affection had never varied throughout life. The hemi-anæsthesia in this case yielded completely to a single application of electricity, by the proceeding known as faradisation of the skin; and Dr. Althaus explained this surprisingly rapid result by assuming that the clot of blood, which was the primary cause of the affection had been absorbed soon after birth, but had left a condition of functional paralysis in the part originally affected. The suitable stimulus of electricity then overcame the impediment which had so long existed in the conduction of sensitive impressions to those cortical centres by which they are appreciated.

Dr. ANGEL MONEY asked how Dr. Althaus explained the atrophic condition of the left optic nerve, the injury described affecting the posterior segment of the capsule only. In all the cases he had himself seen *post mortem* the cortical lesions were much more pronounced. He thought Dr. Althaus' patient's condition might be associated with the epileptic seizures displayed by the child.

Dr. ADNEY inquired whether electricity restored the sight of the blind eye.

Dr. DAVID LEES wished to know on what evidence Dr. Althaus arrived at the conclusion that the girl had been anæsthetic from birth.

Dr. ALTHAUS said the optic nerve was not actually atrophied, but presented the appearauce of having been long unused. Subsequent examination was prevented by the sudden removal of the patient from the hospital. The father of the child was the informant as to her condition from birth. After full consideration of all the circumstances of the case he—Dr. Althaus—had rejected the explanation of it as a result of cortical injury. Original pressure on the cortex by forceps during labour might, however, account for the epileptic fits.

Mr. FREDERICK TREVES on

A CASE OF SCROFULOUS GLAND DISEASE WITH PHTHISIS.

A female patient, æt. 17, presented a number of scrofulous glands in the neck and axillæ. These swellings had appeared two years previously, and were advancing in spite of all treatment. The lungs were sound. The more prominent glands were evacuated by means of thermo-cautery and scraping, and may be considered to have been cured. In six months the remaining glands were treated in the same way and did well. Two months after the second operation the patient was attacked with pleurisy, internal evidences of phthisis appeared, and the patient died six months after the last surgical procedure. The case raises the very important questions as to how far surgical interference is justifiable in scrofulous gland disease, and to what extent such interference may be conducive to phthisis. In spite of the issue in the present case Mr. Treves argued in favour of operation in properly selected cases. The cases must be carefully chosen. In many instances judicious operations have entirely cured cases that had resisted treatment for years. He quoted the statistics of the hospital at Beck sur Mer, where all scrofulous gland affections are treated by surgical means, and where the results have been most encouraging. Mr. Treves, in conclusion, reviewed the various operative measures adopted in the treatment of these cases.

Dr. BURNEY YEO asked whether bacilli had been discovered in the gland tissue removed. He considered that if all glands so affected were bacillous their being opened would involve serious risk by admitting air to germs needing only such stimulus to be abundantly aroused to activity. In France, recently, considerable discussion had taken place on the relation between tubercle and scrofula, and there a distinction was drawn between tuberculous and non-tuberculous strumous glands.

Mr. GODLEE said that his experience at the Brompton Hospital enabled him to affirm that numerous instances of strumous joints, scrofulous gland affections, and allied diseases presented themselves concurrently with evidences of phthisis among the patients under treatment at that institution, and he thought the association by no means uncommon. Had Mr. Treves made trial of blistering over the glands? He (Mr. Godlee) had found this plan successful. The knife, he considered, ought only to be applied to those cases in which marked adhesions were absent, and in his opinion the thermo-cautery was unnecessary when Volckmann's sharp spoon was employed, the latter being especially applicable to cheesy conditions of glands. In reply to a question from Dr. GLOVER, Mr. Godlee stated that he had encountered cases of tuberculous testicle existing in non-phthisical patients.

Mr. SYMONDS remarked that at a discussion held by the Society some time ago, it was agreed that improvement of strumous subjects followed on the removal of the local mischief, even in those who were distinctly phthisical.

Dr. EWART thought it doubtful whether scooping of the

glands was really an imitation of nature. Entire removal was desirable, so that no focus of future inflammation should be left behind.

Mr. STEPHEN PAGET mentioned the case of a man who was under Mr. T. Smith at St. Bartholomew's Hospital. He was the subject of strumous disease of the right epididymus, and it was decided not to operate on him. After being for a fortnight at the sea-side, the man returned with the testicle also attacked, and sloughing away. Phthisis next appeared, and strumous disease of the left testicle. He was again sent to the sea-side for eight weeks. The phthisis improved, but the disease of the testicle advanced. By latest accounts the man was very ill.

Mr. BARWELL urged the desirability of an understanding as to what were strumous and what tubercular glands. Speedy removal of diseased tissue containing living organisms was to be aimed at, but he thought the fewness of the foci in struma rather militated against the bacillary theory of the affection. He also would like to know if bacilli had been found in the glands removed by Mr. Treves. He thought that glands too far gone for the knife were equally unsuited for treatment by the thermo-cautery. He disapproved the plan of scraping out the glands and leaving their capsule, which often subsequently became the centre of inflammation.

Mr. TREVES said that the process taking place in all strumous glands was tuberculous in a measure, and he characterised four varieties of inflammation which might be distinguished on examination of a large series of cases, viz., (1) A low form of chronic inflammation; (2) Chronic inflammation in the products of which giant cells were to be found; (3) Inflammation resulting in product of a tubercular form; (4) Typical miliary tubercles. The last-named variety of inflammatory change was exceptional, and it was only in it that bacilli were discovered. The difficulty of distinguishing between bacillous and non-bacillous forms constituted the obstacle preventing the true nature of the growth from being ascertained. The experience he had gained while resident surgeon at the Margate Hospital was the basis of his statement as to the infrequent association of scrofula and phthisis. On the subject of blistering Mr. Treves expressed himself decidedly averse to the practice. It led to harm in many cases, and especially when the relations of the affected part rendered extension of the irritation by the lymphatics certain to occur. He employed the thermo-cautery to puncture the skin before introducing the spoon, because by so doing undermining of the skin was prevented as a sequel to operation. Harm had undoubtedly sometimes arisen after incomplete scraping. Mr. Barwell had misunderstood his reference to removal of the gland; this he insisted should only be attempted with the knife when complete excision could be effected. His own experience of scraping, like that of Mr. Teale, of Leeds, was very satisfactory. In treatment rest occupied a most important position.

Mr. CHARTERS SYMONDS brought forward a case of

MALIGNANT STRICTURE OF THE ŒSOPHAGUS,

to illustrate the use of a new form of permanent œsophageal catheter. The patient was exhibited wearing one of the tubes; the latter also were shown. The patient, a man, æt. 40, gave a history of seven weeks' dysphagia before coming under treatment on June 23rd, 1884. At that time he was unable to swallow, and it was impossible to pass a bougie. He, however, on the day of admission, managed to swallow some milk, and in a few days took fluids freely. The first tube was passed on July 15. This was the usual long œsophageal catheter, and projected from the mouth. It proved a source of great irritation, and had to be removed in thirty-six hours. The long tube produced much laryngeal irritation, and by plugging the stricture, prevented the descent of the saliva, and gave rise to constant expectoration. The tube brought before the Society by Mr. Symonds was designed to remove these inconveniences while retaining the advantages of the method of treating œsophageal stricture by permanently wearing a tube. The tube is about 6 inches long; one end expands into a funnel having an outside diameter of ½ to ¾ inch; the other has the same construction as an ordinary catheter. The tube is passed through the stricture, the funnel resting on its upper face, thus preventing the further descent of the tube. For removing it a piece of strong silk is attached, carried out of the mouth, looped over, and fastened behind the ear. These tubes are made of gum elastic. The patient has been wearing the catheter since July 15. They have been renewed at various intervals—at first of a week, and later they have been retained a fortnight and three weeks. No difficulty was experienced in removing them, nor did the patient suffer any inconvenience from their presence. The man can swallow fluids freely, and has gained in weight. The advantages claimed for this form of tube are that, while maintaining a passage into the stomach, it does not interfere with deglutition, produces no irritation, is not unsightly, and, moreover, retains to the patient the pleasures of taste. The man is able to move about with comfort, and except for the silk passing out of his mouth, is not aware of the presence of the tube. It was suggested that if the cases of this disease were taken earlier a large tube might be employed, and the patients kept in comparative comfort, while at the same time the number of cases necessitating gastrostomy would be greatly diminished. It was the desire to avoid this operation, often so unsatisfactory, that led to the construction of the tube. (These tubes are made by Messrs. Down Bros., of St. Thomas's Street, S.E.)

Mr. DURHAM testified to the excellence of Mr. Symond's method as applied to some cases. It enabled the patient to enjoy the pleasures of taste and swallowing, but he thought it would prove inapplicable to cases in which the disease was situated high up, close to or behind the larynx.

Mr. BERRY was of opinion that the method would only apply to cases in which the stricture was low down. He had himself treated three cases of high stricture by means of a soft flexible catheter. He would be glad to know the size of strictures open to the suggested treatment. He thought even tight strictures might be dilated to admit soft tubes.

Mr. SYMONDS said he did not consider his method universally applicable, but he had determined to make trial of it in high strictures when opportunities arose. The smallest tube employed was that equal to No. 8 catheter.

An interesting case of choreiform movement supervening in childhood, and probably congenital, was exhibited by Dr. W. B. Hadden, and the same gentleman, with Dr. Ballance showed a woman with enlargement of the hands and feet and œdema of the face.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

JANUARY 15TH.

Mr. W. A. GARRARD, President, in the chair.

STRANGULATED HERNIA.

MR. ARTHUR JACKSON related a case in which he had operated on Dec. 25th, 1884. There was nothing particular about the operation; the difficulty was in the diagnosis. A scrotum full of something, a special and recent tumour outside the internal ring, spasmodic sickness, no abdominal distension, a good countenance, a quiet pulse, very slight hiccough, were the prominent symptoms in the case. The recent tumour appeared on Tuesday, Dec. 23, late in the evening; the scrotal swelling was chronic. With diffidence herniotomy was performed, and on cutting down upon the recent tumour a port-wine coloured piece of bowel was found very tightly constricted, which was reduced with difficulty.

HÆMOPHILIA.

Dr. GWYNNE introduced a lad, æt. 10, subject to the condition known as hæmophilia. This boy he had known almost from his birth, and had frequently treated for hæmorrhages from his fingers, tongue, nose, scalp, and various other parts of his body, caused by injuries generally of a very slight nature. The right knee was slightly contracted, and the lower extremity of the femur was much larger than its fellow. When about a year old he had knocked it when in bed, and in the morning it was found much swollen; since that time the condyles had become enlarged, and that knee has been weaker, and the hamstring muscles slightly contracted. He was an active boy on his legs, except when suffering from some of the effects of slight knocks. Dr. Gwynne has sometimes counted more than half-a-dozen ecchymoses on different parts of the body. His growth was stunted; his height is only the same as that of his brother, who is two years younger. There was no family

history to account for this peculiar constitutional condition. His complexion is dark.

GENU VALGUM—REMOVAL OF A WEDGE OF BONE.

Mr. PYE-SMITH showed a wedge of bone which he had recently removed from the lower end of a man's femur for the cure of genu valgum. The patient was a cab-driver, æt. 28. He had been admitted into the Public Hospital and Dispensary on account of a partial dislocation outwards, and into its inner edge of the left patella. This was reduced under ether by flexing the knee, and the osteotomy had been subsequently performed to remedy the knock-knee. The degree of deformity was very great, the legs forming an angle somewhat greater than a right angle when the knees were placed together in bed. A wedge of bone was removed by means of a small saw from just above the condyles of the left femur, the apex of the wedge having an angle of about 40°. Listerian antiseptic precautions and dressings were employed. The case is progressing favourably, and it is intended soon to operate on the other limb, which is equally affected.

NATURAL DRAINAGE IN OTORRHŒA.

Mr. C. ATKIN read a paper upon this subject, which we hope to print in full in an early number.

REGISTERED FOR TRANSMISSION ABROAD.

The Medical Press and Circular

Is published every Wednesday morning. Price 5d. Post free, 5½d.

POST FREE TO ANNUAL SUBSCRIBERS . . . £1 2 0
„ IF PAID IN ADVANCE 1 1 0

Post-office Orders and Cheques to be drawn in favour of—
A. A. TINDALL, 20 King William Street, Strand, London, W.C.
A. H. JACOB, 3 Molesworth Street, Dublin.

Agents for Scotland:—
MACLACHLAN and STEWART, South Bridge, Edinburgh.
A. and W. STENHOUSE, Hillhead, Glasgow.

Sole Agent for the Continent:—
JOHN F. JONES, 31 Bis, Rue du Faubourg Montmartre, Paris.

ADVERTISEMENT SCALE—Whole Page, £5 0s. 0d. Half Page £2 10s. 0d.; Quarter Page, £1 15s. 0d.; One-eighth Page, 12s. 6d.

Small Announcements of Practices, Assistancies, Vacancies, Books &c., of Seven lines or under, 4s. per insertion; 6d. per line beyond

Considerable reductions are made from the foregoing Scale when orders are given for a series of insertions. Letters in this department should be addressed to the Publishers.

SUBSCRIPTIONS FOR FRANCE are received by Messrs. BAILLIERE, Rue Hautefeuille, Paris—post free in advance, £1 8s. 6d. per annum.

SUBSCRIPTIONS FOR RUSSIA are received by Messrs. RAJCHMAN and FRENDLER, 18 Senatoren Street, Warsaw—post free £1 5s. 0d. per annum.

SUBSCRIPTIONS FOR THE UNITED STATES are received in New York by Messrs. WILLMER and ROGERS; Philadelphia, by Dr. BRINTON: post free in advance, 5¼ dollars (£1 8s. 6d.) per annum; or direct from the Offices in this country for the same amount, if remitted by International Post-Office Order.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 28, 1885.

LEGAL VALUATION OF MEDICAL SERVICES.

THE questions which have long been disputed between medical practitioners and the legal authorities to whom is entrusted the function of fixing fees for medical services and medical testimony, are fast approaching a condition of warfare, in which the profession will be obliged to stand out—so to speak—on strike against the arbitrary and most unjust valuation which these legal functionaries please to put upon their services. The attention of the profession has been within the last month very forcibly directed to this subject by Dr. Cruise, the President of the King and Queen's College of Physicians, who, in his opening address to the Medical Section of the Academy of Medicine, took occasion to point out that the Court of Chancery was in the habit of arbitrarily reducing the fees for which he and other physicians had bargained when they were retained to visit lunatics or other patients within the control of the Court. He cited three cases within his own practice in which, though his services had been retained by order of the Lord Chancellor, his perfectly legitimate, and—we think—too moderate, fees were cut down by the taxing master without any apparent reason. Dr. Cruise's observations have reference to his services rendered as a practitioner, but the recent proceedings of certain judges with reference to medical expert evidence in the law courts illustrates still more forcibly the injustice which medical men may suffer by reason of the assumption by the legal authorities of the right to value to their own taste the services and skill of our profession. Previous to the year 1882 a medical man called to testify in a civil suit could stipulate with the person who retained his services for his fee, and, whatever that fee might be, it should be recouped to his client by the opposing litigant as part of the costs following upon the gaining of a favourable verdict. There was, in fact, no limitation to the amount of the fee save the bargain with the retaining client and the reasonable discretion of the taxing master who was empowered to disallow a part of the fee if it should be obviously exorbitant. Ireland was, in fact, in exactly the same condition as England is at present on this question, and no one complained, as far as we are aware, of any abuse of the system, or of any hardship to litigants arising therefrom. In July 1882, however, the judges, acting upon the passing of the Irish Judicature Act, either took upon themselves or were called upon to fix, a schedule of fees for all sorts of witnesses, and *inter alios* they fixed for medical witnesses the preposterous sum of £1 1s. 0d. per day for attendance at court within five miles of the place of residence for giving expert evidence, and they made the order that in taxing costs the taxing master "should have regard" to this scale. The effect of this order has been seriously felt for the first time in the trial of the case of Vass *v.* the Wicklow railway, recently reported in our columns, in which the plaintiff sued the company for personal injuries. His solicitor retained the services of the surgeons who had attended him, and another surgeon as an expert in spinal injuries, and when the amount of the fees to be paid was named by the witnesses so retained it was fully acquiesced in. The suit was tried out; the plaintiff recovered damages, though not as much as he expected, and the costs came up for taxation. Thereupon the taxing master, without inquiry or parley, and without any apparent reason whatever, reduced the £10 10s. fee which had been named to £3 3s. In other words he decided that if the

plaintiff paid £10 10s. he must pay £7 7s. of it out of the damages, and that the railway company whose negligence caused the injuries, should not be asked to pay more than £3 3s. to the medical experts whose opinion was necessary for the information of the jury.

This is, from our point of view, a monstrous proposition, and we trust that those whose duty it is to guard the profession against such invasions of its rights will not cease from agitation until it has effectually prevented the recurrence of such a proceeding. We insist that neither the judges nor any other person have a right to put a valuation upon the expert services of a professional man, which are strictly his own property, and not to be had except as he may please to sell them. It is, of course, their legitimate function to ensure that an unsuccessful litigant shall not be burthened with exorbitant expenses of witnesses, but in this, and in almost all cases, no suggestion has been made that the medical witnesses were more numerous than was needful to prove the case, or that the fees demanded by them were in excess of those which their professional position warranted or their services had legitimately earned.

It is hardly necessary for us to point out that the effect of the judges' order must necessarily be to deprive poor litigants of the advantage of that class of medical evidence in which a jury will be likely to place confidence. It is not likely that they will be willing to incur heavy costs which, whether they be successful or not, they will probably be unable to pay, and it is quite certain that solicitors will not retain medical testimony on their behalf unless money down is lodged to cover the outlay for fees, or substantial security is given for payment. Thus the effect of the judges' order must be to give rich suitors all the advantages over poor ones which abundant medical testimony of the highest quality can give them.

These are considerations which, we think, if properly brought under the attention of the judges to convince them that the strict line which they have drawn is altogether an unwise limitation, and we hope that the colleges and others organisations which represent medical interests will take immediate steps to remind the judges of this fact. But if they cannot be brought to see the wisdom of the rule they have made, it is plain that the profession must protect themselves by refusing, under any circumstances, to express an opinion on a case or to enter court without receiving their fee in hand, or an unqualified guarantee for its payment in full by the person who retains them. If the law cheats them they will have to treat the law as they would treat any other cheat, by giving it no trust, and it must be, under these circumstances, fully understood that any physician or surgeon who parts with his valuable stock in trade without having secured the price of it, will have himself to blame, and need expect no sympathy if he is "done" by the taxing master.

Such a relation between the medical and legal professions would be very regrettable, but it is unavoidable if the recent judges' order is maintained, and, for its creation, no one is to blame but their lordships who have enunciated the principle that a suitor is not entitled to such evidence as may prove his case out of the pocket of the person who has wronged him.

THE DARENTH SMALL-POX CAMP.

THERE has been considerable stir recently concerning the management of this institution, and the treatment of the patients who have been compelled, *nolens volens*, to spend some time thereat. It may be explained, by way of preface, that the Camp forms part of the system of isolating small-pox patients that is now being carried out by the Metropolitan Asylums Board, the inhabitants of it consisting for the greatest part of convalescent (but still infectious) cases which have been transferred hither from the land hospitals, the numbers of which are restricted to an absolute maximum of 30, or from the hospital-ships *Atlas* and *Castalia*, moored off Purfleet, which themselves receive mild cases from town, and partially-recovered severe cases. Once a patient, owing to the misfortune of his being attacked with small-pox, enters a land hospital or one of the ships, he is obliged to acquiesce in his own transference to the Camp, as he forms but a unit in a system, and his residence is determined by the progress of the epidemic, the crowding of other institutions, and the like. So that it is more than ever right that one who has been so regarded and handled should be treated with especial care and consideration at his final place of abode. The controversy sprang up, if we remember rightly, with letters in several lay journals, and one Sunday paper in particular, and has been throughout characterised by positive assertion on the one side and as flat contradiction on the other. Charges of mal-administration of a most serious nature, amounting to actual cruelty, were made by discharged patients, involving bad feeding, imperfect clothing, deficient bathing and excremental facilities; others complained of the bad company they were obliged to associate with. On the other hand, other discharged patients wrote letters laudatory of their treatment whilst under canvas, directly traversing the above charges, and parents who became alarmed for their children who were there made the journey to the Camp, demanded admission, and after careful inspection found everything clean, abundant, and comfortable, and their children happy and contented. The newspaper war continued for some time, and when it was found that leading daily journals were publishing violent denunciations, it seemed high time that the authorities of the Board should make some sort of reply. This was done at first in a mild manner by Sir Edmund Currie in letters to the papers denying *in toto* the charges made, and challenging inspection. In the meantime, a curious episode occurred. At a meetiug of the St. Pancras Vestry, a Mr. Robinson, member of the Vestry, and also member of the Camp Committee, made some highly sensational remarks in practical acquiescence of the complaints which had been made against his own Committee, said to have been derived from personal inspection. This, of course, gave great colour to the indictment of public opinion against the Asylums Board, and drew Sir Edmund Currie to his feet, who at a meeting of the Board, went carefully into the various details of the charges, and clearly showed that they could not have occurred. Amongst other

points, it may be noted that the statement was made that there were only three water-closets in the Camp, whereas it was shown that the conservancy is not by water at all, but by dry earth, the closets of which exist in abundant adequacy. And so with other matters, as of milk-supply, bathing, &c. Mr. Robinson, thus nonplussed, fell back upon the refuge of the makers of reckless assertions—viz., mis-reporting, in his case conveniently aided by the deafness of the reporter. It is to be hoped that by this time Mr. Robinson has returned to the obscurity from which he temporarily emerged, and that his transient publicity will be associated to him with remembrances of unconsidered speeches and disloyalty to his fellow-managers. At this stage Dr. Ince, a retired Indian medical officer, who had obtained practical acquaintance with camp administration during his twenty years' service, made an unexpected and impartial visit to Darenth, and the result of his examination of the place and its arrangements is before us. Dr. Ince speaks highly of the site of the Camp, of the structure, ventilation, and warming of the tents, of the nature of the beds and bedding, and the clothing of patients. He found the patients enjoying a most ample and palatable dinner, and found the diet scale most liberal; the only matter he regretted was the cremation of large remains of joints, which he was assured was unavoidable. On visiting the kitchens, store-rooms, laundry, &c., he found the machinery and apparatus modern and efficient. There was abundance of soap and of water, laid on to admirably clean and comfortable baths. Dr. Ince also speaks highly of the system of dry-earth disposal of excreta in use there, and of the subsoil drainage. He was also fortunate in witnessing the arrival of a batch of convalescents, who seemed well clad and cheerful, and further, after personal interviews with many of the patients, elicited nothing but feelings of gratitude and contentment.

After this report we cannot but conclude that the charges against the authorities of the Camp either proceeded from disaffected grumblers, or were prompted by the interested opponents of the Board, who are ever on the alert to thwart their highly creditable and thoroughly well-intentioned endeavours to carry out a most arduous and unpleasant duty.

THE STATE OF THE ARMY MEDICAL DEPARTMENT.

The administration of the Medical Branch of Her Majesty's Army by the War Office and Horse Guards appears to have reduced that department of the Service to a very strange condition. We are—except for a comparatively insignificant campaign, which does not put any serious strain upon the medical organisation—at peace with all the world, and therefore our army doctors ought now—if ever—to be plentiful and at leisure. But what is the fact? So scanty is the supply of medical officers at present that, notwithstanding that they are overwhelmed with multifarious duties and worked like packhorses, it has been necessary for the military authorities to invoke the aid of civilian practitioners for the discharge of all sorts of military duties. Not only is this so, but the selection of these practitioners has been made without any sort of regard for their qualifications for office, and in such a manner that one would suppose that the authorities were driven to desperation in the effort to meet the ordinary daily requirements of the Service.

From Dublin a few weeks ago half-a-dozen civilian practitioners were so selected—not openly—not upon competition—not even after advertising—or, in any other way, placing the appointments at public disposal. The word was passed "on the quiet" to one or two chosen medical grinders and hospital teachers, and from the secret lists of their apprentices and pupils supplied by these gentlemen the half dozen elect were nominated. Moreover, of the six so appointed, only three were qualified in conformity with the regulations, the remainder being put in charge of the sick soldier with a single qualification only. This state of affairs occurring in the "piping time of peace," has attracted the attention of the *Army and Navy Gazette*, which devotes the first leader in its issue of the 10th inst. to the subject.

"Such a condition off affairs (says the *Gazette*) is disgraceful, but the cause is not far to seek. Twenty years ago the Medical Staff of the Army was nearly 1,150 strong, and since then all the old Indian regiments of cavalry and infantry, and the brigades of artillery have been taken over by the British Medical service. Yet with these increased duties, the strength of the Department has been reduced by nearly 300 officers. In addition to this, owing to the cheese-paring policy of Mr. Cardwell, the Militia Medical Department has been abolished, and there are now on the list only a few officers left, most of whom are elderly men, and who cannot be relied on in the event of an emergency. There is practically no medical reserve of any kind, though nominally there is a list of officers on half-pay liable to be called on to serve up to fifty-five years of age. Of this number a considerable portion are already employed in charge of brigade depôts, and of the remainder but a very small fraction would respond to a recall to the ranks of the Medical Staff. Some are sickly, others living abroad, several in the Colonies, and probably not half of those on the Reserve List would be really efficient for duty. The lesson taught by our present position is one that ought to be at once taken advantage of. If the state of the medical service is bad as regards officers, what must we say when we look at the condition of the Medical Staff Corps? It will scarcely be credited that at this present moment there is not a single military hospital in the United Kingdom that has a staff of trained orderlies. We can at this moment point to station hospitals in which there is not one man of the Medical Staff Corps for duty in the wards. The nursing of the sick and the hospital duties is being carried on by privates of the different regiments in the garrison. There is no question but that the whole organisation of the Army Medical service requires reform, and should we unfortunately have to go to war with a European power we fear the disaster of the Crimea would, with our present system, be repeated. Medical officers are leaving the army in considerable numbers, driven to retire through ill-health, in many cases contracted on active service; and as the home roster now never runs to two years they find themselves under orders for foreign service before their

health has been restored. The remedy for this state of things seems obvious. First, the strength of the Medical Staff should be considerably increased; next, a Medical Reserve should be established; third, Militia medical officers should be re-appointed. The Medical Staff Corps should be at once recruited to its proper strength, and an efficient reserve of Militia Medical Staff should be organised. The present medical service of the army is barely sufficient for the home duties in peace; and in the event of a European war the whole fabric would collapse like a house of cards."

THE BACILLUS DEBATE.

THE tenour of the remarks of many of the speakers at the special meeting of the Medical and Chirurgical Society of London, held last Wednesday, caused no little surprise, and points to the fact that the importance previously attached to the presence or absence of bacilli is now less strongly insisted on by many observers. Dr. Kingston Fowler having stated that there was evidence in favour of the view that the specific poison was taken in by the respiratory passages, proceeded to say that experience, however, showed that there was little danger for a person, not of phthisical family, in associating with phthisical patients, while the opposite was probably the case with persons who did belong to such a family. There would seem to be three factors in the production of the disease, namely, the seed of the disease (probably the bacillus discovered by Koch), a suitable soil, either hereditary or acquired, and the condition of the patient as to susceptibility, a condition which varied with the age and other circumstances. Dr. Drysdale, too, though regarding the bacillus as pathognomonic of tuberculosis, fully recognised that other factors, such as hereditary predisposition, played an important part, and Dr. Percy Kidd himself, while believing in the necessity of the bacillus in the development of tubercle, admitted that other factors also must be present. All this of course opens up the old ground and drives us back once more to the question of the hereditary predisposition and the susceptibility of the patient. The case might be stated in another form. To the question whether the bacillus is the cause of phthisis many would unhesitatingly reply that it is not necessarily so any more than *any other* minute irritant which might be supposed to be an *indirect* cause. Bacilli might be derived from each of two persons. the one apparently healthy, the other consumed by tuberculosis; the former might be regarded as an unfavourable, the latter as a favourable ground for the propagation of these micro-organisms. In the first case there would be a barren soil. in the second case a marked receptivity on the part of the patient for these particles. It is this element of receptivity, the idea of which cannot be clearly conveyed by words, that physicians attempt to imply by the term "tubercular diathesis." Indeed, in a certain sense, the propagation of bacilli might be regarded, not as a cause of phthisis, but rather as the fruits and consequence of a phthisical soil. Dr. Coupland reminded us that Koch had found bacilli not only in tuberculous masses in different parts of the body, but also in caseating glands, in caries of the carpus, tarsus, &c., and in lupus. If this is so it may well be asked how bacilli come to be pathognomonic of tubercle. Dr. T. D. Acland plainly stated that in some cases in which innumerable bacilli had been found in the sputum, none were discovered in the tissues, and, further, that the same negative results respecting the tissues had attended his researches in cases of undoubted tuberculosis (an experience in which Dr. Percy Kidd had shared), although similar manipulations had shown large masses of bacilli in specimens from *perlsucht*. He referred also to failures to discover the bacillus in tubercular choroiditis. He admitted that the methods of staining were not satisfactory, and he alluded to the fact that the bacilli of leprosy and those of glanders stained in the same way. This admission was endorsed by Dr. Percy Kidd in his reply to the previous observations of Dr. Wilson Fox. Dr. Acland inclined to the view that there is no direct correspondence between the number of bacilli and the amount of the lesion. Dr. Heron, on the other hand, regarding the occurence of these organisms in the sputum as a matter of great importance, states that the fewer the bacilli the better the prognosis, and the larger in number and the more aggregated they are found to be, the more rapid is the course of the case. While Dr. Acland had invariably found bacilli in the tissues when the lesions had been exposed to the air, though they were absent from those cases to which the air had not had access, Mr. Macnamara, on the contrary, brought forward evidence to show that the admission of air was not essential. He gave the details of a case in which the formation of abscesses, in connection with the femur, had necessitated amputation. The pus in the medulla of the bone was crammed with bacilli, although there was no sinus nor other communication with the atmosphere. A remarkable feature in connection with this case is that the patient not only made an excellent recovery, but he is still alive and well, and in possession of a sound pair of lungs. Mr. Macnamara believes that bacilli are not found in strumous disease of bone; furthermore, that struma and tuberculosis present other points of difference.

Though the debate on the tubercle bacillus which is now closed has not added much to our previous information respecting the etiology of phthisis, it has strengthened our views as to its unity, and it has brought out the expression of many opinions on the specific nature of tubercle. On the other hand, it has shown that the bacilli cannot be regarded as the index of tubercle so long as there remains the fact that these organisms are undiscoverable in many cases of acknowledged tuberculosis, since, in the absence of the discovery of the bacillus, as Dr. Bernard O'Connor pointed out, all cases, prior to a post-mortem examination, would be of doubtful character.

DR. J. A. FLEMING is about to give at University College, Gower Street, a course of lectures on "Modern Applications of Electricity in the Art." The lectures will be interspersed with practical demonstrations.

Notes on Current Topics.

Dangerous Lunatics.

A STRIKING illustration was given in Dungarvan a few days ago of the difficulty which attends the recognition of dangerous lunacy, and of the perils which will have to be encountered when magistrates are made, as some enthusiastic reformers desire them to be, the supreme judges on questions of mental disease, with power to set aside the deliberate opinions of medical men. A young woman was brought before the magistrates there, and was certified by the medical officer of the workhouse of which she was an inmate to be a dangerous lunatic, the master of the workhouse giving corroborative testimony, and stating that she had bitten two nurses, and that he apprehended serious consequences if she were not sent to an asylum. As, however, the young woman evidently during a temporary lull in her excitement displayed self-possession in court, and talked correctly and coherently, the sapient magistrates, in spite of the warning given, remanded her to the workhouse for a week. What might have been expected followed, namely, a violent outburst of maniacal excitement, during which she played havoc around her. After pacing up and down the room for some time like a tigress, she made an attack on the other women who were with her, who rushed out in terror, upon which she took hold of her illegitimate daughter, a girl of ten years of age, and forced her on the fire, holding her by her legs with her face upon the blazing coal. The screams of the child, who was making frantic efforts to escape, brought the master on the scene. He tried to rescue the child, but the mother held her firmly on the fire, at the same time making desperate efforts to insert her teeth in his face and throat. Suddenly she loosened her hold on the child, and taking up a heavy coal-box, hurled it at the master's head. It struck him on the arm, and partly disabled him. Eventually the woman was secured, the aid of two male inmates having been obtained, and she was then sent off to the lunatic asylum. Had she been sent there at once in accordance with the advice of those who were best acquainted with her real condition, and were not deceived by her demeanour in court, this terrible scene might have been avoided, and her daughter saved from injuries of a fearful description to her face, side, arms, and throat, which put her life in jeopardy.

Methyl Iodide.

IN the newly issued number of Dr. B. W. Richardson's *Asclepiad*, are contained several papers of the greatest interest and importance, and one, at least, of the shorter articles, that on "Methyl Iodide," on p. 62, will probably receive the attention its author asks for it. From a series of studies carried out seventeen years ago, Dr. Richardson ascertained that this substance possessed powerful anæsthetic and sedative properties, and at his suggestion Mr. Turner employed the drug at the Middlesex Hospital with favourable results. Dr. Richardson now takes blame to himself for not having followed up the experiments he then conducted; but although the profession would gladly be indebted to him for such additional information and help as would have resulted from his doing so, we cannot help but remember that, had the time been thus spent, we might have lost some other of the valuable gifts made by Dr. Richardson to humanity; as it is he is now able to direct others on the path of research, and we doubt not that many will be found to pursue the inquiry already so well begun. The safe dose of the iodide Dr. Richardson fixes at one grain, diluted with ten minims of absolute alcohol, to be taken in a wineglassful of cold water, and it is, moreover, agreeable to take.

The Treatment of Œsophageal Cancer.

AT the Clinical Society of London, on Friday evening, Mr. Symonds, of Guy's Hospital, described a method of treating cancerous stricture of the œsophagus by means of permanently retained tubes. The case described was that of a man for whose relief gastrostomy appeared to offer the only feasible resort, but before proceeding to make the opening, Mr. Symonds resolved to try whether a short tube could not be so arranged and introduced through the stricture as to admit of fluids being swallowed through it. The patient had been much distressed, also, by his inability to swallow saliva, and his rest had consequently been greatly disturbed. The instrument devised by Mr. Symonds consists of the terminal six inches of a rubber catheter, to the upper end of which a slightly dilated funnel is attached, and to this latter a silk thread. The whole apparatus is passed carefully back to the pharynx and œsophagus, and well through the stricture, the lower open end either passing into the stomach or nearly so. The free end of the silk thread is fastened securely round one ear of the patient, and the tube removed, when required, by its means. At first tubes of ivory, hard wood, and silver were tried, but it has been found that rubber stands as well, and is as safe and comfortable as any other material, the man at the present time having in one of this description, which was inserted ten weeks since. It is of the calibre of No. 10 catheter, and permits of thick fluid being swallowed with ease and comfort, while the taste is also enjoyed. This plan is an unquestioned improvement on the usual one of feeding by a stomach tube, and its extension seems to offer many prospects of high benefit. Future experience alone can prove how far the application of this method must be confined to cases in which the stricture is below the level of the cricoid cartilage. Mr. Symonds is himself sanguine that it may be found of service for even those of a post-laryngeal character.

Atmospheric Bacteria.

DR. VIVIAN POORE, in the second of his lectures on "Climate in its relation to Health," delivered before the Society of Arts on the 19th inst., dwelt on the subject of living organisms in the air, and the influence they exerted on health under varying circumstances. Among the illustrations given to this end by the lecturer, those derived from the observations of Miquel respecting the numbers of bacterial organisms found in the air in different places, are of the most interesting character, the main results of a long series of experiments being quoted by Dr. Poore. Miquel arrived at the conclusion, based on his cultivation experiments, that in the high Alps the

air was pure, absolutely free from bacteria; on the Lake of Thun, at an elevation of 560 metres, ·8; near the hotel of Thun, 2·5; in the room of the hotel, 60; in the park at Montsouris, 760; and in the Rue de Rivoli, 5,500. The largest numbers found were in the hospitals, where each cubic metre of air contained as a minimum 5,500, and as a maximum 28,000. Dealing with the question of the requirements of bacteria in the way of a soil suitable to their development, the lecturer referred to the experiments of Raulin with *Aspergillus niger*, for the growth of which a liquid of definite composition is essential. This liquid contained (among other things) $\frac{1}{50000}$ part of zinc, and if the zinc were omitted the crop of aspergillus fell to $\frac{1}{10}$ of the normal; and if $\frac{1}{1000000}$ of nitrate of silver were added, the fungus would not grow at all. This showed the importance of mineral ingredients in the composition of the "soil," and this fact helped in some measure to explain why it was that people seldom had the same fever twice, the reason being that the first attack exhausted the blood of something which was necessary for the growth of the organism upon which the fever depended.

The North-West London Hospital.

PUBLIC attention is once more invited to the North-West London Hospital by the announcement that the Lord Mayor and Lady Mayoress have promised to attend an amateur dramatic performance at St. George's Hall on Feb. 17 in aid of the institution in question. We have already devoted so much space to the concerns of the hospital, and have, in the interests of the profession, entered so fully into the history of its difficulties, that we feel compelled once more to allude to it, and this time in the spirit of inquiry. On the 14th inst. we published a letter from "A Former Governor," in which the Secretary of the hospital was invited to explain certain statements made on his authority respecting the working of the hospital. Such information we have not yet received, and it is desirable therefore to repeat the questions. In the first place, we are informed that during 1884, 19,554 patients were treated at the hospital, a number which in strictness ought to apply only to the first six months of the year, seeing that the whole staff of the hospital resigned its functions in June last. It is not easy, however, to believe, nor is it implied, that such reading of the figures is a true one; consequently, information is required concerning whom the task of giving professional advice and treatment to so numerous a body of patients was allotted to; and secondly, by whose authority a temporary staff was entrusted with so grave a responsibility. We may be told, of course, that this is a matter in which inquisitive questioning is intolerable, but we rightly contend that where the health and life of hundreds and even thousands of poor persons are being dealt with, the most absolute precautions are requisite in their behalf. That such precautions have been satisfactorily observed, only the evidence of those who took them can be held to prove; and it is this for which we ask. It still remains, however, to inquire whether even temporary staff appointments at the hospital can legally be made without the authority of a general meeting of governors. Was a general meeting held for the purpose? If so, when, where, and with what result?

Another point on which "A Former Governor" seeks enlightenment, and one as to which there is a general desire for further explanation, has to do with the funds received from the nineteen and odd thousand patients said to have been under treatment. As each of them is required to pay 1s. each for treatment, a sum of £950 has to be accounted for as part of the income of the hospital. Our correspondent asks if this amount appears in the balance-sheet, and if not, on what grounds the treasurer appeals for public support?

It is not from any wish to add to the uneasiness of the newly-appointed staff of the North-West London Hospital that we have once more re-opened the subject, but solely because, having assumed the duty of directing the attention of the profession to it, we cannot be satisfied with anything short of the complete confidence of those who have assumed its management; and this is the more essential now that a wider area of support is being sought for the institution, at the same time that even members of the governing body are writing to the public journals complaining of the obscurity surrounding the hospital's internal policy.

Mysterious Illnesses.

UNDER this heading a correspondence has been going on in the daily papers, furnishing us with details of sufferings endured by families, which in nearly all cases invariably subsided on removal from home, and reappeared on their return to the house. On careful examination these "mysterious illnesses" were clearly traceable to arsenical wall-paper poisoning. It is now some six or seven years since the attention of the profession was especially directed to this insidious form of poisoning, and very many cases of severe and prolonged illnesses were unmistakably traced to the employment of wall-papers coloured by arsenical pigments. Some of the more gaudily coloured aniline dyed socks were also found to produce, by mere contact, a dangerous irritation of the skin. It cannot be too strongly impressed upon the public that arsenical pigments in most forms are of an exceedingly dangerous nature. The arsenic being volatile, small quantities are almost certain to be present in the air of the room in which an arsenical coloured paper is hung. By contact with movable objects, portions of the colouring matter are liable to be rubbed off, and in form of an impalpable material, necessarily constitutes a part of the dust of the room. The symptoms induced are graphically described by a "Londoner," who, together with several members of his family, suffered from the effects of the poison. Another "Sufferer" questions the soundness of the advice tendered by the *Times*, "that the remedy against arsenical poisoning is in the hands of the public themselves, and consequently, legislation on the subject is unnecessary." "What," he asks, "am I to endure prolonged suffering for months, should the guarantee prove false, and without knowing the why and the wherefore?" This contingency we know to have happened to many a sufferer, and will happen again and again unless stringent measures are taken to secure purchasers against it, as in the case of adulterations of foods and

drugs. In 1859 Mr. Jabez Hogg read an interesting paper on the subject of arsenical wall-paper poisoning before the Medical Society of London. There and then a committee was appointed to gather further information and approach the Government on the subject. The Society of Arts subsequently took up the question, and also appointed a committee, but nothing came of it. The National Health Society, however, did succeed in approaching the Government, and with the view first of obtaining information from other countries as to the laws relating to the use of arsenic in domestic fabrics, and, secondly, with the hope of legislating, the necessary steps were at once taken by the Foreign Office, and a valuable Blue-book report was the result. This report shows that stringent laws, excluding arsenic from domestic fabrics of all kinds, are generally in force on the Continent; but owing to the deadlock in home legislation, nothing more has been done in the matter. We trust, however, to see the question finally at rest by our own Legislature before very long.

Cheap Contract Doctoring.

WE observe that it is stated in the Dublin newspapers that an arrangement has been made by the provost and senior Fellows of Trinity College to pay an annual sum of £50 as a subscription to Sir Patrick Dun's Hospital, on the condition that students of the College suffering from fever shall be admitted to the pay wards without charge.

From the tone of the paragraph in which this fact is made public, we judge that the Board of Trinity College is very proud of its liberality in thus patronising a public charity by shifting to it the expense and responsibility for the sick students of the University. We cannot, however, regard the transaction in any other light than as a gross abuse of charitable funds, and a marvellous display of meanness on the part of a wealthy but canny institution. Trinity College, Dublin, is well able to build and maintain an infirmary of its own, and to salary liberally the necessary medical advisers, and, moreover, Sir Patrick Dun, and the other benevolent persons who gave their money for the benefit of the sick poor, never intended that the sons of gentlemen, who are paying handsomely into the coffers of Trinity College, should be sponged on the hospital. If, however, it were necessary to burthen the hospital with the charge of these young gentlemen, it is obvious that £50 a year is a most beggarly amount for Trinity College to pay out of its enormous income for so important and indispensable a part of its *ménage*. We are much surprised that the Governors of Sir Patrick Dun's accepted such an offer, and still more astonished that the Board of Trinity College could make it.

ON the recommendation of Sir Thomas McClure, Bart., Vice-Lieut. of Down, the Lord Chancellor has been pleased to appoint Dr. Stuart, Medical Officer of Donaghadee Dispensary, to the Commission of the Peace for Co. Down. Dr. Stuart was sworn in before D. Delacherois, Esq., D.L., J.P.

The Victims of Dynamite.

THE following particulars have been supplied to us by a member of the hospital staff:—Two policemen, Cox and Cole, were admitted into Westminster Hospital on Saturday last, in consequence of injuries received at the explosion at the Houses of Parliament on that day. Their appearance on admission indicated clearly the violence to which they had been subjected. Their clothes were torn into shreds and scarcely hung together, while the helmets were damaged almost beyond recognition. The leg of one of the men's trousers was blown completely off, although the leg was apparently uninjured. The men were suffering severely from the shock, and were much prostrated. Cole, in addition, was found to have four ribs broken, presumably from coming violently into contact with some projecting angle; for some time after admission, too, his urine was tinged with blood. They have since rallied considerably from the shock and have partially recovered their hearing and other natural senses, which were in complete abeyance on admission, and from the loss of some of which they will probably suffer for the rest of their lives. Their temperatures are now nearly normal, and there is every reason to hope that with the care and attention which they are receiving at the hands of the medical and nursing staff of the hospital, they will accomplish a speedy recovery.

The shock of the first explosion was severely felt at the hospital, which is but a few yards distant, and it was instantly diagnosed as being from dynamite. While speculation was rife as to the whereabouts of the explosion a second was heard, which caused the out-patients to rush from the building into the outside crowds of people to the scene of the disaster. Shortly afterwards a message was received asking for surgical assistance, and the whole available staff at once adjourned thither to render whatever assistance they might be able.

Liquor Rewards for Paupers.

WE observe with much satisfaction that the English Local Government Board has declared that the issue of alcoholic liquors to able-bodied paupers as pay to them for services rendered in the workhouse is illegal, and has, therefore, surcharged the amount expended, £111, against a workhouse master of the Islington Union. The attention of the Guardians was called to the fact that a very considerable number of able-bodied indoor paupers employed on work in and about "the house" were remunerated by a regular allowance of beer. Against this some members of the Board of Guardians from time to time at recent meetings strongly protested, as being both impolitic and illegal; but the same course had been defiantly continued, although there could be little doubt of its contravening the orders of the Local Government Board. At the Michaelmas audit, however, a deputation, influential and representative, waited upon the auditor, and pointed out that in the accounts the sum of £111 appeared for beer given to paupers, and that, notwithstanding those persons were in health, their names had been entered in the medical relief book amongst sick persons as suffering from a disease invented for the purpose, and peculiar to this place, called "labour debility," and that the medical

officer had initialled the entries without any investigation, in order, apparently, to entitle them to an allowance of drink. It was contended that this was an artifice to avoid compliance with the order of the Local Government Board, which prescribes, "That the guardians may, without any direction of the medical officer, make such allowance of food as may be necessary to paupers employed as nurses or in the household work; but they shall not allow to such paupers any fermented or spirituous liquors on account of the performance of such work, unless in pursuance of a written recommendation of the medical officer." The auditor, after careful consideration, decided that the order of the Local Government Board had not been obeyed, and surcharged the Master of the Workhouse.

Cocaine in Vaginismus.

M. CAZIN reported to the last meeting of the Paris Surgical Society that a patient who had been married many years suffered from such a degree of vaginismus that marital intercourse had never taken place. The vulva and vagina were painted with a solution of cocaine, with the result that the hyperæsthesia was so far diminished and for so long a time that an attempt was at last successful.

Aconitine for anæsthetising Sensitive Dentine.

DR. ANTON KOZMA, of Buda-Pesth, reports that a small piece of Japanese paper, 3 to 4 mm. square, saturated with 3 mgrm. of aconitine and pressed into the hollow tooth, previously cleaned out and dried, and then covered with an occlusive covering of gutta percha, anæsthetises the sensitive dentine that renders operations on carious teeth so painful. The larger the quantity of aconitine employed the more quickly is the desired effect produced and the longer it lasts. The effect generally continues for from twenty-four to forty-eight hours.

Portrait Group of the Council of the Royal College of Surgeons of England.

ON Friday last a new portrait painting of the Council of the Royal College of Surgeons of England was submitted to private view at the studio of Messrs. Boning and Small, 22 Baker Street, W., the artist being Mr. Henry J. Brooks. The painting is an excellent one in every way, and the likenesses are most faithful, so that it is impossible to mistake the individuality of a single member of the group represented. A reproduction of the picture has been most successfully achieved by Messrs. Boning and Small by means of their carbon process, the use of which secures an absolutely permanent copy, which for accuracy of detail and fidelity of portraiture in no way falls short of the original picture. We believe the final destination of the latter is the Hall of the Royal College of Surgeons, which will thus acquire additional historical interest from the presence in it of a painting illustrative of a Council that has, more than any one of its predecessors, attained the distinction of unpopularity. In a representative sense, however, the picture can claim only partial importance, since in the case of some, at any rate, of those figured in it, the likenesses cannot be considered those of surgeons of representative status. Notwithstanding this drawback, the memorial is a desirable one, if only it serve to mark the close of an oligarchical era of College government; and we cannot resist a conviction that some such sentiment as this has led to its being commissioned.

Provident Dispensaries and Hospitals.

AT the second general meeting of the Hospitals Association, held at their rooms in the Adelphi, on Jan. 21, a paper was read by Mr. C. J. Radley, entitled "What is the best Plan for establishing Provident Dispensaries in due relation to the Hospitals." In this essay the recent improvements introduced by the Metropolitan Provident Medical Association and the working of the Friendly and other provident clubs, were discussed, and suggestions made for further assisting in the reduction of the drains on general hospitals made by out-patients. Mr. Radley advocates a chain of local medical centres for the treatment of those unable to pay ordinary fees on some special terms within their means, and the basis of such an arrangement was suggested. Respecting existing hospitals, it was advised that these should retain their present in-patient arrangements, but should refuse to receive any out-patient cases unless they came through one of the local centres. The essayist concludes: "By this means the great need for decentralisation and local knowledge would be fulfilled, and the hospitals be placed in their true position of dealing only with unusual cases, or such as had been already examined by a general practitioner, and referred for a special opinion."

It is well to remember that these frequently-repeated schemes for reducing the rush of out-patients at general hospitals takes no account of the fact that this department is one of the most important educational features of these institutions, and it would be well if this were more frequently considered.

THE Council of the Metropolitan Hospital Sunday Fund met on Saturday last for the purpose of electing the officers for the ensuing year; a resolution was also passed expressing a sense of the loss which the fund had sustained by the death of the Bishop of London.

THE Local Government Board have appointed Dr. Davies, one of their medical inspectors, to hold inquiries into the sanitary arrangements of all the towns on the south-east coast, and especially as to the means at command for preventing the spread of infectious diseases.

DEPUTY SURGEON-GENERAL DAVID BOYES SMITH, of the Bengal Medical Department, has been selected for the appointment of Professor of Military Medicine at the Army Medical School at Netley, vice Inspector-General W. C. Maclean.

University College Hospital.—The concert organised by the *employés* of the London and North-Western Railway at Euston Station on the 9th inst., in aid of the People's Constitution Fund of this hospital, has resulted in the appointment of a Life Governor and a Life Donor, £52 10s. having been paid in to the Hon. Secretary of the Fund.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

CHARGE AGAINST A MEDICAL MAN.—The Carlisle police on Tuesday, the 20th inst., took into custody Dr. Lockerbie, belonging to Dumfriesshire, Assistant to Dr. Moffat, Carlisle, for uttering a "flash" bank-note on an innkeeper in Carlisle, whereby he received in exchange £10 in gold. The note was for the "Bank of Economy," having been circulated as a trading advertisement, and appeared similar to a bank-note.

THE ROYAL INFIRMARY MEDICAL SOCIETY.—A meeting of this society was held in the Royal Infirmary Medical School on Saturday, the 17th inst., Mr. Hunter occupying the chair. A paper was read by one of the students condemning the existing arrangements and management of the school, and pointing out its defects in the opinion of the writer from a public point of view. A committee, consisting of Messrs. W. L. Brown, Dunn, Tomlinson, Thorpe, and Hunter, was appointed to act along with the president of the society (Mr Parry) in having the paper printed and circulated among the students, lecturers, and directors of the school, and to frame resolutions upon it to be brought forward and discussed at the next meeting.

INCREASED ACCOMMODATION FOR FEVER PATIENTS.—An adjourned meeting of the contributors to the Edinburgh Royal Infirmary was held on the 19th inst., when Mr. T. G. Murray, chairman of the Committee of Contributors, submitted a report on the progress of the Infirmary during the past year. The report stated that the number of cases treated in the hospital had again increased, being 7,624, with a daily average of 599—the numbers of the preceding year being 6,829, with a daily average of 555. It was satisfactory to note that, notwithstanding the general commercial depression throughout the country, the ordinary income of the charity was about £500 higher, while, on the other hand, although the ordinary expenditure had increased £1,195, this was less than might have been expected from the larger number of patients. The report concluded by pressing upon the managers the necessity of special accommodation for fever patients being provided by the Town Council under the provisions of the Public Health Act. Mr. Murray, in moving its adoption, pointed out the necessity of some definite arrangement being arrived at between the Local Authority and the Royal Infirmary as to the extent to which the Royal Infirmary managers were expected to take charge of fever patients. Lord Shand, who seconded the motion, in the course of a long speech held that the duty of treating infectious disease rested entirely upon the Local Authority, who were bound by the 39th section of the Public Health Act to provide a fever hospital to be maintained out of the rates. The maintenance of fever patients out of the Infirmary funds was, he considered, unjust to the country contributors, as country patients suffering from infectious disease were not admitted to the Edinburgh Infirmary, but were left to the Local Authorities to provide for, while the funds of the Infirmary were not sufficient to allow the providing of a separate institution for treating infectious diseases. In Glasgow, which was an example to Edinburgh in that matter, the final result was clearly that the best way of providing for disease of an infectious kind was that it should be under one management, and that should be the Local Authority. Dr. Russell, Health Officer for the city of Glasgow, had informed him that the cost of the Glasgow City Hospital, which was the sole institution for fever cases, was £65,000, exclusive of the site; that the annual expenditure was £15,772; and that the number of patients treated annually was 2,974. In conclusion he urged that the Edinburgh Infirmary should no longer propose to the city authorities to continue to treat fever cases, which should be altogether attended to by the Local Authority.

PROPOSED EXTENSION OF ABERDEEN UNIVERSITY BUILDINGS.—We understand that the Senatus of Aberdeen University have had under consideration the advisability of enlarging the University buildings, principally in connection with the medical school, so as to adapt it to increasing requirements. The scheme which has been brought under the notice of the Senatus provides for the completion of the imperfect quadrangle of Marischal College, by the erection of a new set of buildings, or to use the present church of Greyfriars, by renovating it and converting it into a college hall, utilising some of the present hall buildings for class-rooms. The plan has not received the santion of all the University authorities, but it will be brought before them at an early date. The intention is to apply to Government for the necessary funds. King's College is also stated to be in want of some extra buildings, and this will likewise form part of the ultimate proposals.

BEQUESTS TO EDINBURGH CHARITIES.—The late Mr. John Hoyes has bequeathed £500 to the Edinburgh Royal Infirmary, and £250 to the Royal Edinburgh Hospital for Sick Children.

THE PRINCIPALSHIP OF EDINBURGH UNIVERSITY.—The Curators of Edinburgh University, at a meeting held on the 21st inst., appointed Sir William Muir, K.C.S.I., LL.D., D.C.L., to the principalship of the University, as successor to the late Sir Alexander Grant. Sir William Muir, who was born in Glasgow in 1819, is a brother of the late Dr. John Muir, the Sanscrit scholar. He was Lieutenant-Governor of the North-West provinces of India and Finance Minister for India. At present he is a member of the Legislative Council in London, and is one of the best Arabic scholars of the day. The results of his labours in that interesting field were given to the world in the "Life of Mahomet and History of Islam to the Era of the Hegira," 4 vols., 1858-61 a new edition, abridged into one volume, having been published in 1877; "The Koran: its Composition and Teaching, and the Testimony it bears to the Holy Scriptures," 1878; and other interesting and curious relics of Arabic history. Sir William Muir's literary work has received due academical recognition, his *alma mater* having conferred on him the honorary degree of LL.D., and the University of Oxford, in 1882, its corresponding distinction of D.C.L. In the discharge of official duty Sir William Muir has shown himself possessed of great energy and activity, and has won the reputation of an excellent man of business and a first-rate administrator.

Correspondence.

HOW LONG ARE SCARLATINAL PATIENTS INFECTIOUS?

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I can conceive no question more interesting to the profession and the community at the present moment than the one which stands at the head of this letter, and which you opened in an interesting article in your last issue.

Scarlet fever is the infectious disease which, of all others, is the most harassing to sanitary departments, and is the one most constantly cropping up as a source of anxiety to the public.

He, therefore, who is able from experience or scientific knowledge to bring to bear any fresh light upon the behaviour of scarlet fever will confer a benefit upon society, and especially upon those engaged in the Public Health Service.

I have long had the conviction, and have given public expression to it elsewhere, that this service was performed by Dr. Alfred Carpenter in a courageous paper on this subject read by him at a meeting of the Society of Medical Officers of Health, held Feb. 17th, 1882.

This paper proved of special interest to me, because my experience of many outbreaks of scarlet fever, in many various centres, scattered over a very extensive district, had led me precisely to the same conclusions which Dr. Carpenter so ably enunciates and supports by evidence in the paper alluded to.

I do not propose to trouble you with a lengthy communication, but to put the matter briefly, it had appeared to many that almost exclusive attention was being given to personal contact, or escaping particles of epithelium from the person, as a source of infection in this disease. Hence an amount of attention to the condition of the skin of convalescents possibly disproportionate to its value as one amongst other possible elements which might be concerned in the spread of infection.

It is admitted that, during the continuance of any amount of febrile action, or "illness" of any kind, the particles shed from the skin, infected possibly with living germs or microbes, might be the most active agents in the propagation of the disease. It is particles separated from patients *in this condition* which, it appears to me, should be rigorously dealt with, and such as escape destruction will, with other infective discharges, find their way to sewers and accumulations of refuse, where germ forms of life breed and thrive, to be afresh dispersed upon other centres near or remote.

It is under this view that general sanitary arrangements connected with the disposal of refuse matters become a question of supreme importance in the investigation of outbreaks of scarlet fever, or most certainly in establishing such conditions as may be adverse to their recurrence.

Whilst none, possibly, would say that general sanitary arrangements, usually supposed to be more directly associated with outbreaks of typhoid, had no concern with a scarlet fever inquiry, yet there are many who fasten their eyes upon the skin as the potential fount of mischief even to the last moment of desquamation, extending into months, and weeks after the complete establishment of the general health of the patient, to the comparative neglect of all other objects of consideration.

Thus, the writer of the article alluded to says, "Nothing short of a complete desquamation will render the patient free from infection." And yet, with some infringement of consistency, he goes on to say of the desquamation that often lingers about the feet, "we can hardly believe it is necessary to retain the patient for this." But in regard to this latter circumstance, of which the writer speaks with becoming diffidence, there are others who entertain a different opinion. I am in the habit of meeting a practitioner of mark in this district who always examines the feet before satisfying himself that the process of desquamation is at an end, and the patient may thus safely be released from quarantine. This seems to be a consistent view; and it also appears somewhat arbitrary to draw the line as alleged.

The view which I have ventured to express is that the duration of the period of danger is not to be measured only by the duration of the period of desquamation. This may innocently be prolonged by constitutional irritability of the skin; and it is conceivable that it may continue when germs and microbes, if lying at all beneath the epithelial layer, are lying there as harmless *débris*. It has appeared to me that better preventive service is rendered by taking special pains to operate upon all separated matters, and places to which they may be consigned, during the activity of the disease, and for a fortnight afterwards, the skin being subject to continuous disinfecting treatment during this time. Of this view the writer of your article says that few will be found to agree with it, that it is radically wrong, extremely dangerous, and that to act upon it would seriously endanger the lives of our patients' friends.

This is very strong language, which it is very easy to pen from an editorial chair, but which, I imagine, it would be much more difficult to substantiate. Fortunately, it has been my lot to have the opportunity both of forming and putting to actual proof such views as have commended themselves to me in a prolonged and wide-spread experience in official sanitary work; and it seems reasonable to infer that, if the evil suggestions of the writer had any foundation in fact, my systematic practice in accordance with the views expressed must, in some instances at least, have led me into serious difficulty, and have obliged me to submit those views to correction. In no instance has such been the case.

But what says Dr. Carpenter, than whom I know no one who more satisfactorily combines thorough theoretic knowledge with practical opportunities of putting that knowledge to the test? After speaking of prolonged periods of isolation, he says, "I have for many years acted upon the opposite path, restricting the isolation to a fortnight only, and in some cases limiting it to one week after the departure of the fever; and in no case have I had any reason to regret the course which I have adopted." Further on, he says, "I have been in the habit, now for many years, of thoroughly disinfecting my patients by proper baths and a ten days' quarantine, and not even waiting in every case until desquamation is complete before the patient has been allowed to mix with his fellows, provided there has been no ulceration or any discharging surface upon the skin. This has been done on very many occasions, and in no one instance have I had cause to regret the course taken, though the individuals have sometimes been marked persons, and I should have heard most loudly if any mischief had arisen from my advice. It is far more important for the interests of the public that the excreta should be thoroughly disinfected, and the sewers properly cleansed, and ventilation provided, than for a continuous isolation of a case, because the skin is a long time exfoliating." These views my experience enables me entirely to endorse, as well as every other view expressed in the admirable paper from which I have quoted; and I deem the authority good enough to save me from any feelings of disquietude in reference to the severe animadversions of your leader-writer.

I am, Sir, yours, &c.,

JOHN MAKINSON FOX,
Medical Officer of Health, Mid-Cheshire.

Lymm, Cheshire,
24th Jan., 1885.

MISCARRIAGE OF JUSTICE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Permit me to recall the attention of your numerous readers to the trial recently referred to in your columns, which took place at the Leicester Assizes last autumn, before Lord Coleridge, when a member of our profession was sentenced to two years' imprisonment with hard labour, on what appears to many insufficient evidence, resulting in a grave miscarriage of justice, and an irreparable injury to a general practitioner.

The case is as follows:—David Bradley, M.D., Queen's University, practising at Brimington, near Chesterfield, in this county, had a surgery which he rented for the convenience of his patients at a small cottage at Whittington Moor, about two miles from his home. The cottage is in a row facing the street, of the modern flimsily-built style, has a door the upper part of which is of glass (facing the street), with a window beside it, this front room being his consulting room, and opening by a door at the back into the room used by the occupier as the general living room.

A patient named Eliza Swetmore, a married woman of about 25, came to consult him, and after being with him for a period of *five* minutes, went into the next house, and said she had been criminally assaulted *twice*, that she resisted him all she could, and cried out for assistance; that the crime was effected under circumstances and in a manner which seems quite impossible. Such was the gist of her evidence at the trial. The door between the two rooms was at the time ajar, and there was no sound of struggling or disorder, according to the testimony of the woman of the house, who was in the adjacent room, and the only sounds she heard were "Oh! doctor, don't." Swetmore, it was shown in evidence, is a confirmed epileptic, the daughter of a man who has been confined in an asylum, and had a fit shortly after in the same house. She was soon after examined by W. Ambrose Palmer, surgeon, of Whittington, but

no evidence in the shape of abrasion, or other marks, was found to support her statement. Notwithstanding the gross improbabilities of her evidence, the jury convicted Bradley, not of criminal assault (for which he was indicted), but of attempted assault; and the judge, after a severe address, sentenced him to two years with hard labour.

Now I appeal to the common sense of your readers, if it is possible for a man to have committed the crime *twice* in the space of *five* minutes under impossible difficulties, she all the while resisting and calling out for help, without attracting the notice of a person in the next room, the door being all the while ajar! The great omission on the part of the defence was in not bringing before judge and jury the fact that epileptics are frequently the subjects of delusion, erotic and other (after a fit), and that there was strong probability that the woman had an attack at the surgery, and awoke with this delusion. There is a widespread feeling in the profession hereabouts that Bradley has been wrongly convicted, and a memorial to the Home Secretary has been extensively signed. A copy of this is lying at the office of the *Medical Press and Circular*, where I trust it will receive the signature of as many of your readers as can afford the time to call and peruse it. I think if they will read it they will lend their hands to undo, as far as may be, a great wrong to a fellow-practitioner.

I am, Sir, yours faithfully,

B. WALKER, Surgeon.

Spondon, Derby,
January 21st, 1885.

WOOD-WOOL IN SURGERY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your "Retrospect of the Year 1884," under the heading of "Foreign Societies" (at page 584 of your issue of December 31st, 1884), you print a sentence from which it might be inferred that the patent under which Hartmann's Wood-Wool is manufactured is void by reason of a "public description of the article and its mode of manufacture," which had appeared in your columns at a date prior to that of the patent.

The only passage in your periodical prior to the date of the patent (17th September, 1883) in which we have been able to discover any reference to the Wood-Wool is at page 178 of the number dated August 29, 1883. The article is certainly mentioned there, and a method (though not that stated in the specification under the patent) of impregnating Wood-Wool (when manufactured) with antiseptics is also given, but the mode of manufacturing Wood-Wool itself is in no way described. As her Majesty's Letters Patent are only granted in respect of a "Process," and not of its "Product;" and as the only Wood-Wool made under an English patent and sold in this country emanates from us, as the sole consignees of Mr. Paul Hartmann, of Heidenheim (Germany), we hope that in justice to us you will publish these words in explanation of the passage in your "Retrospect," which (in so far as it reflects on the validity of the patent) is calculated to do us harm: and some of your readers might be so far misled thereby as to infringe the patent under which Hartmann's Wood-Wool is made, thus involving themselves in legal proceedings at our suit.

We are, sir, yours truly,

ESSINGER & NEUBURGER,
Sole consignees for the United Kingdom and the British Colonies of Hartmann's Patent-Wood Wool.

Medical News.

The Medical Benevolent Fund.—The annual general meeting of subscribers to the British Medical Benevolent Fund was held on January 15th, at 34 Seymour Street, the house of the treasurer, Dr. Broadbent, when Dr. G. C. Jonson, chairman of committee, occupied the chair in the unavoidable absence of the president, Sir George Burrows, who was prevented from attending. The financial statement was submitted, and the annual report of the committee for the past year read by the treasurer, from which it appeared that the donations during the year 1884 had amounted to £722 18s. 6d.; subscriptions to £1,307 3s. 9d.; a total of £2,030 2s. 3d—the increase in the amount of subscriptions being a noticeable fact, and one giving great pleasure to the committee as evidence of a growing appreciation of the Fund amongst medical men. The disbursements during the year had been, in grants £1,892 10s., in annuities £1,107 10s; in all £3,000; and the entire expense of collecting and distributing this large sum, over £5,000, has been £152, about 3 per cent., including stationery, collector's commission, the printing and postage of the report, a copy being sent to each subscriber, the postage and other expenses of the hon. secs. for finance and cases, and the postage and other expenses connected with the distribution of £3,000 in weekly or monthly instalments, a peculiar characteristic of this Fund. This duty has hitherto been undertaken by Dr. G. C. Jonson, chairman of committee, but, owing to his failing sight, it is now carried out by means of the Cheque Bank. The number of cases relieved during 1884 in the grant department was 168, and the committee often feel that the amounts given by them to really needy and deserving applicants are sadly less than the merits of the case deserve, the reason being a want of sufficient funds to adequately cope with the painful and distressing cases that come before them. In the annuity department, as vacancies fell in seven fresh annuitants were elected, but the committee grieve to say that there remain upon the list of eligible candidates no less than 38 persons, all over sixty years of age, not one enjoying an income of £10, and mostly past work, and practically penniless. Mr. Thomas Smith joined the committee, and Mr. France, an old member of the committee, and Professor Macleod, of Glasgow, an hon. local secretary, and warm friend of the Fund, were elected vice-presidents.

Vital Statistics.—The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 24·2 per 1,000 of their aggregate population. The deaths registered in the several towns corresponded to the following annual rates per 1,000:—Birkenhead 25, Birmingham 27, Blackburn 29, Bolton 31, Bradford 20, Brighton 19, Bristol 27, Cardiff 32, Derby 19, Dublin 31, Edinburgh 22, Glasgow 34, Halifax 29, Huddersfield 22, Hull 16, Leeds 22, Leicester 21, Liverpool 24, London 23, Manchester 29, Newcastle-on-Tyne 21, Norwich 29, Nottingham 20, Oldham 23, Plymouth 31, Portsmouth 24, Preston 29, Salford 22, Sheffield 20, Sunderland 23, Wolverhampton 31.—The highest annual death-rates from diseases of the zymotic class in these towns were—From measles, 1·6 in Preston, 2·1 in Sunderland, 2·7 in Leicester, and 7·0 in Cardiff; from whooping-cough, 1·7 in Bristol, 2·6 in Wolverhampton, and 3·1 in Preston; from scarlet fever, 1·3 in Leeds and 2·0 in Halifax; and from "fever," 1·2 in Derby. The 37 deaths from diphtheria included 14 in London, 4 in Portsmouth, 3 in Glasgow, 2 in Manchester, and 2 in Salford. Small-pox caused 78 deaths in London and its outer ring of suburban districts, 2 in Liverpool, and 1 in Birmingham.

Important Decision respecting Liebig's Extract of Meat.—A curious difference between English and Continental law has again been made clear by the decision given by the "Tribunal de Commerce" of Brussels, according to which some English dealers, who attempted to sell their extract of meat in Belgium as Baron Liebig's brand, placing a photograph of the late Baron Liebig on their jars against the expressed will of the present Baron Liebig and the Liebig Company, are prohibited from either using the name Liebig, or the title Baron Liebig, or the photograph, the exclusive use of which had been granted by Baron Liebig to the well-known Liebig's Extract of Meat Company. It seems a curious view taken by English judges that all possible extracts of meat purporting to have been made according to the so-celled Liebig's process (a most vague definition) can be sold in this country under the name of Liebig's Extract of Meat, although in many cases absolutely repudiated by Baron Liebig. According to Continental law the right of a man to dispose of his name, be he an inventor, or a celebrated man, or simply a private individual, is absolute, and in the present case there can be no doubt that Continental buyers of extract of meat are better protected by law than English buyers.—*Echo.*

St. John Ambulance Association.—Advices by last mail report that very encouraging progress is being made in Australia at the Victoria Centre of the St. John Ambulance Association, and that the Duke of Manchester and the

Governor, Sir Henry Loch, as representing the Chapter of the Order of St. John, had consented to attend a public meeting called to give further impetus to the movement. Dr. J. Randle Buck, of Sidbury, Worcestershire, has been elected a member of the examining staff of the St. John Ambulance Association.

Notices to Correspondents.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

MR. CONSTANCE.—Directions for the treatment of breech presentations are to be found in all works on midwifery. As a rule, the difficulty does not commence until the head is engaged, and in the majority of cases Nature is equal to complete the labour unassisted even then. When aid is required, however, it ought to be delayed.

MR. FINCH.—Perhaps there may be found a means by which you and your opponent may come to terms with one another. Such a solution of the difficulty is greatly to be desired on all accounts. Nothing so much injures the profession as unseemly quarrels between its members.

DR. J. C. L.—The question has already been frequently discussed in our columns, and the time seems scarcely suitable at present for re-opening it.

MR. MAY.—A new edition of Mr. Gant's "Guide to the Examinations of the Royal College of Surgeons of England" has just been issued, and in it the preparations in the College museum are referred to under the numbers contained in the new official catalogue of the collection, as far as possible.

"MUSIC" asks: Does the cutting of the tonsils really improve the voice and extend its compass? Is the operation painful and tedious in its effects? And what surgeon is known to have ever performed the operation?

[The tonsils may be cut with advantage and without hesitation if they be enlarged to such an extent as to interfere with the voice, but certainly not if healthy. Any competent surgeon can perform the operation.—ED.]

DISFRANCHISEMENT BY MEDICAL RELIEF.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I gather from your remarks in a recent issue that all persons—otherwise entitled to a vote—will be disqualified under the new Franchise Bill if they obtain dispensary relief in any form. I understand that such relief has not hitherto—in Ireland, at least—acted in this way, and after looking over the new Act, I can find no clause altering matters in this respect. What I wish to know, however, is simply this: Is there *no doubt whatever* that a vote in Ireland is disfranchised under the new Bill if he or any one whom he is bound to support receives any kind of dispensary relief? And if so, when did or when will such law come into operation?

Yours truly,

22nd January, 1885. ALIQUIS.

[There is no doubt whatever that receipt of poor relief in any form renders the recipient incapable of voting under the new Franchise Bill. But the Bill will not come into effect until the Redistribution Bill has been previously put in force throughout the kingdom. Probably in 1886.—ED.]

MR. ARNOLD LYNDON.—The subject is hardly suitable for publication under "Society Proceedings" in our columns. We would suggest that it would be read with interest in the columns of our contemporary the *Students' Journal*.

MR. B. A. S. is thanked for the information; he will see it has been utilised in another column.

MR. J. M. FOX (Lymm).—The subject is of absorbing interest to the profession, and much good may result from a full discussion of its various phases.

A FELLOW.—The information is not vouchsafed as to who gave the order for the picture, or from what source the funds for its cost came. We believe its ultimate destination is the Hall of the College. You will find further reference to it elsewhere.

CHEAP MEDICAL ATTENDANCE.

A CORRESPONDENT at Scarborough sends us the prospectus of a medical club which is now in operation at "the queen of watering places." The proprietor of the said scheme, we may add, holds the M.D. Ed. and M.R.C.S. Eng.

1. This club is formed for the purpose of affording medical and surgical attendance and medicine to its members. The sick will be treated with the same consideration and care as private patients.
2. All persons of all ages and of both sexes are eligible for membership, provided they are in a good state of health at the time of becoming a member.
3. The conditions of membership are—
   (*a*) A payment of 1s. each person as entrance fee.
   (*b*) A payment of 2s. 6d. per quarter for an adult, and 1s. 3d. for a child up to the age of 15 years, payable in advance on the first or second Monday in January, April, July, and October, between the hours of 6 to 9 p.m.
4. If desired, the payments may be made in one annual sum.
5. Should the quarterly payments not be made on the days mentioned a fine of 6d. will be inflicted, and during such delay of payment no claim can be made for attendance in case of sickness.
6. Female members will be attended in their confinement at 10s. 6d., paid in advance.
8. All sick members capable of attending in person will be seen by Dr. C. in his surgery at 14 York Place, during the hours of 9 to 11 a.m., 2 to 3 p.m., and 6 to 9 p.m. If too ill to attend, *they will be visited in their own homes* on sending a message, if possible, before 11 in the morning.

Meetings of the Societies.

THURSDAY, JANUARY 29TH.

ROYAL INSTITUTION—At 3 p.m., Prof. Dewar, The New Chemistry.

PARKES MUSEUM OF HYGIENE.—At 8 p.m., M. Cantlie, F.R.C.S., On the Degeneration amongst Londoners.

MONDAY, FEBRUARY 2ND.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—At 8 p.m., Inaugural Address by the newly-elected President.—Papers by Messrs. Storer Bennett, W. H. Coffin, and A. S. Underwood.

FRIDAY, FEBRUARY 6TH.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—At 8 p.m., Discussion on Myxœdema.—Papers: Dr. F. D. Drewitt, On Myxœdema.—Mr. Larder, Notes on Three Cases of Myxœdema, with remarks on the *clinical* features of the disease.—Dr. Atkinson, Notes of a Case of Myxœdema.—Several patients will be shown by the readers.—Mr. Swinford Edwards and Mr. P. Dunn will show some morbid specimens.

Vacancies.

Beckett Hospital and Dispensary, Barnsley.—House Surgeon. Salary, £130, with furnished rooms, gas, &c. Applications, with testimonials, to the Hon. Sec., before Jan. 30.

Birmingham, Parish of.—Resident Second Assistant Workhouse Medical Officer. Salary, £130 per annum, with furnished apartments, &c. Applications to the Clerk to the Guardians not later than Jan. 31.

Clonmel District Asylum.—Assistant to Resident Medical Superintendent. Salary, £150, with apartments, &c. Applications on or before Feb. 7. (See advt.)

Cork Street Fever Hospital, Dublin.—Temporary Physician. Applications before Feb. 5. (See advt.)

Cork Street Fever Hospital, Dublin.—Resident Medical Pupil. Applications before Feb. 4. (See advt.)

Fisherton Lunatic Asylum, Salisbury.—Medical Officer. Applications to Dr. Finch, Fisherton House Asylum, Salisbury.

General Prisons Board.—Assistant Medical Officer at Mountjoy Prison, Dublin. (For particulars see advt.)

Gloucester General Infirmary.—Physician. Applications, with testimonials, to the Secretary, on or before Feb. 18.

Macclesfield General Infirmary.—Senior House Surgeon. Salary, £100 for the first year, with an increase of £10 the second year, with board and residence. Applications, with testimonials, to the Chairman of the House Committee, on or before Jan. 31.

Salford and Pendleton Royal Hospital.—District Surgeon. Salary, £80 per annum, with board and lodging. Applications, with testimonials, to the Secretary, on or before Feb. 2.

Appointments

ADAM, Dr. W. J., Physician to Anderson's College Dispensary, Glasgow.

GENGE, R. R., M.R.C.S., L.R.C.P., L.M., Resident Obstetric Assistant to the Westminster Hospital.

HEATH, C. J., M.R.C.S., Senior House Surgeon to the Preston and County of Lancaster Royal Infirmary, Preston.

LEIGH, W. W., L.R.C.P.Ed., M.R.C.S., Medical Officer for the Gellyger Lower District of the Merthyr Tydfil Union.

MCMURRAY, W., M.D., C.M.Q.U.I., Medical Officer to the Walgett Hospital, New South Wales.

MATHESON, H. A. R., L.R.C.P. Ed., L.F.P.S. Glas., House Surgeon to the Launceston General Hospital, Tasmania.

POLLARD, F., M.D. Lond., Medical Officer for the Chumleigh District of the South Molton Union.

PRINGLE, J. J., M.B. Edin., M.R.C.P., Assistant Physician to the Middlesex Hospital.

SWAIN, J., M.R.C.S., Senior House Physician to the Westminster Hospital.

WEAVER, W. G., M.R.C.S., House Surgeon to the Westminster Hosp.

WILLS, W. A., M.R.C.S., Junior House Physician to the Westminster Hospital.

Births.

PORTER.—Jan. 18, at Castleacre, Norfolk, the wife of Geo. C. Porter, L.K. & Q.C.P., of a son.

Deaths.

BROWNE.—Jan. 22, suddenly, at his residence, Ridgeway, Southampton, Joseph Hullett Browne, M.D., late of Gordon Square, London, aged 65.

DAVIES.—Jan. 15, at Plymouth, Elijah Knox Davies, M.R.C.S.E., late of Hanover, South Africa, aged 36.

DICK.—Jan. 22, at 19 Dalrymple Crescent, Edinburgh, John Dick, M.D., late of Midcalder.

MCCOSH.—Jan. 16, at Bury Street, St. James's, London, John McCosh, M.D., late Bengal Army, aged 80.

PLAYNE.—Jan. 15, at his residence, New Malden, Surrey, George Playne, M.D., aged 82.

PUCKLE.—Jan. 14, George Puckle, M.D., formerly of Denmark Hill, aged 53.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 4, 1885.

CONTENTS.

ORIGINAL COMMUNICATIONS.

A Series of one thousand Cases of Abdominal Section. By Lawson Tait, F.R.C.S., Birmingham 89

Lettsomian Lectures on Disorders of Digestion: their Consequences and Treatment. Delivered before the Medical Society of London, Jan., 1885. By T. Lauder Brunton, M.D., F.R.C.P., F.R.S., Assistant Physician to St. Bartholomew's Hospital 91

Note on the Ætiology of Infantile Diarrhœa. By Ed. W. Hope, M.D., B.Sc., Assistant Medical Officer of Health for the City and Port of Liverpool 95

CLINICAL RECORDS.

Western Ophthalmic Hospital—Ophthalmic Cases. Under the care of Dr. W. J. Collins, B.S., B.Sc., F.R.C.S. Notes by Mr. R. Treacher Bowden, M.R.C.S., Clinical Assistant 96

TRANSACTIONS OF SOCIETIES.

WEST-LONDON MEDICO-CHIRURGICAL SOC.—
The Treatment of Urethral Stricture ... 97

LIVERPOOL MEDICAL INSTITUTION—
Plugging of the Pulmonary Arteries .. 95

PAGE

Ovarian Osseous Tumour with Malignant Disease of Peritonæum 98
Ruptured Uterus 98
Subcutaneous Nodules over Knuckles, Knees, and Ankles 98
Uterine Tumours Removed by Abdominal Hysterectomy 99
Note on the Etiology of Infantile Diarrhœa 99

FRANCE

Propagation of Tuberculosis by the Genital Organs 99
Dr. Spitzer 99

LEADING ARTICLES.

MR. LAWSON TAIT ON ABDOMINAL SECTION 100
THE IMPRISONMENT OF DR. BRADLEY .. 101

NOTES ON CURRENT TOPICS.

The Germinal View of Disease 102
An Unfortunate Sword-Swallower 102
White Lead Poisoning 103
Usurpation of the M.D. 103
The late Dr. Martin of Boston 103
The Beatitude of the Doctor 103
Compulsory Notification at Hastings 104

PAGE

The Victims of Dynamite 104
Netley Hospital 104
The British Medical Association 104
Pseudo-Charity in Brighton 104
The Lectureships at the London College of Physicians 105
The Decadence of Londoners 105
International Medical Congress 105
Milk as a Spreader of Disease 105
A Fever Cot for Infants 105
The Kildare Infirmary 106
The Metropolitan Hospital Saturday Fund 106

SCOTLAND.

University Reform 107
Health of Edinburgh 107
Glasgow Royal Infirmary 107
Water-closet Accommodation in Edinburgh, &c. 107

CORRESPONDENCE.

How long are Scarlet Fever Patients Infectious? 107
Cocaine in Vaginismus 108

Medical News 108

Pass Lists 109

NOTICES TO CORRESPONDENTS 110

Original Communications.

A SERIES OF ONE THOUSAND CASES OF ABDOMINAL SECTION.

By LAWSON TAIT, F.R.C.S.,
Birmingham.

Continued from page 68.

Of one group I think I may speak with a certain amount of satisfaction, that is, the group which includes thirty cases of incomplete operations, even if all that I can say is that three per cent. of incomplete operations is not a large proportion, and I have the satisfaction of knowing that it is still on the decrease, as my experience grows. It may be well here to give an analysis of this group, in order that the results of the dissection may be applied, if necessary, to the various groups already indicated in the general analysis.

Incomplete Operations.

	Cases.	Deaths.
Ovarian Cystomata	6	3
Uterine Sarcomata	7	4
Removal of Appendages for Myoma	3	1
" " " Inflammation	7	3
Tumours of various or uncertain origin	7	4
	30	15

The mortality is of course heavy, fifty per cent., and the results in the great majority of those who survived the operation were very unsatisfactory, though in some the disease has been arrested apparently for an indefinite time. I have no doubt now that in many of those cases I might have finished the operation, in fact, I know I could, but I always had a horror of a patient dying on the operating table, and from that distressing incident I have hitherto been entirely free. I now think that it would have been better even to have had such a disaster, and to have finished a large number of these operations.

Concerning the cases of the remaining groups, the diseases treated, and the details of the treatment, I have already published so much in detail that I have very little left further to tell you. Of these, there are a number of small groups, which altogether amount to ninety-seven operations, performed for mortal diseases, with five deaths, a mortality of almost exactly five per cent., and everyone of these operations, ten years ago, were either undreamt of or but faintly indicated. I do not think I am entitled to say less than that I have a very large amount of pride in the fact that everyone of these operations was either originated in this town or was reared from its state of struggling infancy into full adolescent life within its fostering boundaries, but the orator who addressed the Midland Medical Society in November, entirely ignored the fact that from 1842 till now abdominal surgery has grown aud advanced, not in London, but in the large provincial towns of Great Britain.

In the address to which I have just alluded, Sir Spencer Wells has written the following sentence:—"I have more than once warned the profession against the capricious extirpation of the ovaries, because they are supposed to be the source of all womanly ills; and I repeat my caution, seeing to what widespreading evils its neglect may lead. I think it is a charity to lay a checking hand on an erring judgment before it has gone too far; and I would fain save our profession from the public odium which must, sooner or later, be the penalty suffered by all, if a few indiscreet members of our body act without general sanction or disregard general disapproval." But Sir Spencer Wells' warnings are of no use unless he will discuss and prove his statement, because numerous discussions have been invited and taken place, and any kind of disapproval challenged, but nowhere has the latter been shown. It is perfectly true that a few anonymous critics have made some ill-defined and indefinite charges against something or somebody in general, and a few irresponsible utterances are on record, but as soon as specimens are produced, as soon as papers are read, the discussion and the verdict is one of entire approval.

I wish, therefore, again to draw attention to the fact, that a mere reiteration of unsupported, inaccurate, and

exaggerated statements after repeated challenges is absurd. By the admission of his silence, Sir Spencer Wells is unable to justify his language. It is not true that anyone "removes ovaries capriciously because they are supposed to be the source of all womanly ills," but it is true that Sir Spencer Wells and others refuse to remove uterine appendages in the most capricious fashion, or that they are unable to recognise them when they are the morbid cause of intense womanly agony.

A few years ago, some correspondence passed between Mr. Spencer Wells and myself on this subject, and I desired a public discussion of the subject.

Mr. Spencer Wells did not accept the challenge, and I have now to repeat what I said then, and more, for this spirit of capricious refusal to remove the uterine appendages and to defer the performance of operations which ought to be done, adds very materially to the terrible list of "too late" cases, which is now the greatest hindrance to increased success. The very last fatal case of hysterectomy which I had is an instance in point. She had been under the sole care of a very distinguished surgeon for nine years; in 1878 he talked to the patient and her friends of removing the appendages, but capriciously enough he did not carry out the proposal. She came to me, worn out with pain and hæmorrhage, her face and legs œdematous, her abdomen full of red serum, and a tumour that weighed forty-eight pounds. The operation was simplicity itself, not a single point of difficulty occurred, though the surgeon in question had given as one reason against the operation that the tumour was very adherent. There were no adhesions. The patient died merely from exhaustion and shock. Had the operation been done before the onset of œdema, I feel certain she would have recovered. Had the appendages been removed, as they ought to have been, four or five years before, hysterectomy might never have been necessary.

I have grouped together all my cases of pyosalpinx, hydro- and hæmatosalpinx and chronic ovaritis into a group of cases of "Removal of the uterine appendages for chronic inflammatory disease," for the very evident reason that the trouble is the same in all cases, varying in detail and variety, but without any facts upon which definite distinctions exist for the establishment of a hard and fast nomenclature. From the large, soft and broken-down ovary, affected by acute inflammation, to the small cirrhotic mass firmly glued to the pelvic wall or to the back of the uterus, there are infinite gradations of change through which no line can be drawn. From the large sausage-like tube containing some ounces of pus to the small occluded organ glued to its cirrhotic ovary, the transitions are equally imperceptible and the trouble as great in all of them. Sometimes on one side there is pus in the tube, whilst on the other side there is blood or serum. Sometimes the tube is most affected on one side, and on the other the gland is the seat of the disease. In future I shall attempt no such distinctions, for they are illogical, and in many cases impossible.

The group includes two hundred and one cases, with a mortality of five per cent., and here again the influence of inexperience is very apparent, for seven out of the ten deaths occurred in the first hundred; and out of the seven incomplete operations, five occurred in the first hundred. I do not think that for the future the mortality will be more than three per cent., though even five per cent. as a primary result abundantly justifies these operations. The indications which I had already obtained from several of the more striking cases, that the diseases dealt with by these operations are really of a very fatal kind, has been completely established by the remarkable observations of Dr. Kingston Fowler, who has displayed beyond a doubt that the rupture of a suppurating tube is a very frequent cause of fatal peritonitis, whilst all these diseases are productive of intolerable suffering from which it is perfectly impossible to relieve the sufferer in any other way. All this has been discussed over and over again, and I have nothing new to say upon the subject. I cannot of course speak here precisely of the ultimate results in the whole of the one hundred and ninety-one cases, because a great many of them have not yet passed a sufficiently long time since the operation to enable me to judge of the absolute effects of the operation; but this I can say of them without any hesitation, that in the great majority the relief obtained is immediate and complete. In some, the relief is complete for a few months, and then they seem to go back to some of their old sufferings. In a few, there seems to be no relief whatever for a very long time after the operation, and I have now seen a sufficient number of these cases to be able, I think, to arrive at an explanation of this. I have before me a list of thirteen cases in which, for a time varying from six months to two years, little or no relief was obtained by the removal of the uterine appendages. In seven of these cases sufficient time has now elapsed for the establishment of complete success, but all the others are just as ill, or nearly so, as they were before the operation was performed, with this exception, that in five out of the six menstruation has been completely arrested. In the sixth case it is going on still with perfect regularity, though with less pain than there was before the operation was performed, now fifteen months ago.

In every one of these thirteen cases an accident occurred in the effusion of a large quantity of blood into the periuterine tissues some time after the operation, generally within a week; in some of the cases it was clearly localised on one side, whilst in others it seemed to be a uniform periuterine effusion. The result in every case was the same, the pulse and temperature went up, the patient suffered a great deal of pain, and the condition of invalidism remained after the operation for various periods. In one patient, having been perfectly satisfied that the effusion had suppurated, I re-opened the abdomen, about four months after the original operation, and cleared out a small quantity of pus, with the result that the patient was at once and completely relieved of all distress. I think there are at least two other patients out of the six, who still remain unrelieved, in whom this proceeding will also have to be resorted to, but as for the other three, I think that time will bring them right without it. The occurrence of these hæmatoceles is a great puzzle to me, because I cannot remember any peculiarity in the cases in which I have noticed it would enable me to classify them, but there can be no doubt it exercises a most pernicious influence in delaying the satisfactory results of the operation.

Whilst stating briefly the facts of these qualified failures, I can say on the other hand that I might fill a large volume with descriptions of cases in which the most brilliant and satisfactory results have been obtained, women who were prolonging a miserable and useless existence lifted at once into a condition of healthy and active life, and many others clearly saved from impending death. Only one illustration need be given in addition to the number I have already published, and I give it mainly because it has a certain dramatic and personal interest attached to it, combined with a certain amount of absurdity in that the patient should actually have been in my own house for nearly eighteen months without my being aware of her state.

M. J., æt. 28, entered my service as a domestic, in August, 1878. She had been married for some years to a soldier, who had not obtained an official permission to marry, and who, therefore, could not take her with him. She remained in my service till the beginning of 1880, and during that time I became aware incidentally that she suffered very intensely during her menstrual periods and had profuse floodings. She did not express any desire for my professional assistance, but unfortunately for herself spent the whole of her earnings in wandering about from one practitioner to another without any benefit from the numerous pessaries with which she was treated, until she was obliged to give up her work and enter a hospital. After she left my service I heard some thing more about the details of her case, and that com

bined with the information which I simply got from herself, was to the effect that she had received a gonorrhœal infection very soon after marriage and had never been well since that time. After she had been treated, without any good effect, in various institutions, she came to me, as an out-patient, in March of this year, when I obtained from her a complete statement of her history, and on making an examination was easily able to diagnose chronic inflammation of the tubes. I operated, on April 2nd, 1884, and removed both tubes occluded and distended with pus. The ovaries did not come out with the tubes, and I did not think it necessary to remove them. The patient was immediately relieved from distress, has not menstruated since, and has remained for now eight months perfectly free from pain, and is earning her living with perfect satisfaction as a domestic servant.

If I had exercised a little more curiosity about the ailment of this poor woman whilst she was in my own service, I would have rendered her a distinct benefit in shortening her sufferings by at least three and a half years, and I regret very much that I allowed her to waste her money and continue her sufferings for the want of a little judicious inquiry. The operations themselves in these cases are far more difficult than any operations for the removal of cystomata, indeed one distinguished author has gone so far as to say that they are so difficult that the performance of them is quite unjustifiable, an opinion in which, of course, I do not coincide. It is to me extremely satisfactory to learn that after a discussion of this subject for the comparatively short period of eight years, every fact that I have stated and every conclusion that I have made, has been already completely confirmed by independent observations, and that no matter what be the vigour of the denunciations levelled against this advance in abdominal surgery by one or two of the passing generation, the result is that we have a conclusive professional verdict in favour of relieving the enormous amount of suffering endured by women from chronic inflammatory disease of the uterine appendages.

One word more, in conclusion, I have to say concerning a cause of mortality still very potent, and one which is capable of being entirely eliminated. In the recent Harveian Lectures, Mr. Bryant shows a good example by publishing a list of what he terms aptly the "too late cases." If I could eliminate this class from my list I would very materially diminish the mortality percentage. The great majority of the incomplete operations belong to this class, certainly more than two-thirds of my deaths after hysterectomy belong to it, for had the appendages been removed in due time, the more terrible operation never would have been necessary.

It is now very exceptional to have ovarian tumours sent to us "too late," though it does sometimes happen. The profession is now almost completely educated to the security of early operations. I wish it were so in other cases, particularly in the case of hæmorrhagic myomata and chronic inflammatory diseases of the appendages. This will doubtless come in time, for the literature of the subject is now teeming with striking examples of too long delay. Witness the terrible list recently published by Dr. Alexander, of Liverpool, in the *Medical Press and Circular*, of August 27th, 1884. Let us exercise as much precaution as ingenuity can suggest against premature and unnecessary operations, but, on the other hand, let us get free of the terrible stigma of being so often "too late."

Dr. Davies, who, as announced in our last, had been sent on a tour of inspection of the South Coast in order to suggest the necessary precautions in case of the visitation of cholera this year, is recommending the erection of special hospitals in most of the sea-side towns, and the immediate burial of any bodies that may be washed ashore.

Lettsomian Lectures

ON

DISORDERS OF DIGESTION: THEIR CONSEQUENCES AND TREATMENT.

Delivered before the Medical Society of London, Jan., 1885.

By T. LAUDER BRUNTON, M.D., F.R.C.P., F.R.S.,
Assistant Physician to St. Bartholomew's Hospital.

Lecture II.—*Continued.*

In my first lecture, I insisted, at some length, upon the probable difference in the size of molecules, and mentioned that, whilst small ones diffuse through animal membranes, large ones will not. In the process of digestion, large albuminous molecules get split up into smaller ones, which become absorbed and then undergo reconstruction, being built up again in the portal blood, in the liver, and in the tissues, into larger molecules. The albuminous substances of the blood appear to consist of such large molecules that they will not diffuse through the glomeruli of a healthy kidney, but the products of digestion—peptones and hæmialbumose—will diffuse through the glomeruli, and pass into the urine, producing peptonuria or hæmialbuminosuria. It would appear also that white of egg has a smaller molecule than serum albumen, for white of egg, injected under the skin, appears again in the urine, giving rise to pseudo-albuminuria, while serum of blood, or a solution of serum-albumen, injected in a similar way, causes no albuminuria. White of egg, when swallowed, does not usually pass in the urine as it does when injected subcutaneously, because it undergoes digestion in the intestinal canal, and is again built up after absorption into larger molecules. If taken in large quantity, however, a sufficient quantity of it will be absorbed unchanged to pass out through the kidneys and appear in the urine. I have tried the experiment by swallowing six eggs in succession. This quantity was insufficient to produce albuminuria, but it brought on such a violent headache and sickness, that I was deterred from ever making the attempt again. My friend, Dr. D'Arcy Power, who was making the experiment at the same time, succeeded in taking a sufficient number to produce albuminuria. Coagulated albuminous bodies, such as boiled eggs or cooked meat, cannot be absorbed without being previously digested, and so are much less likely than raw eggs to produce albuminuria, even when taken in very large quantities. But, as I have already mentioned, the products of imperfect digestion, such as hæmialbumose, behave in much the same way as egg-albumen, and may give rise to a form of albuminuria. Both egg-albumen and serum-albumen, when present in the urine, will cause a cloud on boiling, or on the addition of nitric acid; and yet it is obvious that the prognostic importance of the cloud, due to a dozen eggs swallowed one after the other, will be very different from that of one due to degeneration of the kidney. It is, therefore, of great importance that we should distinguish between the different kinds of albumen present in the urine. This can be done, to a certain extent, by noting the point of coagulation, which is usually lower in the case of serum albumen than it is in that of other albuminous substances.

Time, however, will not allow me to enter further on this subject at present, and I have already discussed it elsewhere. (*a*) But while the mere occurrence of a little albumen once or twice in the urine is not to be regarded as of necessarily fatal import, it is not to be lightly passed over as a thing of no importance, even although the albumen should prove not to be serum-albumen, but only hemialbumose. Clinical experience had indicated a connection between long continued digestive disturbance and organic disease of the kidneys, and this was experimentally demonstrated by Stokvis, who found that hemialbumose

(*a* Lauder Brunton and D'Arcy Power, "St. Bartholomew's Hospital Reports," Vol. xiii, 1877, p. 283.

injected under the skin once or twice will pass out through the kidneys without doing them any apparent injury, but if the injections be frequently repeated, the hemialbumose in passing through the kidneys, appears to excite in them organic disease.

Another disturbance of the urine connected with digestion is oxaluria. When we find oxalate of lime crystals in the urine, we must not at once conclude that the patient is suffering from oxaluria any more than we must conclude that he is suffering from diabetes or Bright's disease, because we find sugar or albumen in the urine. It is not the occasional occurrence, but the more or less persistent presence of crystals of oxalate of lime in the urine, that is associated with a peculiar group of symptoms, of which the most prominent perhaps is mental depression. Oxalate of lime present in the food will be absorbed from the intestine, and a considerable proportion of it, at least, will be excreted again in the urine. We may thus expect that oxalate of lime would occur in the urine after stewed rhubarb had been taken for dinner, but there are other kinds of food which do not contain oxalate of lime, or only contain it in very small quantity, and yet give rise to crystals of oxalic acid in the urine. When I was house-physician to the late Dr. Hughes Bennett, a glass containing the patient's urine was invariably placed at the bedside, and in going round the ward in the morning I used frequently to notice in the urine the hummocky mucous cloud, with its sharply defined white top, resembling the woolly clouds in a summer sky, which is characteristic of oxaluria. On inquiry, I found that this appearance next morning almost always resulted from the patient's having had cabbage for dinner. Now, according to Esbach, cabbage is really singularly free from oxalic acid, and the oxaluria which it produced must be ascribed to some other cause than simple excretion of oxalate of lime taken in the food. The true cause, I have little doubt, is digestive disturbance, cabbage being one of those articles of diet which is exceedingly apt also to produce flatulence. We do not know exactly how oxalic acid is formed, either in the intestine or in the body, and any observations regarding oxaluria must be to a considerable extent speculative. Thus, according to some, it is said to be due to the oxidation of uric acid, whilst others say that imperfectly oxidised uric acid splits into oxalic acid and urea. Others attribute it to incomplete oxidation of sugar, starch, and fat in the food, or non-nitrogenous fatty acids formed within the body; while others again, say that it is entirely due to the re-excretion of oxalic acid taken in the food, and that no formation of oxalic acid in the body occurs at all. In the midst of these conflicting opinions, it is somewhat difficult to come to any conclusion, but it is worth while for us to note two facts, and see if there is any connection between them. Esbach (*Journal des Connaissances Méd.*, 1883, p. 155), who denies the formation of oxalic acid in the body, points out that if a reducing agent, such as sulphuretted hydrogen, be added to a strong solution of urates, crystals of oxalate of lime are at once produced.

The other fact which we have noted is the tendency of cabbage to produce oxaluria, and also to give rise to flatulence, which probably depends, as it does in the case of other vegetables, on the production of hydrogen or marsh gas. Most plants of the order *Cruciferæ*, to which cabbage belongs, contain sulphur in unusual quantity, and it is possible that this may give rise to sulphuretted hydrogen or sulphides, which will act as a reducing agent, and tend to reproduce in the body the experiment which Esmarch performed in the test-tube.

In cases of imperfect digestion, not only are substances that ought to be used for the nutrition of the body excreted as waste, but products of the digestive process may act as poisons to various parts of the organism, and produce serious symptoms.

A common symptom of dyspepsia is shortness of breath, but in many instances this is merely of physical origin, the distended stomach pressing the diaphragm upwards, and interfering with the expansion of the lungs. There may be shortness of breath, also, which is of cardiac origin, the circulation being affected by the digestion in a manner which we will presently discuss. In addition to these different kinds of shortness of breath, however, we meet with actual asthmatic conditions, in which the entrance of air into the lungs appears to be prevented by contraction of the involuntary muscular fibres surrounding the bronchi. The pathology of asthma is too little understood to enable us to decide whether the bronchial muscles are made to contract by abnormal substances circulating in the blood, and irritating either the muscular fibres or their nerves, or whether the contraction is reflex, and is excited by a congested condition of the mucous membrane lining in the respiratory passages. Cough is another condition frequently associated with indigestion—so frequently, indeed, that a kind of cough has come to be known as "stomach-cough." This popular name, though perhaps not scientifically correct, yet conveys a true impression. Reflex acts are generally adopted for a purpose. Cough is fitted to expel irritating substances from the respiratory, and vomiting from the digestive, passages. Irritation of the stomach will not of itself produce reflex coughing; the act corresponding to it is vomiting. Irritation of the respiratory passages, on the other hand, produces reflex coughing, and not vomiting. Nevertheless, it so happens that the action of the irritant, either in the digestive or pulmonary tract, may be aided by irritation elsewhere; and thus it happens that, when there is congestion of the pharynx and the other parts of the trachea, which is not in itself sufficient to produce coughing, the presence of any irritant in the stomach will assist this irritation in the respiratory passages, and coughing will occur. Thus I have observed a paroxysm of coughing coincident with acidity in the stomach, in a case where the fauces were much congested; and possibly also (although I did not make a laryngoscopic examination) the larynx and trachea may also have participated. This irritation was not in itself sufficient to cause coughing, but the additional irritation of the acidity in the stomach at once excited cough; and when the irritation was removed from the stomach by a dose of bicarbonate of soda, which neutralised the acid, the cough at once ceased. Now it is just at the pharynx—at the place where the respiratory and digestive tracts cross one another—that irritation is most likely to give rise both to coughing and vomiting; and this point, as we might readily expect, is one which is very readily affected by digestive disorders. I saw a very instructive case of cough some time ago. A gentleman suffered from cough, which gave him a good deal of trouble; the back of his pharynx was congested, and I ordered him a gargle. He used this for some time without benefit, and then, for some reason or another, somebody gave him several blue pills, and the cough disappeared.

The heart is very liable to be affected by digestive disturbance, and, like the lungs, it may be affected mechanically; for there is nothing between the heart and the stomach but the diaphragm; and when the stomach gets distended with gas, it may interfere with the action of the heart, and give rise to functional disturbance. This may evidence itself in faintness, the shortness of breath which I have already mentioned, and intermittent pulse. The intermittent pulse, however, as well as the faintness, may be produced reflexly through the nervous system, instead of merely mechanically. Sensory nerves run from the stomach to the medulla oblongata, and, through these fibres, the heart may be reflexly affected. The resulting effects may differ according to the kind and amount of irritation; sometimes palpitation being produced from an affection of the accelerator fibres, and sometimes slow or intermittent pulse by an affection of the inhibitory nerves. It is quite possible that, in addition to the effect produced upon the heart directly and reflexly by the stomach, both the heart itself and the vessels may be influenced by substances absorbed from the intestine into the general circulation,

and carried, not only to the heart itself, but to the nerve-centres which regulate both it and the vessels. We have not as yet, so far as I know, any distinct evidence of alkaloids, which have an action on the heart like that of digitalis or other cardiac poisons, being formed in the intestine, and passing from it into the general circulation.

We know, however, that alkaloids, having an action like muscarine, and having, like it, a powerful action on the heart and vessels, as well as on the intestinal canal, are formed by the decomposition of albuminous substances outside the body; and, in all probability, similar substances may be occasionally formed in the intestinal canal. It is probable that a microbe is the cause of cholera, but the symptoms occurring in the disease are probably due to the action on the tissues of a poison generated by the microbe, and not of the microbe itself, just as intoxication is due to the alcohol produced by the yeast-plant, and not to the action of the plant itself, on the nervous system and blood. (*a*)

An interesting question, on which the formation of alkaloids in the intestine may throw some light, is, "What is the cause of sudden death in some gouty patients?" Such a case as the following is by no means rare. A hale old man, of a gouty family, has seemed unusually well, strong, and in good spirits. He eats an unusually hearty dinner, goes to bed, and is found dead next morning. In such a case, *post-mortem* examination reveals nothing. The kidneys may be contracted, but the change in them has been of a chronic nature, and gives no clue to the cause of the patient's sudden death, unless it be that contracted kidneys will not excrete so quickly as healthy ones, and if a substance should be absorbed from the intestinal canal capable of acting as a cardiac poison, it will be more likely to cause death in a patient with contracted, than in one with healthy kidneys.

But whether alkaloids which affect the heart are formed in the intestine or not, we have evidence that other alkaloids are formed which affect the nervous system very powerfully. In a paper which I wrote some years ago, I pointed out the great resemblance between the symptoms met with in indigestion, and those in poisoning by curare. When an animal is poisoned with this substance, and the motor nerves begin to be paralysed, the increasing languor and difficulty of movement appear to strike the animal as strange, and it frequently looks at itself as if it were itself puzzling over its unwonted condition. The very same thing may not unfrequently be noted in cases of dyspepsia; an unwonted languor comes over the patient generally about two hours after a meal, and the patient wonders why his limbs feel heavy, like lead, and why he should have such a disinclination to exercise, either bodily or mental. I may, perhaps, here be allowed to quote from the paper to which I have just referred (Lauder Brunton, "Indigestion as a Cause of Nervous Depression," *Practitioner*, October and November, 1880), as the analogy which I then pointed out between the languor occurring in dyspepsia and curare poisoning has since received such a remarkable confirmation, and, indeed, it would appear, from recent researches, to be due in both cases to alkaloidal poisoning.

"The feeling of muscular weakness and lassitude, which I have already had occasion to mention as frequently coming on about two hours after meals, is not uncommonly met with in persons belonging to the upper classes, who are well fed and have little exercise. It is, perhaps, seen in its most marked form in young women, or girls who have left school, and who, having no definite occupation in life, are indisposed to any exercise, either bodily or mental. I am led to look upon this condition as one of poisoning, both on account of the time of its occurrence, during the absorption of digestive products, and by reason of the peculiar symptoms, namely, a curious weight in the legs and arms, the patient describing them as feeling like lumps of lead. These symptoms so much resemble the effect which would be produced by a poison like curare, that one could hardly help attributing them to the action of a depressant, or paralyser, of motor nerves or centres. The recent researches of Ludwig and Schmidt-Mühlheim render it extremely probable that peptones are the poisonous agents in these cases, and an observation which I have made seems to confirm this conclusion, for I found that the weakness and languor were apparently less after meals consisting of farinaceous food only. My observations, however, are not sufficiently extensive to absolutely convince me that they are entirely absent after meals of this sort, so that, possibly, the poisoning by peptones, although one cause of the languor, is not to be looked upon as the only cause.

At the time when I wrote this (October, 1880), alkaloids had not been shown to be formed in the body, and I was inclined to attribute the languor to the poisonous action of peptones; but now the evidence which we have to prove the presence in the circulation of alkaloids formed in the intestine is just the same as that which we have to show their presence when injected subcutaneously. When curare is injected under the skin of a frog, we know that it has been circulating in the blood, not only because of the effects it has produced upon the motor nerves, but because, if we take a little of the frog's urine we find that the poison has been excreted by the kidneys, and that the urine will produce symptoms of paralysis when injected under the skin of another frog. Now, Bocci (*Arch. per le Scienze Med.* vol. vi., No. 22, 1883) has found that from human urine an alkaloid can extracted which has got exactly the same action as curare. This alkaloid has not been shown as yet to be identical with the alkaloid obtained by Brieger (*Bericht d. Deutsch Chem. Gesell.*, xvi., pp. 1186 and 1405, 1883) from the peptones formed by the digestion of fibrin with gastric juice, to which he has given the name of peptotoxin. But whether these alkaloids be absolutely identical or not in their chemical constitution, they appear to be identical in their action, both acting like curare in paralysing the peripheral termination of motor nerves.

I have already insisted more than once on the function of the liver in arresting and destroying poisons which have been absorbed from the alimentary canal; and I have already pointed out that excessive bitterness is of the common characteristics of organic alkaloids. Now, there is a curious point about the bile which has, I think, not obtained the attention it deserves. "As bitter as gall" has come to be a household phrase, and we frequently notice that the bile vomited in cases of indigestion is very bitter indeed, so bitter as to be nauseous. But bile is not always bitter, as I once found to my astonishment when making some experiments with digitalis. I had taken nearly half a grain of pure digitalin on each of two consecutive days, and the poison began to produce, as one of its effects, very violent vomiting. During this, I brought up a quantity of matter resembling both in appearance and taste the yolk of a fresh egg, and perfectly destitute of bitterness. (*a*) Not having eaten any eggs, I could not see what it could be but bile, but I was very strongly impressed with the notion that bile was always bitter, that I did not put it down in my notes definitely as being bile, but only as yellow and liquid, somewhat like the yolk of an egg. The absence of bitterness from freshly secreted bile has also been observed by Mr. W. E. Green, of Sandown, in the case of a biliary fistula; and I am inclined to think that the bitterness which is supposed to be the characteristic of bile does not really depend upon biliary constituents, but upon admixture with some alkaloidal substance derived from digestion. Some years ago Dr. Bence Jones and Dr. Dupré showed that in the liver and in other animal organs an alkaloid was present resembling quinine n

(*a*) For a fuller discussion of this subject, *vide* "Researches relating to the Pathology and Treatment of Cholera," by Lauder Brunton and Pye-Smith, *Practitioner*, November 1884, *et seq.*

(*a*) "On Digitalis, with some Observations on Urine," p. 67. London: Churchill, 1868.

many of its reactions, but for some years past their observation has fallen out of notice.

It is very curious to observe how views of all sorts seem to turn round and round again, though not quite in a circle, for at each turn they generally have advanced a little. For a long time the liver was regarded as a most important organ, and well it might be, for it is the largest gland in the body; and yet, for a while, it has sunk into comparative unimportance, its chief function being considered to be the secretion of bile. But to regard the liver in this light is just about as rational as to think that an Atlantic steamer has been built for the express purpose of throwing out from its sides the two jets which are formed by the waste water from the engines. The condensed steam may be utilised, and so may the bile, but the condensation of steam is not the main object of an Atlantic steamer, nor is the secretion of bile the chief function of the liver. If we look at the liver, not as a mere secreter of bile, but as the organ in which probably the most important synthetical processes in the body go on, and the small molecules resulting from the digestion of food are built up into the more complex ones required to supply the waste of the various tissues in the body, we shall at once see a good reason for its enormous size, and for the important position which it occupies. If we recollect also its function as a porter to watch over the entrance into the circulation, and prevent the passage of noxious substances from the stomach or intestine, we shall readily understand how a slight disturbance of its function should give rise to such important functional alterations in other organs.

The Greeks showed their wisdom when they placed the seat of hypochondriasis under the ribs, and when they connected depression of spirits with disorder of liver by giving to it the name Melancholy. In her "Histoire de ma Vie," George Sand says on this subject:—

"Whether it is the bile which has made me melancholy, or the melancholy which has made me bilious—this would resolve a great metaphysical and physiological problem, which I will not take up—it is certain that sharp pains in the liver produce symptoms in all those that are subject to them, of profound sadness and a wish to die. Since my disease first appeared I have had happy years, and when it seized me again, although I was in the condition most favourable to love of life, I felt myself suddenly seized by a desire for eternal repose." ("Histoire de ma Vie," George Sand. Vol. xviii., p. 295. Paris: 1855.)

Sydney Smith describes in a very humorous way the connection between dyspepsia and low spirits. He says: (*a*) "Happiness is not impossible without health, but it is of very difficult attainment. I do not mean by health merely an absence of dangerous complaints, but that the body should be in perfect tune, full of vigour and alacrity. The longer I live the more I am convinced that the apothecary is of more importance than Seneca; and that half the unhappiness in the world proceeds from little stoppages, from a duct choked up, from food pressing in the wrong place, from a vexed duodenum, or an agitated pylorus. The deception as practised upon human creatures is curious and entertaining. My friend sups late; he eats some strong soup, then a lobster, then some tart, and he dilutes these esculent varieties with wine. The next day I call upon him. He is going to sell his house in London, and to retire into the country. He is alarmed for his eldest daughter's health. His expenses are hourly increasing, and nothing but a timely retreat can save him from ruin. All this is the lobster; and when over-excited nature has had time to manage this testaceous incumbrance, the daughter recovers, the finances are in good order, and every rural idea effectually excluded from the mind. In the same manner, old friendships are destroyed by toasted cheese, and hard salted meat has led to suicide. Unpleasant feelings of the body produce corresponding sensations in the mind, and a great sense of wretchedness is sketched out by a morsel of indigestible and misguided food. Of such infinite consequence to happiness is it to study the body." ("A Memoir of the Reverend Sydney Smith," by Lady Holland, vol. i., p. 125. London. 1855.)

Usually, the melancholy and depression of spirits which are associated with disorder of the liver are attributed, like the bitter taste in the mouth, to the bile which is circulating in the blood. No doubt, bile is a muscular poison; but we have already seen that the bitterness of bile is probably not inherent in the secretion itself; and there is, therefore, good reason for doubting whether the bitter taste in the mouth is due to bile. Moreover, we sometimes find the bitter taste with very little evidence of the presence of bile in the blood, the conjunctiva being, at most, only slightly tinged; whereas we sometimes see patients who are deeply jaundiced, and yet make no complaint of any such taste. For similar reasons, we may regard it as probable that the depression does not depend upon biliary matters, but rather upon the noxious substances which have been able to pass through the liver and enter the blood. We may regard, indeed, the association of bile with other noxious substances in the blood in very much the same way as the association of disagreeable smells with noxious properties in gases. The presence of a disagreeable smell often warns us of the presence of noxious gases; but these may occur in their most deadly form with little or no disagreeable smell; and, on the other hand, we have disagreeable smells which are not associated with any danger. As a rule, people are now fully alive to the risks they run from poisoning by sewer-gas, or, to put it more widely, from poisoning by products of decomposition outside the body; but, perhaps, we do not all of us keep so clearly before us as we ought the fact that inside the body there are all conditions for the formation of putrefactive products, and the most favourable arrangement for their rapid absorption. As the late Mr. Darwin once remarked to me, after reading my paper on "Indigestion and Nervous Depression," "It is a wonder that we are alive," running, as we do, a constant risk of poisoning by the products of our own digestion. Slight poisoning does, no doubt, occur, and perhaps more frequently than we generally suspect. Severe poisoning is less common, but still may take place. One of the commonest constituents of sewer-gas is sulphuretted hydrogen; and Senator (*Berlin. Klin. Wochenschr.*, 1868, No. 24) described, in 1868, a most instructive case in which the patient became collapsed, and nearly died, with all the symptoms of poisoning by sulphuretted hydrogen generated in his own intestines.

A particular class of nervous symptoms, in which hypochondriasis and depression of spirits are accompanied by a deposit of oxalate of lime in the urine, has been thus described by Dr. Golding Bird: "The patients are generally much emaciated, excepting in slight cases, extremely nervous, painfully susceptible to external impressions, often hypochondriacal to an extreme degree, and, in very many cases, labour under the impression that they are about to fall victims to consumption. They complain bitterly of incapability of exerting themselves, the slightest exertion bringing on fatigue. Some feverish excitement, with the palms of the hands and soles of the feet dry and parched, especially in the evening, is often present in severe cases. In temper they are irritable and excitable; in men the sexual power is generally deficient, and often absent. A severe and constant pain, or sense of weight across the loins, is generally a prominent symptom, with, often, some amount of irritability of the bladder. The mental faculties are generally but slightly affected, loss of memory being sometimes more or less present." (Golding Bird, "Urinary Deposits," 5th ed., p. 251.)

But in this condition we find the same difficulty of attributing the symptoms to the presence of oxalate of lime that we found in ascribing the depression of spirits

(*a*) I am indebted for this to my friend Dr. De Havilland Hall, who showed it to me in Tanner's "Practice of Medicine," 7th edition, vol. ii., p. 100.

in biliousness to the presence of bile in the blood; for, as Dr. Roberts (Dr. Roberts, "Urinary and Renal Diseases," 3rd ed., p. 79. London: Smith, Elder & Co.) points out, "these symptoms may be present in typical completeness without oxaluria, and, conversely, oxaluria may exist in its highest intensity, and even go on to the formation of a mulberry calculus without evoking any of the above-mentioned symptoms."

In this condition, then, as in biliousness, we are almost forced to ascribe the symptoms to the presence of some poison, of whose presence in the blood the oxaluria in one case and the yellowness of the conjunctiva in the other are merely indications. The irritability which occurs in gouty persons is another example of nervous disturbance due to the presence of injurious substances in the blood, and their action upon the nervous system. But this has been already so graphically described by Murchison in his book on diseases of the liver (*a*) that I must refer you to it, and to the classical work of Garrod, as the subject is too wide to enter upon here.

There is only one so-called minor ailment connected with digestion which I will mention now, and that is headache. As I have pointed out elsewhere, (*a*) headaches are usually dependant either upon the presence of decayed teeth, or of some irregularity in the eyes, more especially in the quality of focal lengths between the two eyes, or astigmatism. The site of headache depending upon decayed teeth varies with the teeth affected. The headache depending on inequality of vision is frequently frontal or occipital, although it may also be temporal. I am at present uncertain regarding the precise way in which indigestion produces headache; but I may remark that, as a rule, in headaches of this sort, the upper surface of the eyeball will be found to be excessively tender, and that the tension within the eyeball itself appears to be increased, so that sometimes the eyes feel like marbles or metal bullets under the finger when they are pressed. Another curious point that I have observed regarding headaches is that, as persons who are subject to them in their youth grow older, bilious headache is very apt to be replaced by giddiness; and that this change occurs about the time when the eyes are beginning to get a little hypermetropic, and the person begins to find the need of spectacles for reading.

Dr. Haig (*Practitioner*, Aug., 1884) has made the observation that in some persons the occurrence of headaches may be prevented by the sparing use of nitrogenous food, and the complete avoidance of butcher meat. This agrees with my own observation regarding muscular weakness and languor, and I think renders it probable that some headaches as well as languor may be due to poisonous products derived from nitrogenous food.

NOTE ON THE ÆTIOLOGY OF INFANTILE DIARRHŒA. (*c*)

By ED. W. HOPE, M.D., B.Sc.,

Assistant-Medical Officer of Health for the City and Port of Liverpool.

A careful and systematic inquiry was made into the antecedents and accompaniments of 634 fatal cases of infantile diarrhœa, which occurred during the autumn months of 1883 and 1884, and the results of this inquiry, together with some points of general interest, laid before the Liverpool Medical Society.

On the accompanying table the meteorological conditions of the four years ending with 1883, are columned side by side with the mortality from diarrhœa during the same period. The increase in the disease, it will be seen, is sudden; the decline more gradual; the deaths during October are greatly in excess of those during June, although there is a lower temperature and greater rainfall in October. The effects of prolonged exposure to seasonal influences may explain this.

Table A.—Meteorological Conditions and Mortality during the Five Autumns 79-83.

Month.	1880. * P	1880. T°	1880. R	1880. Deaths	1881. P	1881. T°	1881. R	1881. Deaths
			Inches.				Inches.	
June ..	29·91	57·1	2·42	31	29·93	56·4	2·35	22
July ..	29·84	59·6	4·68	103	29·94	60·5	2·60	92
Aug. ..	30·02	62·6	1·51	343	29·77	57·1	4·33	165
Sept. ..	29·93	58·8	2·90	361	29·98	55·1	1·61	85
Oct. ..	29·92	45·6	4·65	105	30·01	46·3	3·05	55

Month.	1882. P	1882. T°	1882. R	1882. Deaths.	1883. P	1883. T°	1883. R	1883. Deaths.
			Inches.				Inches.	
June ..	29·85	55·4	4·24	28	29·95	56·6	2·20	29
July ..	29·77	59·1	4·54	74	29·81	58·4	2·99	63
Aug. ..	29·87	58·3	2·19	223	29·96	59·6	2·27	138
Sept. ..	29·84	54·2	2·55	100	29·78	56·3	5·29	137
Oct. ..	29·81	50·1	2·45	49	29·91	50·0	5·00	62

* P = Mean Barometric Pressure. T° = Mean Temperature. R = Rainfall on Ground.

The unequal incidence of the disease upon populations of different social condition is demonstrated by a comparison of different wards of the city, whose populations are alike numerically, but differ in other respects: *e.g.*, if Scotland Ward be contrasted with West Derby Ward, it will be seen that the actual annual average of deaths of infants from diarrhœa in the first named, is more than double that of the latter, notwithstanding that the number of infants in West Derby Ward is shown by the birth-rate to be in excess of those in Scotland Ward (*vide* Table). A similar comparison between Rodney and Abercromby Wards and South Toxteth Ward, shows the deaths from infantile diarrhœa to be in the proportion of 2 in the former to 5 in the latter.

Table B.—Incidence and Mortality. Mean of Five Years ending 1883.

Ward.	Population (Census 1881).	Death-rate per 1,000 of estimated Population from all sources.	Percentage of Deaths under 5 years to total deaths.	Percentage of Deaths under 5 from Diarrhœa to total deaths under 5.	Annual average of Diarrhœa Deaths under 5 years.	Birth-rate per 1,000 of the estimated Population.
Scotland	70,606	33·6	56·4	9·5	108	37·4
Vauxhall	15,382	42·7	51·8	11·8	28	35·3
Rodney & Abercromby	41,997	21·1	37·1	8·3	23·8	30·5
West Derby	67,727	21·9	50·4	7·1	50·0	40·4
South Toxteth	43,318	26·1	56·5	9·0	51·3	39·5

The facts tabulated relating to 634 fatal cases, were ascertained by a most patient and careful inquiry. Most of them occurred in families in the humble walks of life, and amongst the very poor. Uniformity of social habits was striking; the disease appearing to be "epidemic" in the true sense of the word; locality seemed of secondary importance. Neglect, through the carelessness and ignorance of the mother, was an evident feature, especially amongst the very poor, and it probably goes far to

(*a*) "Clinical Lectures on Diseases of the Liver," 2nd. ed., p. 565.
(*b*) Headache, Neuralgia, and other Nervous Diseases connected with the Teeth, "Transactions of the Odontological Society of Great Britain," 1880; and On the Pathology and Treatment of some Forms of Headache. "St. Bartholomew's Hospital Reports," vol. xix, p. 329, 1883.
(*c*) Abstract of Note read before the Liverpool Medical Institution, January 22nd, 1885.

explain the greater frequency, as well as the greater fatality, of the disease amongst this class.

Laxity in nomenclature must be referred to. The more chronic cases referred to in the Table had suffered from debilitating illness, or chronic disease, to which the death was primarily due. With these exceptions, the cases may, from their uniformity in symptoms, in course, and probable origin, be regarded as a specific zymotic disease; it was amongst these latter, that other members of the family, chiefly the children, were suffering from similar symptoms.

In regard to nationality, it is generally admitted that the Irish poor suckle their young more commonly than the English, who more frequently resort to artificial feeding. The benefits which the Irish thus derive are, however, neutralised by their less-satisfactory hygienic surroundings, and their infants suffer to as great or even to a greater extent than the poorer English. After the suckling age the mortality is greater amongst the Irish.

Turning to the general question of feeding, it is of primary importance to bear in mind *the proportion* of infants fed in the various methods referred to in the Table. The vast majority of infants are fed in one or other of the three first-named modes, the other methods, *i.e.*, to the *entire exclusion of breast milk* being of *comparative* rarity. The inference under this heading therefore is, that, as the natural mode of feeding is departed from, the mortality from infantile diarrhœa increases in an enormous degree.

TABLE C.—AGE; MODE OF FEEDING; NATIONALITY; OF 634 FATAL CASES WHICH OCCURRED DURING THE AUTUMN MONTHS OF '83-84.

AGE AT DEATH.	Under 3 Months.			3, & under 6 Mths.			Total.
NATIONALITY.	Eng.	Irish.	Other.	Eng.	Irish.	Other.	
How Fed, Previous to and at Commencement of Illness.							
Breast alone	8	4	2	5	1	1	21
Breast and "Food"*	23	26	4	19	13	3	88
Breast, Bottle, and "Food"	13	12	5	10	7	5	52
Bottle alone	15	3	1	10	3	2	34
Bottle and "Food"	37	7	9	38	20	11	122
Cow Milk and "Food"	1	2		1	1		5
Breast, as well as any kind of food				1			1
Any kind of food							
Total	97	54	21	84	45	22	

AGE AT DEATH.	6, & under 12 Mths.			1 year & under 5.			
How Fed, Previous to and at Commencement of Illness.							
Breast alone	3	4					7
Breast and "Food"	24	15	4	16	11	3	73
Breast, Bottle, and "Food"	10	7		2		1	20
Bottle alone	7	2	1				10
Bottle and "Food"	32	10	7	6	2	2	59
Cow Milk and "Food"		2	1				3
Breast as well as any kind of food	2	2	1	11	1		17
Any kind of food	10	3		49	50	10	122
Total	88	45	14	84	64	16	634

* "Food" means some more or less appropriate artificial diet for infants.

LENGTH OF ILLNESS:—Under 3 days, 165; 3 to 7 days, 204; 7 to 28 days, 225; 1 to 3 months, 40.

PERCENTAGE OF ILLEGITIMATE CHILDREN:—English, 6·9; Irish, 6·1; Other, 18·2

COMMUNICABILITY, OR COMMUNITY OF CAUSE:—In 23·3 per cent. of the Cases, other members of the household were suffering from Diarrhœa.

INSURANCE OF INFANT LIVES:—63·3 per cent. of the cases were in clubs.

As a means of lessening the high infantile mortality of the back streets, Dr. Hope suggested that an efficient staff of trained nurses might be employed to co-operate with the district midwives, their visits, commencing when those of the midwives were discontinued, to be paid at such intervals as were deemed expedient. The details by which the plan could be worked were sketched out.

Clinical Records.

WESTERN OPHTHALMIC HOSPITAL.

Ophthalmic Cases.

Under the Care of Dr. W. J. COLLINS, B.S., B.Sc., F.R.C.S.

[Notes by Mr. R. TREACHER BOWDEN, M.R.C.S., Clinical Assistant.]

Blow on the Eye—Extensive Hæmorrhage into Vitreous—Complete Absorption of the Blood in Six Days.

MARTHA D., æt. 20, a general servant, received a severe blow on the right eye on November 30th. On examination the following day the eye was very tender and the corneal surface slightly abraded, but there was very little external injury. Vision, however, was reduced to bare perception of light; with the ophthalmoscope no red reflex could be obtained in any direction, the fundus appearing perfectly dark; tension normal. Simple poppy fomentations were ordered. The patient returned on December 5th. The eye was then no longer tender, and a red reflex could be obtained in all directions; the disc and fundus were normal, with the exception of what appeared to be a minute hæmorrhage in close proximity to the macula; the vision had returned nearly to normal, but there was a small central scotoma.

Anisometropia with Facial Asymmetry.

F. B., æt. 58, a comedian, applied on account of asthenopia. It was found that he used his left eye for distant vision, but his right eye for reading, and the refraction was as follows:—

$$V\begin{cases}\text{R. E.} = 0\ \text{c} - 5\ \text{D} = \frac{6}{18}\\ \text{L. E.} = \frac{6}{18}\ \text{c} + 1\ \text{D} = \frac{6}{6}\end{cases}$$

Asymmetry of features was very noticeable; the right side of the face, especially the frontal and zygomatic arches, being much better developed than the corresponding parts on the other side, the right and left profile differing very decidedly from each other.

J. F., æt. 17, post-office clerk, complained of great asthenopia. There was marked asymmetry of the face, the right half being more prominent than the left, and better developed. The refraction, though both eyes were hypermetropic, showed that the greater defect corresponded with the less developed side:—

$$V\begin{cases}\text{R. E.} = \frac{6}{6}\ \text{c} + 2\ \text{D} = \frac{6}{6}\\ \text{L. E.} = \frac{6}{24}\ \text{c} + 4\ \text{D} = \frac{6}{12}\end{cases}$$

The asthenopia was completely cured by appropriate glasses.

Papillary Growths from the Conjunctiva.

Thomas C., æt. 34, labourer, for five months had noticed two small lumps growing, one from the inner canthus, the other from the inferior retro-tarsal fold of the conjunctiva, of the left eye; they had slowly increased in size, the larger was nearly as big as an almond, and protruded from between the globe and the inferior eyelid. They did not give rise to much inconvenience, never bled, and, contrary to what is usually the case, had neither been preceded nor accompanied by any discharge. On January 4th the growths were snipped off, and their bases touched with nitrate of silver. They did not return.

Granular Ophthalmia apparently due to prolonged Lactation.

Caroline J., æt. 36, married fourteen years, five children, youngest sixteen months old, which she was still nursing. On Feb 26th came complaining of pain and redness of both eyes, with photophobia coming on during the last few days. The left eye presented considerable conjunctival injection,

and on the ocular surface of the upper tarsus several well marked recent granulations were observed; the right eye was in a similar state, but less marked. She was ordered to apply the yellow oxide of mercury ointment, gr. v. to ℥j. of vaseline, twice a day, to take a ferruginous tonic, and to wean her child at once. By March 4th the granulations were disappearing, by the 11th her health had much improved, and the granulations could only just be seen, and on the 18th they were no longer visible, and all irritation and photophobia had subsided.

Congenital Aphakia.

William L., æt. 11, complained of weak sight, he could read only No. VI. of Jaeger's type, and this he held at a distance of four inches. There was external strabismus of the left eye. His distant vision with each eye was only = $\frac{6}{60}$, and his friends complained that he was short sighted. With + 10 D, however, he could read $\frac{6}{12}$ with each eye, and No. IV. Jaeger at twelve inches. This extreme hypermetropia was verified by retinoscopy and by the direct method; and the catoptric test failed to give more than one image of the lamp. The eyes were in other respects natural. No other member of the family suffered in a similar manner.

Subacute Glaucoma, with Atrophic Stump on the Other Side—Eserine, and Excision of Stump followed by little or no relief—Subsequent Sclerotomies relieved the tension.

Catherine S., æt. 43, somewhat emaciated, had suffered for several weeks with attacks of acute pain in the left eye, she volunteered the statement that when these attacks were present she saw rainbows round a candle flame. There was a history of a blow at the eye four weeks ago, but there was no evidence of damage; she had suffered much from persistent constipation, and had of late been worried a good deal.

The right eye had been lost from an inflammatory attack when young and was sometimes tender to the touch. The left eye exhibited all or nearly all the symptoms of a subacute attack of glaucoma. Tension + 2, slight but distinct cupping of the disc and V. = $\frac{6}{12}$ with + 4 D = $\frac{6}{5}$. Eserine drops and pil. cal. c. col. were prescribed, and the tension of the eye was a little reduced. After a month had passed, she reported that the pain was less, though the photopsia persisted, and the vision had decreased to $\frac{6}{18}$. On August 27th the withered stump of the right eye was excised and found to contain a nearly complete cup of bone through which passed the coärctate retina. No improvement of the condition of the left eye followed the operation. On Sept. 16 the V. = $\frac{6}{18}$ and the optic disc appeared to be distinctly more cupped and paler, the lamina cribrosa being more than normally visible; sclerotomy was forthwith performed, leaving a considerable conjunctival bridge. On Sept. 19th the tension was subnormal, the Vision = $\frac{6}{6}$ without glasses, and rendered worse by the weakest + glasses, there had been no pain and no photopsia since the operation, the optic disc was more rosy and less cupped, its vessels appearing on a nearer level than formerly. Pupil active, no prolapse. A fortnight later tension having returned to + 2; a second sclerotomy was performed, with similar relief, and during the four months which have since elapsed there has been no return of glaucomas; Vision = $\frac{6}{9}$ with a + 2 D.

Transactions of Societies.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

FRIDAY, JANUARY 2ND, 1885.

F. Lawrance, M.R.C.S., President, in the chair.

Mr. F. Swinford Edwards read a paper on

THE TREATMENT OF URETHRAL STRICTURE.

After tracing the history of the treatment of this affection from the time of John Hunter, the author drew attention to the normal size of the urethra, and stated that he fully agreed with Otis in his views obtained from measurements of this canal by the urethra-metre. He next spoke of contractions of the orifice, and showed how often this was a cause of a persistent gleet. Mr. Edwards divided stricture (organic) into two great classes, viz., stricture of the penile urethra, and stricture of the fixed or bulbo-membranous urethra. For the first variety he recommended free division by means of the dilating urethrotome, and at the same time stated that sometimes after this treatment an impassable sub-pubic stricture would after a time disappear, showing that it was spasmodic in nature, and kept up by the co-existing anterior contractions. After stating that gradual interrupted dilatation should always first be tried, gradual continuous dilatation was spoken of and condemned, as often giving rise to inflammatory complications, amongst which was cystitis, for the cure of which internal urethrotomy had more than once been successful. Rapid dilatation as performed by Harrison's modification of Holt's dilator was strongly recommended in cases of sub-pubic stricture where a cutting operation was inadvisable. In discussing internal urethrotomy in cases of deep-seated stricture Teevan's modification of Maissonneuve's urethrotome was extolled. Mr. Swinford Edwards had performed internal urethrotomy by means of this instrument in nearly 30 cases with invariable success. During the past three years there had been 142 cases of internal urethrotomy at St. Peter's Hospital, with three deaths only. Two of these cases dying from accidental causes which would probably not recur. In the third cases there was old standing suppurative nephritis. Suppression of urine was the after complication most to be dreaded in these cases. The means to prevent and ameliorate this having been laid down, the above statistics were then compared with those given by Erichsen, viz., 76 cases of internal urethrotomy in five years with four deaths, eight cases of perineal abscess besides extravasation of urine in one and epididymitis in four. In this hospital Maisonneuve's urethrotome is not used. Holt's immediate method was not favourably criticised. External urethrotomy was considered more dangerous than internal, and Mr. Edwards said that it ought to be limited, except possibly in some cases of traumatic stricture, accompanied or not by urinary fistula, to cases of impassable stricture, which ought nowadays to be but few and far between, looking to the great improvement which has of late years taken place in bougies. In conclusion, the author dwelt upon the importance of being able to recognise the presence of stricture of larger calibre in the penile urethra, such a condition being quite sufficient to keep up a chronic urethral discharge, to cause vesical irritability and other urinary troubles, not forgetting spasmodic stricture in the deep urethra. If this anterior stricture of large calibre admits of treatment by bougie, *i.e.*, if one is able to restore the urethra to its normal size by this means, well and good; but if not immense benefit will be derived from dilating urethrotomy in careful hands.

In the discussion which ensued, the President remarked on the great improvement in instruments during recent years.

Mr. R. W. Lloyd said the anterior strictures might be divided with a blunt pointed bistoury; in cases of penile and scrotal fistulæ he had good results by finding with the stricture search the exact position of the narrowing and dividing as above. In suppression of urine he preferred oil to turpentine enemata, as he considered the latter liable to increase kidney congestion.

Dr. Thorowgood mentioned the case of a man with perineal fistula and stricture, as the stricture was dilated the fistula healed. In suppression of urine he agreed with Mr. Edwards in not advocating the checking of vomiting and purging. He had found uræmic convulsions come on when vomiting ceased.

Mr. Maitland Thompson inquired as to the *rationale* of enemata in suppression, he treated these cases with the hot air bath.

Mr. Bruce Clark asked if there were any congenital strictures other than preputial and those at the meatus. In treatment of stricture at the meatus careful dilatation was necessary after division. He was of opinion that more deep strictures could be cured without division than was generally supposed. He thought that if the strictures now submitted to internal urethrotomy were treated by external cutting the results would be better. He had seen the temperature rise more after internal urethrotomy, and thought that the risk of urinary infiltration greater. He considered external urethrotomy with antiseptic irrigation of the bladder a very useful mode of treatment.

Dr. ALDERSON was in favour of internal urethrotomy. Anterior strictures often lead to deep-seated ones.

Mr. LUNN thought the cases which required external urethrotomy were those where there was atony of the bladder with pus in the urine. He asked about the use of cocaine in the internal operation.

Mr. WEISS agreed with Mr. Edwards as to the advisability of divulsion. He asked how Mr. Edwards got cocaine past the stricture? He objected to lying-in of metal catheters.

Mr. BOYCE BARROW had used silver instruments for years, and thought dilatation by them much preferable to internal urethrotomy. He also, notwithstanding the great improvements in soft instruments thought the silver ones conveyed tactile impressions much better.

Dr. THUDICHUM thought the screw-ended filiform bougies gave a very good impression to the hand. He thought hospital cases as a rule very different from those met with in private practice. He did not agree with giving aconite to prevent rigors. Thought aconite a poison and of no therapeutical value internally as there could be no accuracy of dose. Preparations made by the same makers were sometimes 700 times as strong as others supposed to be of the same strength.

Mr. MENZIES inquired as to the use of anæsthetics.

Dr. CAMPBELL POPE spoke of the value of tying in a small soft instrument in commencing the treatment by dilatation.

Mr. PERCY DUNN remarked upon the importance of rest in allaying spasm.

Mr. ALDERTON mentioned the great benefit to the patient of soft instruments, owing to their giving less pain. Rest and opium were very important factors in the treatment after urethrotomy.

Mr. EDWARDS, in reply, stated that in cases of suppression of urine it is a good practice to give a brisk purgative at the outset, to be followed, if necessary, by turpentine enemata. Although turpentine when administered by the mouth produces renal congestion and its use would seem to be contra-indicated, it was often found useful by enema, and was probably not absorbed, acting only as a stimulating purgative. It is highly important when the kidneys strike work to get this done by the excretory organs. In answer to Mr. Lloyd, he said that dilating urethrotomy was more exact and easier of manipulation than the use of the bistoury for dividing anterior strictures. He agreed with Mr. Bruce Clark that incisions of the meatus required constant attention to prevent recontraction, but differed from him in his views concerning the treatment of deep-seated strictures, believing external urethrotomy to be a much more serious and risky operation than internal, and the after results to be no better, if as good, to say nothing of the prolonged treatment in bed. As to treatment by continuous dilatation, advocated by Dr. Alderson and Mr. Boyce Barrow, he remarked that the former gentleman was judging from two isolated cases; for his own part, he had abandoned continuous dilatation, and now never kept an instrument in the urethra for dilating purposes for more than an hour or two. Concerning Mr. Barrow's predilection for tying in a silver catheter, he was astonished to hear this advocated in the year 1885, and looked upon it as a harmful and antiquated proceeding. He agreed with the remarks as to the importance of rest in impassable strictures, these often becoming passable after a day or two in bed with hot-air baths, opium or belladonna suppositories, or, failing these, ether or chloroform should be given. In conclusion, Mr. Edwards said in stricture cases accompanied with cystitis and atony, where Mr. Lunn proposed external urethrotomy, he would puncture the bladder either above the pubes or through the prostate. This, by relieving pressure and setting the urethra at rest, would improve the condition of the stricture. These cases do not bear a cutting operation well. Mr. Edwards showed various instruments, viz., Harrison's, Voillemier's, Trelat's, Teevan's, Maisonneuve's, Civiale's, Watson's, and Thompson's urethrotomes, and called special attention to the corkscrew fileform guide, or pilot bougie.

Mr. H. PERCY DUNN showed pathological specimens, viz., Epithelioma of the Tongue, Sarcoma of the Lower Jaw, Extreme Fatty Degeneration of the Heart, the Larynx and Pharynx from a case of Cut Throat.

Mr. BRUCE CLARK showed a ready method of treating the convalescent stage of hip-joint disease in a child by plaster of Paris splint.

LIVERPOOL MEDICAL INSTITUTION.

THE seventh ordinary meeting of the session was held on Thursday, Jan. 22nd, Dr. GEE, President, in the chair.

Dr. CARTER showed a specimen of

PLUGGING OF THE PULMONARY ARTERIES.

The patient was a strong healthy woman, who was admitted into the Royal Southern Hospital on Dec. 21st. Six weeks previously she had given birth to a dead child. A fortnight after this she was exposed to cold, and developed some affection of the chest. When admitted into hospital there was fine crepitation of the lower part of the lung. She remained fairly well, however, till the morning after admission, when she eat a hearty breakfast, after which she was suddenly seized with dyspnœa. This was so urgent that artificial respiration was at once put into practice, then tracheotomy, and an attempt was made to bleed from the arm. Artificial respiration was kept up for half an hour, but without avail. The house surgeon had suspected plugging of the arteries, and on *post-mortem* examination this was found to be the cause of death. Clots were found branching off into both pulmonary arteries, the clot apparently becoming older the more it penetrated the lungs. It was supposed that a clot had become detached from the uterine veins and found its way into the lungs, but the whole course such a clot must have traversed to reach the situation in which they were found was examined without finding any trace of any alteration in the parts. The right lung was solid below.

He next showed an

OVARIAN OSSEOUS TUMOUR WITH MALIGNANT DISEASE OF PERITONÆUM

removed from a woman who died in the Royal Southern Hospital. The patient, æt. 36, married eleven years, had four children and four miscarriages. She had had an umbilical hernia for eight years. Eight weeks before her death she had had an accident in which the abdomen was crushed. On admission into hospital this was enormously distended 54 in. below umbilicus. A trocar was introduced below the umbilicus and 6 ozs. of clear fluid were drawn off. Subsequently the trocar was again introduced above the umbilicus when 400 ozs. of clear fluid were withdrawn. A solid growth was then discovered in the median line, so much like the uterus in size and outline that it might easily have been mistaken for the gravid uterus. The abdomen rapidly refilled after tapping, and again and again the trocar was employed. Finally, she became too weak for further tapping and died on Jan. 14th. The whole abdomen was filled with a mass of sarcoma, and the right ovary was converted into a complete bony box that required sawing through before it could be opened. The other was normal.

Dr. BRIGGS showed for Dr. Wallace a

RUPTURED UTERUS

from a case in which abdominal section was performed, removed from a woman, æt. 37. She had previously had seven normal labours, the seventh being completed before the arrival of the midwife, who was the same as attended her on the present occasion. On being called to the case, the membranes having ruptured, the midwife waited some time, but as pain did not come on she went away and she was not again called On the third day however, she visited her and found a shoulder presentation. Dr. Armstrong was then called to the case, and he discovered a laceration of the uterus. He then sent for Dr. Wallace who delivered the woman by abdominal section. The rupture was found to be through the muscular coats of the uterus, but not through the peritoneal covering, so that the parts of the child and the extravasated blood that had escaped through the rent were completely extra-peritoneal. The reasons for adopting this mode of delivery were not stated. After removal of the child and after birth, a drainage tube was inserted. The patient sank and died.

Dr GREVES showed a boy, æt. 5, who had a large condylomatous mass, measuring 1 ft. by 2 inches, around the anus.

Dr. HAMILTON showed a case of

SUBCUTANEOUS NODULES OVER KNUCKLES, KNEES, AND ANCLES.

The patient was a little girl, æt. 8, who had had an acute

attack of rheumatism, not very severe, in July and in August the subcutaneous nodules made their appearance. They had been lately rapidly disappearing. He drew attention to a record of seventeen cases published in the report of the International Medical Congress, in which it was stated that they were usually associated with rheumatism or chorea, and that they generally disappeared spontaneously.

Dr. Imlach then read a note on

UTERINE TUMOURS REMOVED BY ABDOMINAL HYSTERECTOMY.

Dr. Imlach showed five specimens of myoma or fibroid tumour of the uterus, and a malignant uterine tumour all of which had been treated by abdominal hysterectomy at the Liverpool Hospital for Women in the course of the past seven months. Besides these he had successfully removed the ovaries and tubes in three cases of small bleeding myoma, and twice after exploratory incision he had determined that hysterectomy. though not difficult, was unnecessary, and the two patients were now undergoing medicinal treatment. Of the six cases treated by the major operation four recovered. The myomatous tumours weighed, after drainage of blood, respectively 15lbs., 9lbs., and 4lbs. In the fourth case of recovery the tumour was cysto-sarcomatous with five quarts of thick brown fluid in the cyst, the solid portion of the tumour weighing 6lbs. Though there were universal adhesions, the operation lasted only an hour, and the patient's recovery was uninterrupted. In the two cases that died the tumours weighed respectively 6lbs., and 2½lbs. One died from peritonitis and exhaustion, sequent to a prolonged and difficult hysterectomy, the other, in which the operation lasted only thirty-five minutes, from infective peritonitis. The carbolic spray was used in the two cases that died, but not in the four that recovered. Dr. Imlach referred to the published results of other operators, and expressed his belief that hysterectomy would soon become as successful as ovariotomy.

Dr. Hope next read a

NOTE ON THE ETIOLOGY OF INFANTILE DIRRAHŒA,

illustrated by an elaborate and carefully prepared table which will be found at page 95.

Dr. Archer pointed out that the heaviest incidence of the disease was in October, and that it was probably due to bad and putrefying fruit. Poverty and squalor also had much to do with its production. He thought some of the cases were really due to enteric fever, which was difficult to diagnose in children, and to tubercular disease.

Dr. Carter hoped that Dr. Hope's valuable suggestion as to the organisation of a staff of trained nurses who should visit the homes of the poor, and give instructions as to feeding and nursing, should not be allowed to drop, but that it would bear fruit. He thought that much of the mortality was due to downright ignorance on the part of parents.

Dr. Greves said that his experience at the Children's Infirmary during the months mentioned, bore out, in all essential points, the statements of Dr Hope. Artificial feeding played an important part in producing autumnal diarrhœa in children.

Mr. Fay said that one important point, namely, teething had been overlooked by previous speakers.

Dr. Imlach said that he had on a previous occasion attributed the disease to a dilatory and meagre milk supply. He pointed out that the diarrhœa period, before the end of the first year of life, preceded the fruit-eating period, and that in the case of infants suffering from the disease during the first year, fruit could scarcely be looked upon as the cause.

Dr. Robertson said the absence of rain, absence of wind, and elevation of temperature had for the last twenty or thirty years been looked upon as factor in the production of the disease, and that Dr. Hope's tables completely confirmed this. He also pointed out the vicious practice that existed amongst the lower order of mothers giving their children beer to quieten them.

Dr. Nevins pointed out that the tables showed that the practice of giving infants food in addition to the milk was an almost unmixed evil.

Dr. Stocker remarked upon the looseness of nomenclature and the absence of pathological precision in regard to the subject, and stated that in 500 *post-mortem* examinations he had never had to return the cause of death as diarrhœa.

Dr. Weaver said that feeding with starchy foods often set up diarrhœa, whilst infants fed with baked flour or Mellin's food did not get it. The Table showed that fruit could not have much to do with it. He thought it was the effect of "cold."

Dr. Barr remarked that the food given was the same all the year round, but that the deaths were all in the hot season, and that there must be some fermenting or putrefactive process at the bottom of the disease,

The President said the subject was not entirely exhausted, that the Tables did not and could not give exact data as to feeding with the various kinds of food, nor the proportion of children fed in any particular way. One of the principal elements in the production of the disease was over-feeding, and next unwise and injudicious feeding.

France

[FROM OUR OWN CORRESPONDENT]

At the meeting of the Société de Chirurgie, M. Trèlat defended his ideas on primitive reunion in operations on the breast from the criticisms of his colleagues. He has nearly always gone in for reunion by first intention, and has never found any inconvenience to result; on the contrary, he has had to congratulate himself frequently. M. Tillaux treated by open dressing, but now that he employs antiseptic measures he endeavours to unite the wound as much as possible. M. Verneuil considered that it was not proper surgery to economise the tissues in order to obtain immediate reunion.

Propagation of Tuberculosis by the Genital Organs.—At the Société des Hopitaux, M. Vallin, opposed some views of his colleague M. Fevent who, at the previous meeting, contended that tuberculosis could be propagated by means of the genital organs affected by the disease. M. Vallin considered that living together was sufficient to cause the transmission of the malady by more comprehensible means. Another member related the cases of several persons suffering from sciatica, which had resisted every other means, being cured by a spray of chloride of methylene, according to the method of Dr. Debove. M. Rendu said he had tried it in a few cases, but not with much satisfaction. On the contrary, he had seen serious sloughing after the spray, He preferred to use ether. M. Lailler said that he employed for a long time chloride of methylene to obtain numbness of the skin in scarification, but it was so difficult to limit its action that he was forced to give it up; the smell also of the drug was insupportable.

Dr. Spitzer.—The Spitzer affair has excited much sympathy in Germany. It will be remembered that Dr. Spitzer was fined and suspended for a time from practising, for causing gangrene of a hand by the application of a solution of iodine and collodion to a swelled joint of one of the fingers. Appeal was of course made, and the decision of the first court reversed, but, in the mean time, Dr. Spitzer committed suicide. At the last meeting of the Medical Society, at Berlin, a great discussion arose on the effect of the remedy employed by Dr. Spitzer on the skin, and feeling rose very high between the members. Prof. Weinlechner first spoke; he said, in the Spitzer case I was called by the prosecution to give my opinion as an expert on the solution of collodion and iodine employed. In accord with two of my *confrères* well versed in forensic medicine I declared that the painting of the little finger with the liquid had provoked gangrene. The accused, having appealed, the Faculty of Medicine made several experiments with the result that the incriminated liquid was declared inoffensive. The Court of Appeal reversed the judgment of the first

court, and it is now easy for any one to see that this act constituted a reproach which concerns me in my position of surgeon. It was admitted by one of the experts (medical) that collodion applied in a ring form around a finger might cause gangrene, and I was determined to examine minutely into the effect of the solution, and having had brought to me a child with a supernumerary digit, I applied seventeen times a solution of iodine and collodion, the same strength as used by Dr. Spitzer, that is to say, 1 in 100. There is not yet any appearance of gangrene, but I am certain it will not fail to set in shortly." M. Dittel, one of the Committee which pronounced in a contrary sense, considered that the professor had not made out his case, and that their opinion could not be altered. (Applause.) M. Albert, secretary of the Committee, said that he had sought in vain in books for warning against the action of collodion, and he interrogated several leading medical men, all of whom replied that they never saw nor heard of a case of gangrene produced by it. After some angry remarks by the professor, the discussion ended.

A PENDANT to this affair is reported from Bohemia. A Doctor H. was called to see a child who was suffering from dislocation of two of the carpal bones of the right hand, with external wound. The proper dressing was applied, and in two days the doctor returned and renewed the treatment. On the following day symptoms of gangrene set in, and other medical men being called, declared that their *confrère* had drawn the bandage too tightly, and that amputation was necessary. To this the parents refused to submit, and the hand dropped off in a few days. Dr. H. was prosecuted for negligence, and condemned to again undergo his examinations and pay damages to the parents. He appealed, and the Faculty of Prague having sustained him, he was acquitted.

THE application for a change of the charter of the Royal College of Surgeons in Ireland to enable professors and lecturers to be examiners, to authorise the Fellows to vote at elections by papers and *in absentia*, and to admit women to the diplomas of the College, has been sent to the Irish Government for its approval.

WE understand that the project for amalgamating the Richmond and Stevens's Hospitals, Dublin, is being actively considered by the Irish Government. If this be done the annual grant of £17,000 will be commuted for a capital sum applicable to the building and maintenance of a new hospital.

THE Governors elected last week a resident surgeon to Steevens' Hospital, Dublin, in the room of Mr. Myles. Five candidates competed. Mr. John Neill, of the Ledwich School, was elected unanimously.

WE are glad to learn that Mr. E. Overend Day, M.R.C.S., Surgeon to the Royal Hospital for Women and Children, Waterloo Road, has been presented with a very handsome writing desk as a mark of respect from some of his old patients.

THE Prussian Government has conferred upon Sir Joseph Lister the distinguished order of knighthood *pour le Merite*.

REGISTERED FOR TRANSMISSION ABROAD.

The Medical Press and Circular

Is published every Wednesday morning. Price 5d. Post free, 5½d.

POST FREE TO ANNUAL SUBSCRIBERS . . . £1 2 6
,, IF PAID IN ADVANCE 1 1 0

Post-office Orders and Cheques to be drawn in favour of—
A. A. TINDALL, 20 King William Street, Strand, London, W.C.
A. H. JACOB, 3 Molesworth Street, Dublin.

Agents for Scotland:—
MACLACHLAN and STEWART, South Bridge, Edinburgh.
A. and W. STENHOUSE, Hillhead, Glasgow.

Sole Agent for the Continent:—
JOHN F. JONES, 31 Bis, Rue du Faubourg Montmartre, Paris.

ADVERTISEMENT SCALE—Whole Page, £5 0s. 0d. Half Page £2 10s. 0d.; Quarter Page, £1 15s. 0d.; One-eighth Page, 12s. 6d.

Small Announcements of Practices, Assistancies, Vacancies, Books &c., of Seven lines or under, 4s. per insertion; 6d. per line beyond

Considerable reductions are made from the foregoing Scale when orders are given for a series of insertions. Letters in this department should be addressed to the Publishers.

SUBSCRIPTIONS FOR FRANCE are received by Messrs. BAILLIERE, Rue Hautefeuille, Paris—post free in advance, £1 8s. 6d. per annum.

SUBSCRIPTIONS FOR RUSSIA are received by Messrs. RAJCHMAN and FRENDLER, 18 Senatoren Street, Warsaw—post free £1 5s. 0d. per annum.

SUBSCRIPTIONS FOR THE UNITED STATES are received in New York by Messrs. WILLMER and ROGERS; Philadelphia, by Dr. BRINTON: post free in advance, 5¼ dollars (£1 3s. 6d.) per annum; or direct from the Offices in this country for the same amount, if remitted by International Post-Office Order.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 4, 1885.

MR. LAWSON TAIT ON ABDOMINAL SECTION.

MR LAWSON TAIT'S recent address delivered before the Birmingham Medical Society on "A Series of One Thousand Cases of Abdominal Section," published in our present issue, is a striking and impressive illustration of the unspeakable benefits which may be conferred by even a single operator in diminishing the aggregate amount of human suffering. Not the most inveterate opponent of Mr. Lawson Tait on special points would for a moment dream of depreciating the magnificent results of his professional labours, or for a moment presume to question his absolute claim to the gratitude of mankind through the unquestionable success of his life's work. Not a little of the usefulness of this lies in the lessons that may be gathered from the history of the experiences through which the Birmingham operator has advanced to his present exalted position among professors of abdominal surgery; and the most prominent lesson of all is one on which he himself lays stress, that, viz., of the importance of experience on the part of the operator. Mr. Lawson Tait has very clearly shown, by reference to the disproportionate mortality in his earlier and later series of cases, how greatly success has been influenced by his own improved acquaintance with all those minute, but by no means trivial, changes and alterations which occur in the

progress of different cases. At the outset of his career these were unfamiliar, and could not be discounted; later on their significance assumed a due proportion in the mind of the surgeon, ever alive to observe the slightest variation as a guide to treatment, until at length his acquaintance with possible conditions enabled him to command success by virtue of his enlarged knowledge of probabilities.

In dealing with the question of anæsthesia, Mr. Lawson Tait offers several observations of value. He rejects ether in this connection on account of the bronchial irritation it produces, and also because, as first pointed out by Mr. Tait, the urinary secretion is completely arrested during its administration, and it is consequently a potential element of danger in all cases where kidney disease may co-exist. The anæsthetic now invariably employed by Mr. Tait is a mixture of ether two parts and chloroform one part, given by means of Clover's apparatus. It acts rapidly, is not unpleasant, and induces a minimum amount of subsequent sickness.

The average death-rate on the whole series of one thousand cases is 9·3 per cent., and on this point the following extract from Mr. Tait's address will be generally interesting:—"Whether this death-rate is high or low I cannot say, for no such series has before been published, and, therefore, I cannot discuss it relatively. I think it high, and am perfectly certain that if I live to complete another such series it will have a very much lower mortality, and for two reasons. In the first place the present series contains my early work, where the the want of experience told heavily. The second reason is that important causes of failure have been absolutely removed by the complete discontinuance of the clamp in ovariotomy and of the ligature in hysterectomy, and cases of all kinds are now operated upon at earlier stages of these diseases than they were when I first began my work, all of which points will be discussed in their proper places."

On the influence of Listerism in reducing mortality, Mr. Tait preserves the well-known position he has so long occupied, and ascribes his greater comparative success with non-Listerian treatment to personal improvement by experience in operating; and of the importance of Listerism one way or other he holds no opinion. Perhaps this is not quite a fair way of judging the matter, since "Listerism" carries such different meanings to different minds, and probably what Mr. Tait regards as "non-Listerian" surgery, would, in the estimation of a candid historian as truly deserve the positive title, as being antiseptic and precautionary in the highest degree. Surgery is now so universally careful against external sources of infection that any discussion such as used to rage on the point is no longer possible.

As might be expected, Mr. Tait devotes considerable space to defending his view of the part taken by the uterine appendages in promoting female distress and illness; and he naturally refers to the most recent deliverance of Sir Spencer Wells, who, on this subject, is at variance with Mr. Tait. The decision of the profession in favour of the view of the latter is claimed by its author, and in many respects he may justly be held entitled to it. At the present time, however, much as hysterectomy is dreaded, the whole nature of the questions at issue can hardly be said to be universally understood; and it is not impossible that by-and-by some sort of agreement will be arrived at between those who do and those who do not attribute so vast an importance to the uterine appendages. We take the following on the operation of hysterectomy from Mr. Tait:—

"Of hysterectomy I may say at once it is an operation which I detest. Its mortality is fearful. Sir Spencer Wells has had over fifty per cent. of deaths, and my own mortality has been 35·7 per cent. Bantock has recently had a run of bad luck; the mortality of other operators is not fully displayed, and Keith alone has had brilliant results. My own heavy bill is chiefly due to deaths from hæmorrhage, which resulted from trying the plans recommended by Spencer Wells with the intra-peritoneal method. All the eight cases in which I tried this plan died, and they all died in the same way, shrinkage of the pedicle, from serous oozing and subsequent hæmorrhage. I tried every device which I could invent and everything I had seen recommended to prevent this accident, but in vain. Four deaths occurred in seven cases where I used Wells' clamp; in two cases I used the cautery with one success. In thirty-seven cases where I adopted the extra-peritoneal method with the principle of circular constriction of the pedicle, I have had six deaths, and this is far more satisfactory and promising. There can be no doubt that for uterine tumours the extra-peritoneal method of dealing with the pedicle is the only one admissible."

No one will withhold from Mr. Tait the hearty congratulations to which he is entitled on the publication of his experience of 1,000 cases of abdominal section. No one either, we venture to think, will be found to dissent from the opinion that such a record as this publication contains is one of which any surgeon in the world might well be proud.

THE IMPRISONMENT OF DR. BRADLEY.

The effort to obtain the release of Dr. Bradley, of Brimington, near Chesterfield, who has been sent for two years' hard labour for an indecent assault upon a collier's wife, is being energetically pressed forward. The medical practitioners of Chesterfield, Derby, Nottingham, Sheffield, and other Midland towns have with unanimity presented memorials to the Home Secretary, and the case has also been taken up by the Irish Medical Association, whose interference was especially called for, because Dr. Bradley is a graduate of an Irish University. The following is the Memorial addressed by the President and Council of the Association to the Right Hon. Sir W. Vernon Harcourt, Her Majesty's Secretary of State for the Home Department:—

The attention of your memorialists has been directed to the case of David Bradley, a doctor of Medicine, of the Queen's University in Ireland, recently practising his profession at Brimington, near Chesterfield, Derbyshire, and now undergoing a sentence of two years' imprisonment and hard labour, passed upon him at the last Leicester Assizes, for a minor offence, he having been there indicted for rape upon the person of one Eliza Swetmore.

Your memorialists have carefully examined the evidence set forth in the depositions sworn by the said Eliza Swetmore and by other witnesses previous to the trial of the

said David Bradley, and also the notes of the evidence given thereat, and have taken every means open to them to ascertain whether the charge against the said Dr. Bradley was supported by any circumstances in his previous character or antecedents.

Your memorialists, upon such consideration and inquiry, are strongly of opinion that the evidence of the said Eliza Swetmore and of the other witnesses produced in confirmation thereof, is altogether insufficient to establish against the said Bradley any charge, either of rape, or of the minor offence of which he was convicted, and furthermore, they have satisfied themselves that the previous life and habits of the said Bradley have been such as to render the truth of such an accusation improbable.

Your memorialists have ascertained that, upon the trial of the said Bradley, certain very material evidence was not produced which would have established the fact that the said Swetmore had, from her youth, been subject to frequent epileptic fits, and that a person when under the influence of such fits is liable to hallucinations which might, very probably, cause her to make such charges as that upon which the said Bradley was convicted.

Your memorialists, upon careful examination of the evidence of the said Swetmore respecting the circumstances of place, time, and position under which the offence is alleged to have been committed, is altogether incredible, and that such evidence is rather contradicted than corroborated by the testimony of other witnesses produced —and that the said Bradley must, therefore, be taken to be entirely innocent of the offence for which he is now undergoing sentence.

Your memorialists, therefore, humbly pray that you will be pleased to cause further inquiry to be made into the accusation against the said Bradley, and the circumstances attending his trial, conviction, and sentence, and that, if it shall appear to you, upon such inquiry, that the evidence produced has been insufficient to establish clearly, the said accusation, that you will be pleased to recommend Her Majesty to grant a free pardon to the said Bradley.

Signed, &c.

It seems to us that this is a case in which all medical practitioners in the kingdom are personally interested, for it is obvious that a day of practice seldom passes over their heads without affording to some ill-disposed person or eroto-maniac the opportunity of ruining their professional and personal reputation, as Dr. Bradley's has been ruined. If the uncorroborated and absolutely incredible testimony of a woman of known epileptic constitution can drag down a practitioner of unsullied character to the level of a convicted prisoner there is not one of us who may not, at any time, find himself in Dr. Bradley's position.

This is a consideration of the highest moment to medical men, and not one of us, however respectable, can be satisfied that it is not applicable to himself. If it be true, as we believe it is, that the jury in Dr. Bradley's case originally brought in a verdict of not guilty, and were subsequently dragooned by the judge into altering that judgment, the matter is certainly worthy of the gravest thought and the most energetic action.

AN official inquiry has been ordered by the Metropolitan Asylums Board into the alleged extravagance in provisions, principally of wine and beer, at the Eastern Hospital. The current opinion is that many of the "startling items" are cases of misappropriation.

HER Majesty the Queen has notified to the father of the late Dr. Marshall, resident physician to the Royal household, that she will grant him a yearly pension for life. Mr. Marshall, who lives at Crief, Perthshire, was dependent on his son recently deceased.

Notes on Current Topics.

The Germinal View of Disease.

IN his third and concluding Cantor lecture on "Climate in relation to Health," delivered at the Society of Arts, Dr. G. V. Poore uttered a very decided opinion respecting the intimate dependence of phthisis on a specific bacillus. Dr. Poore described recent inquiries as proving that this disease is due to a bacillus; and that in the same connection, therefore, the affection must in future rank among infective disorders. Concerning the diffusive power of small-pox contagium, reference was made to recent experiments tending to confirm the belief that the infective particles may be carried at least to a distance of hundreds of thousands of feet from the place of local outbreak. Hay fever also was discussed, and the results arrived at by Mr. Blackley, showing the fever to have been caused by pollen grains carried by the atmosphere, were discussed. Epidemic influenza, potato disease, and other affections were employed in turn as illustrations of the influence of atmospheric conditions as a determining factor in the production of diseases, and at the conclusion of the lecture a general summary of the objects held in view during their delivery was given by Dr. Poore, who said that he had endeavoured in these lectures to show that many diseases which we were apt to attribute to climate were in reality due to our own ignorance. A knowledge of the laws of sanitation, and a strict application of those laws, has greatly improved the health of the British soldier both on home and foreign stations, and a reference to the health returns of the army was the best proof of what he had asserted with regard to climate.

An Unfortunate Sword-swallower.

THERE died at the Newington Infirmary a few days ago a man whose trade it was to perform feats of jugglery, among which was included the sword-swallowing trick. He had, two days before admission to the infirmary, attempted to perform the customary trick, when he was attacked with severe pain and vomiting of blood, attended with great difficulty in breathing and swallowing. After being submitted to treatment in the infirmary, no improvement took place in his condition, and he died a few days after the accident. This unfortunate victim to sensationalism adds one more to the long list of those whose end is precipitated by attempts to gratify the public taste for morbid kinds of entertainment; and, preach as we may, it is certain that such exhibitions as sword-swallowing, leaping from great heights into nets, turning somersaults in mid-air, and trapeze exercises under circumstances of imminent danger, will be insisted on by the uneducated thousands who make up the classes on whom music-hall proprietors depend for an income. Nor is it merely the lower orders who supply the audiences ready to applaud each fresh risk incurred by "sensation artistes;" many of their number occupy a much higher rank in social life; but it cannot be concealed that it is the intellectual equality such people exhibit with the half-savage rough of the Casino that is mainly answerable for the unseemly association of the two classes in pursuit of amusement.

White Lead Poisoning.

The Medical Superintendent of the Shoreditch Infirmary, Dr. D. W. Forbes, reported recently to the Guardians of St. Leonard s, Shoreditch, that during the week preceding three cases of lead poisoning, two ending fatally, had been admitted under his care. Further, since the Factory and Workshops Act of 1883 had come into operation, that is, since Jan. 1st, 1884, eleven cases had come under treatment, all being workers at the same factory; and of these four had succumbed from lead encephalopathy. The Board of Guardians ordered that all details of the cases occurring since December 31st, 1883, should be reported to the inspector of factories; and on the working of the Act Dr. Forbes informed the Board that he thought the Act did good, but at the same time that people of dissipated habits were unfit persons to be employed, as they were very soon affected by the poison of white lead. If the *employés* received better wages more suitable persons could be engaged, who would, with the appliances now at their disposal, work with care, and so with considerable impunity from the deleterious action of the lead. The worst process, most injurious in the manufacture, should be done by machinery, and so save this annual holocaust to white lead manufacture.

Usurpation of the M.D.

Our opinion has been asked as to the propriety of conduct of one of the candidates for the coronership for North Kerry, who in his election address signs himself M.D., although he admits that he does not possess any other qualification than the licences of the Irish Colleges of Physicians and Surgeons. Upon the question submitted to us no doubt can be entertained. No one has any right whatever either by law, custom, or courtesy to use the title M.D., and his doing so is a misappropriation of the title, which can hardly be called quite honest. It is certainly usual for medical practitioners of all grades, and even for medical students, to be addressed as "doctor" by other persons, and some of the less respectable of them avail themselves of that custom to put "Dr." on their name-plate, but no reputable practitioner puts M.D. to his name unless he possesses a University doctorate, and no College of Physicians claims for its licentiates any such privilege. In the *British Medical Journal* of last week the Vice-President of the College of Physicians of Edinburgh writes as follows:—

"My College has never officially sanctioned the use of this abstract title by any of its licentiates, and it has had in its archives, since shortly after 1858, a form of reply to all inquiries as to this, intimating that its licentiates have no legal right to such a title. The only possible good that could accrue from such a use of the title of doctor would seem to be to induce the public to believe that the person so designated possessed an university degree. I am well assured that no gentleman would either willingly make himself a party to such a fraud or desire to see the college whose diploma he holds associated with such fraudulent usage."

There is no occasion to discuss the question whether a College of Physicians licence is not as good a qualification as the M.D. Perhaps it is much better than some M.D.'s which are openly sold by certain Universities to persons who are not University men at all, and have done nothing to entitle them to the distinction. Be it better or worse, the licence of a College is no more an M.D. than an Admiral is a Colonel. But there are many practitioners who have learned that the M.D. is worth something with the public, and—as they have neither earned it by study, nor paid for it by academic fees—they do not hesitate to filch a title which does not belong to them. We prefer not to use the language which truly describes this proceeding.

The late Dr. Martin of Boston.

A correspondent intimately acquainted with Dr. Henry Martin, of Boston, United States, who has just succumbed to diabetes after an illness of two years, sends us the following note, which we fully endorse from personal knowledge:—"Having had the honour of a long and most interesting correspondence with that very distinguished gentleman, I am desirous of expressing my sentiments of the loss which medical science has undergone by his death. Dr. Martin was a Londoner, having been born in this metropolis in 1824, although the whole of his medical career was passed in the United States. When he was in this country some few years since, he informed me that he was, and had always been, most attached to his native land, and was most anxious to come over to London to convert medical opinion to a belief in the greatly superior efficacy of animal vaccine over Jennerian or long-humanised lymph.

Dr. Henry Martin was one of the most vigorous of men, and peculiarly suited to his position as an innovator in the field he made his own, that of vaccination. He spared no trouble or expense to carry out his views, was unwearied in the use of his pen, most learned in the literature of our art, and full of zeal and honesty. To meet him was to admire him, and his death has deprived the profession of one of its most devoted heads.

The Beatitude of the Doctor.

Amidst the mundane and grovelling considerations of fees and other hum-drum incidents of medical business it is a truly blessed feeling for the working doctor to look in upon his breast and realise that, without knowing it, he is an incarnate combination of self-sacrificing philanthropy and ordinary business capacity.

If any of our readers have never realised their beatitude, we commend to their reading the following assurance from the mouth of a President, who compliments his audience in the following phrases:—

"That which is but the occasional luxury of others—the relief of pain, the mission of mercy above all distinction—is our daily task. *We* truckle to no caprices of power or fashion; *we* acknowledge no wordly dependency, but follow in freedom a life at once useful and bountiful to others, elevating and independent for ourselves. Gain is but the incident, not the essential of *our* handiwork, because our true *honoraire* is the memory of insufferable pain relieved, the rescue of valued lives from danger, the restoration of fathers and mothers to their children, and the saving the little ones that seemed doomed to die."

Such a view of doctoring is very gratifying, but we suspect that most doctors—editors included—look upon

the "incident" of gain as not the least part of their reward of labour, and that when a good public appointment is vacant, even *we* may violate the rule which prohibits our "truckling to the caprices of power or fashion."

This sort of a peroration is neat and self-satisfying, but it is nonsense. *We* are just no better and no worse than our neighbours, and we shall not succeed in persuading the world that we are even if we delude ourselves into the idea.

Compulsory Notification at Hastings.

THE inhabitants of this health resort, who might reasonably have expected to be free from the invasion of the sanitarian fad-mongers, are seriously threatened with the imposition of that form of inquisition known as the Compulsory Notification of Infectious Disease. They have a Town Council, a medical officer of health, and a staff of sanitary officers, who are respectably paid for finding out infectious disease and taking precautionary measures to prevent its spread; but these officials think it much handier to make the doctors do their work than to do it themselves, and they are therefore trying to put the medical practitioners and the people of Hastings under the yoke of compulsory notification. They will declare, no doubt, with more or less effrontery, that in other towns in which compulsory notification has been introduced there has followed salubrity, low death-rates, and cheap sanitation. Let the people of Hastings not believe a word of it! The real truth is that compulsory notification has been on its trial for a dozen years, and has proved a complete failure, for it has caused infection to be concealed, and therefore spread, has increased mortality, and has enlarged the taxes without yielding benefit to any one. The medical men of Brighton are wise in refusing to have anything to say to the business, and in refusing the bait of a few half-crown fees which the notificationists impudently dangle before them, and we hope the profession and the public in Hastings will fight against the imposition with determination and a good heart. They need not expect any help from the "Parliamentary Bills Committee" of the British Medical Association, which is supposed to represent the profession in such matters, because its chairman is a pledged notificationist, and its members are limp and unreliable to the last degree. But they must rely on their own energy and the justice of their cause, and they will certainly defeat the homœopathic health officer and his backers, as has been done in Birmingham and elsewhere.

The Victims of Dynamite.

IN our last week's issue we were enabled, by the courtesy of a member of the staff of the Westminster Hospital, to furnish particulars of the cases of the injured constables; and this week we are in a position to supplement these with latest information as to the injured women at the London Hospital. These two victims of the explosion at the Tower still remain under the care of Mr. Frederick Treves, in the wards of the London Hospital. Both patients are young, and are progressing favourably, though it will still be some time before they will be well enough to leave the hospital. One of them is suffering from a burn involving the whole of one side of the face, and which has been attended with a considerable amount of pain. The injury is healing without any serious complication having arisen to interrupt its progress, and the surgeons in charge anticipate that this case need cause no further anxiety. In the second case the burn is of a less severe description, but in connection with it a circular laceration of the tympanum of the right ear has given rise to a good deal of accompanying disturbance. The patient is completely deaf on the affected side, but good hopes are entertained that the sense of hearing will be ultimately restored. The general condition of this patient, also, is very satisfactory, her appetite being maintained, and a fair amount of rest being secured.

Netley Hospital.

ON Monday last Sir James Paget delivered the prizes, and gave the address to the surgeons of the Army and Indian Medical Services who have just completed their course of instruction during the winter session of the Army Medical School at Netley.

The British Medical Association.

THE eighth annual meeting of the Dublin branch of the British Medical Association was held on Thursday last in the Dublin College of Physicians. The Council's report stated that in compliance with a request they issued a circular to the members of the branch, requesting replies to,—1. Do you approve of the admission of homœopaths? 2. Do you approve of the retention of those already members? Eighty-three replies were received; of these 10 were in favour of, and 73 were against the admission of homœopaths, and 38 were in favour of, and 43 against their retention as members of the Association. In accordance with the resolution adopted at the last annual meeting in reference to the great block that at present exists in the senior ranks of the Army Medical Department, and the extremely short period of home service now enjoyed by surgeons-major, your Council appointed a sub-committee to draw up a report, but did not deem it opportune to take further action upon it. Dr. Atthill, the incoming President, then delivered an eloquent and practical address upon medical reform, which we regret that we are unable to publish in our present issue, after which the Branch adjourned. In the evening the members dined together in the College Hall, the President being supported by Mr. Gibson, M.P., Dr. Lyons, M.P., and Sir Patrick O'Brien, M.P., and by the President of the College of Physicians and Vice President of the College of Surgeons. The entertainment, though not largely attended, was very successful.

Pseudo-Charity in Brighton.

THE extent to which the foolish benevolence of unthinking people is abused by mean but canny persons may be judged from the result of an inquiry lately made by the Brighton Charity Organisation Society into gratuitous medical relief in that town. The report states the population of Brighton and Hove as 130,000, and asserts that of these 24,883 received hospital treatment in one year—23,243 as out and 1,673 as in patients——while, in addition, 5,062 were treated under the poor-

law. In other words one person in every five of the residents of this wealthy watering-place are sponging on the charity provided for the sick and destitute. But why not? If the doctors are so anxious to work for nothing, and if it is so easy to induce people with money to throw it away without any regard to the purpose to which it is applied, why should not stingy but knowing people avail themselves of the system? Nevertheless, it is none the less disgraceful, both to the Brightonians and the doctors.

The Lectureships at the London College of Physicians.

The lecture arrangements for the present year at the above College are now completed by the appointment of Sir Andrew Clark, Bart., to the Lumleian Lectureship, Dr. Hermann Weber to the Croonian, and Dr. William Osler to the Gulstonian. The lectures, which are open to members of the profession on presentation of their card, will be delivered at the College on each of the following Tuesdays and Thursdays, at five o'clock, viz., the Gulstonian on Feb. 26, March 3, 5, the subject being "Endocarditis;" the Croonian on March 10, 12, 17, subject, "Hygienic and Climatic Treatment of Consumption," and the Lumleian on March 19, 24, 26, subject, "Some Points in the Natural History of Dry Pleurisies."

The Decadence of Londoners.

A good deal of interest has been excited by a lecture delivered by Mr. James Cantlie at the Parkes Museum on Thursday last, the subject selected being "Degeneration amongst Londoners." Mr. Cantlie's descriptions both of the beings he depicts as typical cockneys, and of the regions they inhabit, must be admitted to be sufficiently startling, but it is also probable that he has been guilty of small exaggeration, notwithstanding that a more or less popular lecture must needs of necessity be rendered attractive in this direction. Considered as a habitation, the lecturer defined London as an ozoneless region, where exercise in fresh air is impossible to obtain, and where the sun's rays are deprived of all health-giving power. A Londoner he held to be one whose father and mother were born, brought up, and lived in the area defined, and who himself, or herself, was brought up and lived in London, and whose only notion of a relaxation was a run to the country or the seaside on a Bank Holiday. It was well nigh impossible to find a third, and absolutely impossible to find a fourth, generation of pure Londoners—the progeny ceased, partly from moral and partly from physical decline and inability of continuance. The pure Londoner of the third generation which he had been able, after much search and inquiry, to get hold of was a picture of physical decline, involving shortness of stature, narrow chest, deformity of jaws, miserable appearance (squint prevailing), scrofulous diseases, and small head. Pure Londoners were seldom to be found in workhouses because they died young. They were able to "light porter," sell papers, and by some such shiftless means earn a livelihood. Mr. Cantlie, after thus holding the mirror up to much-abused nature, warned his hearers against the evils held in future store as a result of the continued action of the forces he had described; and the practical conclusion of his discourse was that but one way of avoiding present ills could be followed, and that consisted in securing for the young such an amount of beneficial sojourn in a pure atmosphere as shall enable the body functions to be performed under circumstances the most favourable to perfect physical development. The lecture was unquestionably both able and impressive, and it is satisfactory to find that it has excited such an amount of public interest.

International Medical Congress.

Already steps are being taken in America in view of the ninth International Medical Congress, appointed to be held in Washington in the summer of 1887. On November 29th last, the Committee on Organisation held a meeting at Washington, where a number of rules relating to the general conduct of the Congress were proposed and adopted. One of these provides that notices of papers to be read in any one of the sections, together with abstracts of the same, must be sent to the secretary of that section before April 30th, 1887. These abstracts will be regarded as strictly confidential communications, and will not be published until the meeting of the Congress. The General Committee of Organisation consists of a president, three vice-presidents, a secretary-general, a treasurer, and four other members forming with the president, secretary, and treasurer, an Executive Committee. The following are the names of those thus appointed:—*President*, Dr. Austin Flint, sen., New York; *Vice-Presidents*, Drs. Alfred Stillé, Philadelphia; H. J. Bowditch, Boston; and R. P. Howard, Montreal; *Secretary-General*, Dr. J. S. Billings, U.S. Army; *Treasurer*, Dr. J. M. Browne, U.S. Navy; *Executive Committee:* The President, Secretary-General, and Treasurer (*ex officiis*), and Drs. I. Minis Hays Philadelphia; A. Jacobi, New York; Christopher Johnston, Baltimore; and S. C. Busey, Washington.

Milk as a Spreader of Disease.

At the annual meeting of the Yorkshire Association of Medical Officers of Health, held a few days since at York, the President, Mr. S. W. North, dwelt at some length on the influence of the milk supply of the country in promoting the distribution of infectious diseases, and especially of typhoid fever. The supine attitude of the Government in relation to this most important question, and the absence, spite of repeated proofs of danger incurred under existing legislation, of all legalised examination of urban milk establishments, has been the means of an incalculable amount of ill. Legislation with regard to the sale of milk was, Mr. North insisted, imperatively required; there had been accumulating during the past ten years an overwhelming amount of evidence to show that serious outbreaks of typhoid fever over and over again could be traced to the sale of infected milk. It seemed to be marvellous that the Legislature had not seen its way clear to adopt some measure by which the sale of milk might be placed under more immediate and constant control. The number of lives sacrificed, the amount of time lost, and the amount of misery created by the un-

mistakable outbreaks of typhoid fever arising through infected milk were startling to those who had taken the trouble to read and compare them. What the society was aiming at was that legislation in respect to the subject should be placed on entirely the same lines as the Public Health Act, and that the administration of all the regulations with regard to milk shops and dairies should be taken from the hands of the police, and, as in the counties, be placed in those of the sanitary authorities of the district, and that supervision of those places should be primarily placed in charge of the medical officer of health of the district. Some of the members were of opinion that in order to secure an efficient inspection of dairies, and sufficient protection of the public from the dangers arising through infected milk, the particular locality should be subject to visitations from the sanitary authorities, if for no other purpose except that of informing themselves of the state of things existing. They were further of opinion that the time would come —speedily they thought—for milk sellers through the length and breadth of the land to be licensed for the carrying on of the milk trade, one of the conditions being that dairies and milk shops should be kept in a condition satisfactory to the sanitary authority.

A Fever Cot for Infants.

AN ingenious and simple arrangement, whereby the employment of cold for the reduction of high temperatures in the case of very young children is facilitated, has been described by Dr. W. P. Watson in the *Archives of Pediatrics*. The cot consists of india-rubber tubing arranged in gridiron form, by successively bending it on itself, and is then fasted securely to sheet-lead. The water is admitted by a central tube, and thence circulated on either side to the outflow, this disposition ensuring that the coolest part of the cot shall be in the centre, where the hottest part of the patients body will be in contact with it. The tubing used can be of any size, and the lead of any thickness desired, but the lighter each is the more pliable will the cot be in moulding it to the body of the patient. The inventor has used the cot for some time on an infant seven weeks old, the body of the child being completely wrapped round by it. Dr. Watson considers this cot more applicable, less formidable, and more valuable for these young patients than the rubber coils so often employed. He is accustomed, in critical cases attended with temperature of 106° F., and not readily reduced by other means, to give carefully the cold water douche, and, the temperature having been reduced, to place the patients in the cot, the heat of which can be regulated at will.

THE office of solicitor to the Irish College of Surgeons is vacant by the death of Mr. Pelham Mayne.

WE are asked to announce that the Managers of the Gaiety Theatre have placed their theatre at the disposal of the Council of the Royal Hospital for Diseases of the Chest, London, for a *matinée* performance, to be given on Thursday, 12th February, in aid of the Building Fund of the new wing.

The Kildare Infirmary.

A PRESENTMENT for £600 for the maintenance of the county infirmary was taken up last week at the Naas Presentment Sessions. A Poor-law guardian objected to the grant as a waste of public money, and said the majority of the cesspayers were opposed to it. On a division being taken, the motion recommending the grant was adopted by a narrow majority. We hope this may be the last of the annoyances to which Dr. Chaplin —the surgeon of the Infirmary—may be subjected from the politico-religious attacks of the persons who have for several successive years tried to shut up the Infirmary.

The Metropolitan Hospital Saturday Fund.

THE annual meeting of the Hospital Saturday Fund was held on Thursday evening last. Mr. Samuel Morley, M.P., the President of the Fund, occupied the chair. The Report stated that the total receipts for the year, inclusive of £234 balance brought forward, amount to £10,437. Of this, the collecting-sheets of the workshops had produced £7,042, and the street collections £2,783. The fund, therefore, appears to be slowly making its way among that class of the community who so greatly benefit by the hospitals and medical charities of the metropolis. It is pretty evident, however, that there are, as the Chairman said, a very large number of workshops and warehouses which do not in any way take any part in the movement. The ladies are greatly to be praised for the interest they take in the Fund, for they showed not only sympathy, but a good deal of courage in these street collections, which, it will be remembered were made on the last occasion in the most unfavourable weather. There can be no doubt that the percentage of working expenses connected with the management of the fund is still much larger than it should be; in this respect it compares somewhat unfavourably with the Hospital Sunday Fund. Last year, 127 institutions reaped the benefit of the fund, as against 124 of the previous year, and the fund now maintains 30 beds at the Convalescent Home established at St. Margaret's. There is, it appears, still a debt upon this Home of £2,000, which must be met, and Mr. Morley very generously promised £400 towards the amount if the working men will only set to work and collect the £1,600 within the present year. The Rev. Canon Fleming spoke in favour of the movement in its moral and physical aspect, and after considerable discussion it was determined to make the street collections at a more favourable period of the year, namely, on the third Saturday in July, instead of, as heretofore, the first Saturday in September.

SPURIOUS cubebs have been offered in the London market during the last month. They consist of the fruit of *Daphnidium cubeba*, which closely resembles cubebs in general appearance.

THE Windsor wife murderer Shill has been respited and removed to Broadmoor Asylum as a criminal lunatic. The young man Marshall, who murdered a girl at Woolwich a few weeks ago, has also been found to be insane, and he will now be confined in the Criminal Lunatic Asylum without further trial.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

University Reform.—An influential deputation waited on the Lord Advocate at Edinburgh on the 26th ult., with reference to the subject of the Universities (Scotland) Bill. The deputation was representative of the Association of the General Council of the University of Edinburgh. The speakers urged that in legislating on the subject it ought to be provided that the General Council be properly and efficiently represented in the University Court; that a detailed account of the whole funds be yearly submitted to the Council by the University Court; and that the administration of the University funds be transferred to the University Court. They craved, in addition, that certain new powers be conferred on the General Council, and that the principle of extra-mural teaching be recognised in all the Faculties as well as the Medical Faculty. The Lord Advocate recognised the importance of the proposals, and promised careful consideration on the part of the Government.

Mortality in Glasgow.—For the week ending with Saturday, the 24th ult., the mortality in Glasgow was at a rate of 33 per 1,000 per annum, as compared with 34 in the preceding week and 23 in the corresponding week of last year.

Health of Edinburgh.—For the week ending with Saturday, the 24th ult., the mortality of Edinburgh was 89, and the death-rate 19 per 1,000 per annum. There were 18 deaths under one year, and 17 above sixty, of which 8 were above eighty, and 1 above ninety years. Diseases of the chest accounted for at least 45 deaths, and zymotic causes for 9, of which 3 were due to fever, 1 to scarlatina, 3 to measles, and 2 to whooping-cough.

Glasgow Royal Infirmary.—The annual meeting of the managers of this institution was held on the 26th ult., Lord Provost M'Onie presiding. The report submitted set forth that during the year 1884 the admissions to the Institution were 5,313, against 5,445 in 1883, being a decrease of 132. There were treated to a conclusion 5,300, against 5,465, or a decrease of 165; and there died 496, against 499, or a decrease of 3. Last year the rate of mortality was 9·3 per cent., against 9·1 per cent. in the preceding twelve months. At the close of the year there were in the hospital 516 patients, as against 503 in the former year. The total number treated in the hospital and at the dispensaries had been 36,368, against 32,952 in 1883. The abstract of the treasurer's report shows that the income of the institution for 1884 has been—ordinary, £18,810 5s. 10d.; extraordinary, £18,852 16s. 2d.—total, £37,663 2s.; while the expenditure has been—ordinary, £24.907 9s. 9d.; extraordinary, £2,494 11s. 5d.—total, £27,402 1s. 2d., showing balance of receipts over total expenditure, £10,261 0s. 10d. Appended to the report was a motion come to by the managers, "that in future no case of enteric (typhoid) fever shall be received into the Infirmary, and that if a case occurs in the house, it shall, if it can be done with saftey, be removed to an hospital for epidemic diseases." Mr. McEwen (Dean of the Guild) sought to have this restriction removed, but it was ultimately confirmed on the withdrawal of the resolution put forward.

Water-closet Accommodation in Edinburgh.—At a meeting of the Public Health Committee of the Edinburgh Town Council, held last week, various cases of insanitary houses were considered by the Committee, and the Burgh Engineer and Medical Officer of Health were instructed to see that closets were put into the houses wherever that could be done. Those who know the old town of Edinburgh well, know that the common stairs are more frequently used as water-closets, or rather dry closets, than anywhere else. It must also surprise anyone with a propensity for archæological investigation in the parts of the town just mentioned to notice how much is yet needed for the decent accommodation of the poor in a city boasting of so much sanitary culture, and in spite of the activity of its sanitary department. The common stairs and the street gutters seem to have taken the place of the old Edinburgh closet, a pair of tongs and a barrel.

Edinburgh University.—At the University Court holden last week the following appointments were made:—Dr. Bayley Balfour, Professor of Botany, University of Oxford, to be Examiner in Botany, and Dr. Ramsay H. Traquair, Museum of Science and Art, Edinburgh, Examiner in Natural History. The appointment of the Examiner in Clinical Surgery was postponed. At the same Court the following examiners were reappointed for the current year:—Dr. J. D. Gillespie, Surgery; Dr. Byrom Bramwell, Clinical Medicine; Dr. Richard Caton, Physiology; Dr. William Murrell. Materia Medica; Dr. Sidney Coupland, Pathology; Dr. Thomas Barlow, Practice of Medicine; Dr. J. Halliday Croom, Midwifery; Professor D. J. Cunningham, M.D., Anatomy; Dr. A. P. Aitken, Chemistry; Dr. Henry D. Littlejohn, Medical Jurisprudence.

The Principal of Edinburgh University.—We understand that Sir W. Muir's (the new Principal of the University) visit to Edinburgh, expected towards the end of next week, has been postponed for a fortnight.

We understand that a sum of £12,500 has been raised for the benefit of the widow and family of the late Principal, Sir Alexander Grant.

Correspondence.

HOW LONG ARE SCARLET FEVER PATIENTS INFECTIOUS?

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Few will be found to disagree with Dr. J. Makinson Fox when, in his letter published in your issue of last week, he emphasises the importance of thoroughly disinfecting all the matters separated from a scarlet fever patient, whether exfoliated epithelium, fæces, or urine. But few, I take it, will be found to agree with him in believing that a fortnight after the cessation of the fever, provided the patient has had a course of baths, he is free from infection, and, notwithstanding the continuance of desquamation, may be allowed to mix with his fellows. I gather from his remarks that, presuming the fever to last, as in a moderately severe case it will, about a week, then a quarantine and a disinfection lasting another week or two having been accomplished, he would discharge him into society from the fourteenth to the twenty-first day, reckoning from the commencement of the attack. If this can be done safely, what a world of anxiety and trouble would be spared to those of us who are charged with the responsibility of scarlet fever patients in hospital! and what a saving it would annually effect to the pockets of the ratepayers and patients' friends! But while I admire the courage with which Dr. Fox carries his convictions into practice, I am at a loss to understand how he can ignore the positive facts which have from time to time been reported, and which must, I think, carry conviction to most minds, that the quarantine that he recommends is not sufficient to secure immunity from spreading the affection. It is easy to understand how, for awhile at least, under some circumstances, the practice that he recommends may appear successful. The discharged patient may be avoided by his

friends; he may not come in contact with many children or individuals who are susceptible to the poison, or, what is very likely, the patient may be lost sight of, and no one will hear of the damage he may do. On the other hand, there are many positive instances which go to prove that convalescents long after the twenty-first day and in spite of disinfection are capable of communicating infection to others. Take, for instance, that mentioned by Dr. Geo. Eastes (see *Brit. Med. Journ.*, vol. i. 1883, p. 208), who relates that he went to London on the twenty-fifth day of a mild attack of scarlet fever, having undergone thorough disinfection; here he met his brother, who was with him for a couple of hours, and who, forty-eight hours after, was seized with the initial symptoms of the fever. If space permitted, I could relate instances, seen by myself, of how children with nephritis or empyema following scarlet fever, who, having been bathed and admitted to a non-infectious ward, have been the means of causing outbreaks of more or less serious character in the wards to which they have been admitted. I have also seen convalescents discharged from hospital at the end of the sixth week, who had been bathed daily for several weeks, and their clothes carefully stoved, been the undoubted means of causing an outbreak of the fever at their homes or at the school to which they returned.

There can be but little doubt, I think, that during the febrile stage, and probably for some time after, the poison is passing out of the system by the breath, perspiration, urine, and fæces, and it is only reasonable to suppose that the horny layer of the epidermis becomes saturated with infection. We cannot disinfect it *in situ*, or burn it or stove it like a suit of clothes; it must be removed by a gradual process of exfoliation, and during this process, by means of baths and carbolic soap, we may destroy the infection residing in the detached portions of skin. It is, no doubt, possible to exaggerate the importance of the last shred of old skin which adheres perhaps for months to the heel, or, as Dr. Fox puts it, to the process of desquamation being prolonged by a constitutional irritability of skin, but in any such case, it is surely wiser to err on the safe side. I certainly concur with your remarks, that it is impossible to disinfect the skin short of complete exfoliation of the horny layers, but this having taken place everywhere, except perhaps over the heel, it may be quite possible by soaking in a stronger solution of carbolic acid than could be applied to the body to render the patient free from infection. I certainly think that anyone looking up references to the experience of others, as, for instance, "Medical Digest" (77.2), or to the debate at the Clinical Society, January, 1883, or to the results of his own experience, will come to the conclusion that a quarantine extending to the end of the sixth week is desirable, and if possible, for a week or two longer. Dr. Fox is perfectly right in calling attention to the neglect of the disinfection of the excretions as a frequently unsuspected source of danger, but I am strongly inclined to the opinion that the sending back to school or letting loose on the public of scarlatinal convalescents on the fourteenth or twenty-first day of the attack can only result in disseminating the disease and bringing discredit on those responsible for it.

I am, Sir, yours, &c.,

HENRY ASHBY, M.D., M.R.C.P.

Manchester, Feb. 1, 1885.

COCAINE IN VAGINISMUS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your issue of Jan. 28th, under the above heading, I read with interest that M. Cazin had reported to the last meeting of the Paris Surgical Society that a patient who had been married many years suffered from such a degree of vaginismus that marital intercourse had never taken place, had been relieved of her troubles by the painting of the vulva and vagina with a solution of cocaine. I have just such a case—viz., of vaginismus and dyspareunia—under my care in the hospital, and I, too, have used the cocaine, with decidedly good effects. The patient came to me suffering very acutely; not only was pressure on the perinæum exquisitely painful, but the bare touching it was pain; indeed, blowing on it produced distress, and so intolerable was the suffering that examination had to be completed under chloroform. On the third occasion of attending the patient, I mopped the perinæum, fourchette, and lower part of the vagina with a solution of the cocaine, after which I was able to introduce the large-sized Fergusson's speculum, which was retained for about two hours, as steady, continuous pressure had been found to give relief.

I wish particularly to draw attention to the ease procured by the cocaine, although it was transient. On a subsequent occasion I injected into the perinæum 15 minims of the cocaine soluton. Yet as a permanent local anæsthetic I prefer another drug, which for years I have been employing with marked good results, and to which I will with your permission at a subsequent date refer.

Yours faithfully,

G. DE G. GRIFFITH,
Physician to the Hospital for Sick Women and Children.

34 St. George's Square, London, W.

Medical News and Pass Lists.

Royal College of Physicians of London.—At the ordinary meeting of the Comitia of the College, on Thursday last, January 29th, Sir William Jenner, Bart., President, in the chair, the Examiners reported that on the 13th eleven candidates presented themselves at the Second Examination for the Licence, of whom four were approved and seven not approved. Also, that on the 20th, and following days, seventy-five were admitted to the Final Examination, of whom fifty-eight were approved and seventeen were referred for farther study. The following were elected on the Council of the College:—Drs. Fincham, Andrew, Hughlings Jackson, Reginald Thompson, and Broadbent. The additional Examiners appointed were:—Dr. Russell, on chemistry, Drs. F. Taylor and Murrell on materia medica, Drs. Ewart and V. D. Harris on elementary physiology, Dr. Pye-Smith, physiology, Drs. Beale, Cayley, Moxon, Green, and Sutton on medicine. On the motion of the Registrar, the College resolved: "That every member of an English university who shall have passed such an examination or examinations at his university as shall comprise the subjects of the first and second examinations of the Examining Board in England, and who shall have completed not less than four years of medical study according to the regulations required by his university, be eligible for admission to the third or final examination of the Board, two years after his having passed all the other required examinations; that every candidate so admitted to examination be required to pay a fee of five guineas; and that every such candidate who shall have passed such third or final examination shall, on the further payment of not less than twenty-five guineas and subject to the By-laws of each College, be entitled to receive the Licence of the Royal College of Physicians of London, and the Diploma of Member of the Royal College of Surgeons of England." The annual report of the Examiners was presented, from which it appears that during the year ending December 31st, 782 candidates presented themselves at the First Examination for the Licence, being an increase of 91 over those of the preceding year. Of the 782 examined, 504 were approved, and 278 were not approved, being in the proportion of 35·4 per cent. Of 111 candidates who presented themselves for Second Examination during the year, 38 only were approved, while the large proportion of 73, or 66·3 per cent. were referred back for further study. At the Final or Pass Examination, 290 candidates were examined, being an increase of 63 over the year preceding. 202 were approved and have obtained the College Licence, while 88, or 30·3 per cent. failed to satisfy the Examiners.

Post Graduate Instruction at the Chelsea Hospital for Women.—Arrangements have been made for the delivery of a series of six lectures on the diseases of women, at the Chelsea Hospital for Women, to which free admission may be obtained by any qualified practitioner on presentation of address card. The course will commence on Monday next at 5 p.m., and will be continued at a corresponding hour on the five following week days. The subjects and lecturers as as follow:—I. By J. H. Aveling, M.D. Introductory Lecture. "British Gynæcology—Past and Present." II. By A. W. Edis, M.D., F.R.C.P. "On the Diagnosis and Treatment of Uterine Hæmorrhage." (First Part.) III. By Fancourt Barnes, M.D., M.R.C.P. "Uterine Displacements." IV. By J. H. Aveling, M.D. "On the Methods of Examining the

Female Pelvic Organs." V. By A. W. Edis, M.D., F.R.C.P. "On the Diagnosis and Treatment of Uterine Hæmorrhage." (Second Part.) VI. By Fancourt Barnes, M.D., M.R.C.P. "Dysmenorrhœa."

Lectures at the Royal College of Surgeons, England.—The annual course of lectures will be commenced on Monday, February 9th, at 4 o'clock, by Professor W. K. Parker, M.R.C.S.E., F.R.S., who will deliver six lectures on "Birds, their Genesis and Structure." Professor Frederick Treves, F.R.C.S., will deliver three lectures on "The Anatomy of the Peritoneum and Intestinal Canal in Man," commencing on Monday, February 23rd. Professor Charles Stewart, M.R.C.S., will deliver three lectures on "The Structure and Life-History of the Hydrozoa," commencing on Monday, March 2nd. Professor Alexander Hill, M.B., M.R.C.S., will deliver three lectures on "The Grey Masses of the Cerebro-spinal System, their relations to one another and to Peripheral Nerves," commencing on Monday, the 9th of March. Professor Arthur Brailey, M.D., M.R.C.S., will deliver three lectures on "Some Points in the Anatomy and Physiology of the Eye," commencing on Monday, March 16th. The course will be concluded in June next, by Professor Edward Lund, F.R.C.S., Professor John Wood, F.R.S., F.R.C.S., Professor Charles Stewart, M.R.C.S. (Erasmus Wilson Lecturer), and Edward Albert Schäfer, M.R.C.S., F.R.S. The subjects of the several lectures will be hereafter published. The lectures will be delivered in the theatre of the College on each Monday, Wednesday, and Friday, at 4 o'clock precisely.

Royal College of Physicians of London.—The following candidates, having passed the necessary examinations, were admitted Members on Thursday last, January 29th:

Dakin, William Radford, M.D. Lond., 61 Edith Road, W.
Foxwell, William Arthur, M.B. Camb., General Hosp., Birmingham.
Handford, Henry, M.D. Edin., Nottingham.
Lewers, Arthur Hamilton N., M.B. Lond., 109 Gower Street, W.C.
McDonagh, John Michael, M.D. Bruss., 123 Beaufort Street, S.W.
Pasteur, William, M.D. Lond., 19 Queen Street, Mayfair, W.

The following candidates, having passed the necessary examinations, were admitted Licentiates of the College on Thursday last, January 29th:—

Adams, Gofton Gee, Clifton.
Annacker, Ernest, Manchester.
Bower, Edward Ignatius, London.
Bowie, Robert Forbes, London.
Bury, Herbert Taylor, London.
Canfield, Ralph Metcalf, London.
Cox, Robert Hippesley London.
De'Ath, George H., Guy's Hosp.
De Montbrun, Domingo A., London.
Dingley, Arthur William, London.
Downes, Howard, London.
Fetherstonhaugh, R. T., Dulwich.
Fisher, Henry Holdrich, London.
Gilbertson, James H., Hertford.
Gordon, Fred. Wm., Brynarlais.
Gubb, Alfred Sam., French Hosp.
Hacking, John H., Manchester.
Hall, William Hamilton, London.
Henry, W. G., M.D. McGill, London
Huntington, William, Liverpool.
Jones, John Arnallt, Tir Caradoc.
Joaling, Charles Langford, Sidcup.
Kebbell, Charles, Brighton.
Lake, Richard, London.
Laurie, Caspar R., Buckhurst Hill.
McKillop, A., M.D. Tor., London.
Medley, Harold Thos D., London.
Messiter, Arthur F., Willington.
Mullis, George William, London.
Page, Alfred M., St. John's Wood.
Parfitt, Edward Browne, London.
Pulling, Herbert John, London.
Ross, William Albert, Toronto.
Rugg, George Lewis, Clapham.
Shackel, George Arthur, Reading.
Smith, Albert, Stockwell Green.
Spry, William, London.
Staddon, John Richard, London.
Stewart, George Eland, London.
Strickland, Charles, London.
Thorold, William Grant, Pimlico.
Tratman, Frank, London.
Turner, Frederick S., Chiswick.
Washbourn, William, London.
West, Charles Jas, Westminster.
Williams, R. M., Blackheath Hill.
Williams, Robert R., London.
Winckler, Wm., University Hosp.

Royal College of Surgeons of England.—The following candidates, having passed the required examinations for the diploma, were admitted Members of the College on Thursday, January 22nd:—

Ensor, Henry C., L.S.A., Llanishen.
Eskrigge, R. B., L.R.C.P. Ed., Hardwick, Manchester.
Sydenham, G. F., L.S.A., Tiverton.
Bell, W. H., L.S.A., Islington.
Malden, F. J., M.B. Durh., St. Neots.
Newbolt, G. P., M.B. Durh., Weymouth.
Davison, J. L., M.D., Toronto.
Broadbent, G. H., L.K.Q.C.P.I., Manchester.
Williams, Campbell, Sydney.
Leech, P., L.S.A., Warrington.
Kershaw, John C., Ardsley.
Mann, J. B., L.K.Q.C.P.I., Manchester.
Aspinall, J., L.S.A., Hindley.

The following were admitted Members on January 23rd:—

Robertson, R. S., L.R.C.P.Ed., Manchester.
Jolliffe, Albert R., L.S.A., Southampton.
Leggatt, G. S., L.S.A., Highbury.
South, Henry E., L.S.A., Balham.
Cree, G., L.S.A., St. John's Park.
Adams, Gofton G., L.R.C.P.Lond., Clifton.
Ingle, A. C., L.S.A., Cambridge.
Anwyl, J. N., L.S.A., Manchester.
Bower, E. I., L.S.A., Craven Street.
Ballachey, Henry H., L.R.C.P.Ed., Edgefield.
Langhorne, Thomas G., London.
Deeble, Stephen L., L.S.A., Netley.
Chamberlain, C. B. d'Eyncourt, L.S.A., Southsea.
Priestley, R. C., L.S.A., London.
Humphry, E., L.S.A., Brighton.
Lovell, Harry Haynes, Barnstaple.
Mackay, W. B., M.D. Ed., London.

The following were admitted on January 26th:—

Belton, Bernard, L.S.A., Ealing.
Fetherstonhaugh, Robert Trevor, L.R.C.P.L., Dulwich.
Hacking, John H., L.R.C.P.L., Manchester.
Pollard, R. M.B. Durh., Torquay.
O'Brien, Patrick M., Liverpool.
Orr, Andrew Aylmer, London.
Little, Francis Ernest, London.
Page, Harry Marmaduke, London.
Lewis, J. K., L.S.A., Greenwich.
Napier, Francis Horatio, London.
Mudge, Zachary Belling, Hale.
Windsor-Aubrey, Henry W., Hale.
Harrison, Frank, Sheffield.

The following were admitted on January 27th:—

Bowie, R. F., L.R.C.P. Lond., Forres.
Winckler, W. J., L.R.C.P.Lond., London.
Burn, Thomas W. B., Brixton.
Flemming, Percy, London.
Emmett, R., Clapham Common.
Goodall, Edwin, Bayswater.
Jones, Samuel Cromwell, Velindra.
Hillier, Thomas R., Kensington.
Reid, Edward W., Canterbury.
Haviland, George D., Hawkhurst.
Moody-Ward, Richard, Southwark.
Laws, Cuthbert U., Newcastle.
Wornum, George Porter, London.
Cattell, George Trew, Brixton.
Roberts, Arthur, Bishop Stortford.

The following were admitted on January 28th:—

Ackland, John McKno, Charing Cross Hospital.
Dundas, Mordaunt G., Guy's.
Heatherley, Francis, Guy's.
Jones, Hugh Edward, Guy's.
Sellick, J. Henderson, Guy's.
Wunderlich, O. F., Strasburg and St. Bart.'s.

The following were admitted on Friday, January 30th:—

Barron, H. J., London.
Coleman, W. E., London.
Cropley, A. Swaton, Lincoln.
Davidson, C. R., Lincoln.
Edwards, R., Pontdolgoal.
Harris, A. W., London.
Hartshorne, S. F., Chiswick.
Kelson, W. H., London.
Llewellyn, J., London.
Mason, F. J. G., Woolwich.
Nowell, B., West Kensington.
Oakley, W. D., Ontario.
Southern, F. G. Ludlow, Salop.
Soutter, H., Hull.

The following candidates, who passed in Surgery previously, having subsequently obtained medical qualifications, were admitted Members of the College on Friday, Jan. 30th:—

Bedford, J. R. A. Lydford, Devon.
Guiness, H. G. Bow, Essex.
Hall, W. H., Lancing, Sussex.
Staddon, J. R., Ipswich.

The following were admitted on Monday, February 2nd:—

Bateman, F. A. N., Cheltenham.
Bencroft, H. W. R., Southampton.
Ritson, R., Maryport, Cumberland.
Rockwood, M. J., Ceylon.
Smith, E. J., Brixton.
Stevenson, W. D., Kew Gardens.
Wright, F. M., Bottesford, Wilts.

Royal Colleges of Physicians and Surgeons, Edinburgh, and Faculty of Physicians and Surgeons, Glasgow.—The examinations for the Triple Qualification of these bodies were held at Edinburgh in January, with the following results:—

Passed First Examination.—William Louis Byham, Ealing. James Tracy Simpson, Leeds. James George Mackay, Inverness. Stanley John Wallace Hayman, Cornwall. John Donaldson, County Cork. Percy John Wilkinson, Manchester. Ralph William Stones, Durham. William Herbert Clements, Gosport. Louis Birch, Manchester. Christopher Carruthers, Kirkpatrick Fleming. Alfred Gerard Ginders, Exeter. James Maclaughlin, County Derry. John Gilmour, County Derry. Richard Markland, Wigan. Albert Bradshaw, Sierra Leone. George Alexander Armstrong, Ireland. James Gardner Holmes, Leeds. Henry Edwin Blackwood, Kirkintilloch. Arthur Herbert Hoffman, Ipswich. Alexander Lang Murray, Belfast. John Swinglehurst Nicholson, Yorkshire. Joseph Albert Hill Mogg, Redditch. Richard Thomas Williams, Wales. Alexander Angus Martin, Blairgowrie. Samuel James Dunlop, County Antrim. Charles Benjamin Mather, Tonbridge. William Wyatt Shrubsall, Margate. Walter Henry Large, Nottingham. John Dunn, Londonderry. Sydney Rumboll, Cambridge. James Gordon Mackintosh, Edinburgh. William Joseph O'Donnell, Cork. Charles George Colin Scudamore, Clapham. Hope Grant, Edinburgh. James Howie, Dundee. John Henry Briggs, Yorkshire. George Frederick Day, Hereford. Frederick Moritz Sykes, Manchester. Andrew Morris Stewart, Callander. Hugh Owen Hughes, Merionethshire. John Owen Jones, Denbighshire. Thomas Sydney Davies, Monmouthshire. Arthur Morley, Leeds.

Passed Second Examination.—John Donaldson, County Cork. Thomas Monies, India. Herbert Park Shuttleworth, London. Stanley John Wallace Hayman, Cornwall. John Wingfield, St. Petersburgh. Arthur Morley, Leeds. James Whitelaw Alexander, Glasgow. Lauchlan Mitchell Dunlop, Strone. William Louis Byham, Ealing. James Tracy Simpson, Leeds.

Passed Third Examination, and admitted L.R.C.P. Edinburgh, L.R.C.S. Edinburgh, and L.F.P. and S. Glasgow.—Peter Lynch, Australia. James Tracy Simpson, Leeds. John Howard Douglas Redding, Pontydawe. Herbert Molesworth Sweetnam, County Cork. Henry Clinton Davies, Galway. Stanley John Wallace Hayman, Cornwall. William Hall, Portsmouth. Samuel Ebenezer Falconer, Poonamalee. Lewis Dransfield Brown, Henley. William Norrie Robertson, Canada. Thomas Arthur Leishman, Roxburghshire. James Charles Clark, Dundalk.

Royal Colleges of Physicians and Surgeons, Edinburgh.—*Double Qualification:*—During the January sittings of the Examiners the following gentlemen passed their first professional examination:—

Jonathan Clerke, County Cork. William Henry Chamberlain, Leicester. George Elliott, Donegal. Andrew Mossforth Neatby, London. Frederick Wilson, Halifax. Charles Albert Wickham, County Longford. Arthur Allen, Congleton. George Henry Bate, Cheshire. Joseph Stirling Green, County Down. Francis Walter Ellis Coates, Salisbury. Patrick John O'Leary, Castlelshon. William Calwell Graham, County Antrim.

The following gentlemen passed their final examination and were admitted L.R.C.P. Edinburgh and L.R.C.S. Edinburgh:—

Augustus Keppel Joseph Reed, Lagny. William Haines, County

Cork. Lawrence John Baptist Paul Fernandez, India. Adolphe Frederick Seelenmeyer, London. James Francis Donegan, Cork. George Lennox Moore, Stoke-on-Trent. James Joseph O'Bryen, Clare. Charles Chambres, North Wales. John George Uppleby, South Africa. Graham Philip Godfrey, Mansfield, Notts. Michael Henry Taylor, Dublin. Robert Honohan Cogan, County Cork. Thomas James Walker, Yorkshire. George Bower, Macclesfield. Richard Townsend Herbert Bland, Plymouth. Joseph Thomas Cooke, Aden. Roger Thomson Darwin, India. Edward John Thomas, Chester. Aubrey Blakiston, Yorkshire. Robert Farquharson Bowers, Bengal. Willington Dowman, Cork.

Notices to Correspondents.

DR. MYRTLE (Harrogate).—Your case, which is one of singular interest, shall appear in an early number. Proof will be sent as requested in due course.

M.D. (Scarborough).—You are mistaken in the diplomas held by the founder of the "cheap medical club" referred to in our last. He holds the M.D. Edin., 1876, M.R.C.S. Eng., 1869. If he possessed only the qualification mentioned by you, his door-plate would be distinctly misleading and illegal. We agree with you that not a few in our profession try to appear bigger than they are by parading in borrowed plumes; and, indeed, some of the feathers when obtained are to the initiated valueless as evidence of educational status or ability; but we are happy to admit that the Scotch colleges have now done away with their sham degrees, and the value of those granted in future will be considerably enhanced. For this step our persistent exposures have had not a little to do.

DR. SWEETING (Fulham), Dr. DOLAN (Halifax).—Letters on "Scarlatinal Infection" are unavoidably held over to our next.

NICE ET CANNES.—The information is not at all suitable for our columns. It might be acceptable to "Society" journals.

DR. ADAM (Maidstone) is referred to our issue for Dec. 10th, 1884, page 515, for the information.

THE CASE OF DR. BRADLEY.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I see in the *Medical Press* of January 28th a letter from Mr. B Walker, of Spondon, Derby, respecting the case of Dr. Bradley, of Brimington, who was so unjustly sentenced to two years' imprisonment with hard labour on an undoubtedly false charge by a judge who is notorious for his onslaughts on our profession. It would seem that we are at the mercy of any female who, in the hope of extracting blackmail, has only to trump up charges against any medical man who has the ill-fortune to be called in to attend her; but if all medical men only adopted my plan of having a thoroughly respectable witness present at such examinations, we should hardly ever be troubled with any conspiracy to extort money.

I am, Sir, yours, &c.,
THOS. S. P. HUTTON, Medical Officer
Cardtown House, Mountrath, Coolrain Dispensary District.
Queen's County.

MR. EBEN. DONALDSON.—Your letter will appear in our next.

DR. EDWARDS.—The discussion now in progress in our correspondence columns on the contagious period of scarlatina should be a sufficient guide to you in answering the questions that you have proposed. Your best plan, however, will be to embody the experiences you mention in a letter, which we shall be happy to insert.

F. B.—Most practitioners, we fancy, would entirely agree with you under all the circumstances. There is nothing in the history given indicative of any deviation from the normal course pursued by cases of the description; and the result has satisfactorily proved the accuracy of the prognosis. As far as you are personally concerned, all responsibility has certainly ceased.

MR. MARKHAM.—The case is one for amputation. When a tumour has been twice removed and then again returns in increasing size, the only question that can arise is whether an error was not committed in leaving the limb at the time of second removal. The obstinacy of the patient is, of course, a sufficient excuse, but in such cases the utmost persuasion ought to be employed at the outset to obtain consent to amputation.

DR. E. O. K.—In such a case the proper course would be to hold a consultation.

DISQUALIFICATION OF VOTERS BY MEDICAL RELIEF.

T. M. asks if all voters under the new Franchise Bill who receive dispensary relief are thereby disqualified, and if the dispensary medical officers can be called on to prove the same by giving evidence before the Revision Sessions?

[Voters receiving medical relief by red or black ticket are disfranchised under the new Bill. We do not believe that the medical officer can be called on to attend to prove the fact, but upon this point we must make further enquiry.—ED.]

DR. DAVIES (Liverpool).—The subject is an interesting one, and we hope to find space for the communication in a week or two.

DR. GOYDER (Bradford).—The rough drawings are sufficient for the purpose. Proofs of the complete paper shall be sent you as soon as the engravings are ready.

MR. CHAMBERS (Birmingham).—We believe the examination papers of the College referred to have not been published.

RESIGNATION OF POOR-LAW APPOINTMENTS.

J. F. S. asks: Must a medical officer holding a dispensary resign it before he can be elected to another district to which he seeks to be transferred? Or need he not resign until his election to that other district has been confirmed by the Local Government Board?

[There is no necessity whatever for resignation of one Poor-law office before seeking another similar appointment, but of course the Local Government Board will not sanction the appointment until the resignation of the original office has been sent in.—ED.]

Meetings of the Societies.

WEDNESDAY, FEBRUARY 4TH.

OBSTETRICAL SOCIETY OF LONDON.—At 8 p.m., Specimens will be shown.—Dr. McKeown, The Prevention of Ophthalmia Neonatorum and its Ravages.—Dr. Murphy, Sequel to a Case of Ovariotomy.—Annual Meeting: the President (Dr. Jervis) will deliver the Annual Address.

THURSDAY, FEBRUARY 5TH.

ACADEMY OF MEDICINE IN IRELAND (Sub-Section of State Medicine).—At 8 p.m., Address by Chairman.—Dr. E. McD. Cosgrave, Sewer-gas and Disease in Dublin.—Dr. C. A. Cameron, On the Influence of the Acts relating to Adulteration on the Quality of Food sold in Dublin.—The Obstetrical Section will meet on Friday.

HARVEIAN SOCIETY.—At 8.30 p.m., Mr. W. H. Evans, A Case of Labour complicated by Vaginal Hernia.—Mr. G. Cowell, Purulent Ophthalmia in Infants.

SATURDAY, FEBRUARY 7TH.

ROYAL INSTITUTION.—At 3 p.m., Mr. G. Johnstone Stoney, The Scale on which Nature works, &c.

Vacancies.

Bethlehem Royal Hospital for Lunatics, London, S.E.—Assistant Medical Officer. Salary, £300, with furnished apartments. Applications to the Clerk before Feb. 12. (See advt.)

Clonmel District Asylum.—Assistant to Resident Medical Superintendent. Salary, £150, with apartments, &c. Applications on or before Feb 7. (See advt.)

Cork Street Fever Hospital, Dublin.—Temporary Physician. Applications before Feb. 5. (See advt.)

General Prisons Board.—Assistant Medical Officer at Mountjoy Prison, Dublin. (For particulars see advt.)

Gloucester General Infirmary.—Physician. Applications, with testimonials, to the Secretary, on or before Feb. 18.

Manchester Royal Infirmary.—Resident Medical Officer for the Fever Hospital. Salary, £200, with board. Applications to the Chairman before Feb. 14.

Appointments

BOLTON, G. A., M.A., M.B., B.C. Cantab., Senior House Surgeon to the Ardwick and Ancoats Hospital, Manchester.

BRUCE, R. M., M.R.C.S., L.S.A. Lond., Medical Officer to the Plaistow Hospital, Metropolitan Asylum District.

DENNING, W. S., M.B., House Surgeon to St. Mark's Ophthalmic Hospital, Dublin.

DICKINSON, J. J., B.A., M.R.C.S., L.S.A. Lond., House Surgeon to the London Hospital.

HARRIS, T., M.D. Lond., Pathological Registrar to the Manchester Royal Infirmary.

HOBSON, L. J., M.D. Lond., B.S., F.R.C.S. Eng., Honorary Medical Officer to the Harrogate Bath Hospital.

LING, H. C., L.R.C.P. Ed., L.F.P.S. Glas., Medical Officer to the Workhouse, Scarborough Union.

Births.

EDGAR.—Jan. 26, at Settle, Yorkshire, the wife of James W. Edgar, M.D., of a son—stillborn.

GIFFARD.—Jan. 27, at 5 Pavilion Parade, Old Steine, Brighton, the wife of Douglas W. Giffard, M.R.C.S., of a son.

PARSONS.—Jan. 28, at 13 Whitworth Road, South Norwood, the wife of H. Franklin Parsons, M.D., of a daughter.

Marriages.

CHAVASSE—RYLAND.—Jan. 22, at St. Saviour's Church, Camberwell, Thomas Frederick Chavasse, M.D., C.M., F.R.C.S.E., of Birmingham, to Frances Hannah, only daughter of the late Arthur Ryland, Esq., J.P., of Linthurst Hill, near Bromsgrove.

M'LAUGHLIN—DUFFY.—Jan. 17, at Rathgar, Henry Valentine M'Laughlin, L.R.C.S.I., L.R.C.P.E., L.M., to Maggie Josephine, daughter of Henry M. Duffy, C.E., of Terenure.

SPARROW—PILLING.—Jan. 29 at St. Luke's Church, Southport, Robert Lancelot Sparrow, M.R.C.S. Eng., to Louisa, younger daughter of the late James Pilling, of Rochdale.

Deaths.

BALDING.—Jan 24, at Shefford, Beds, from locomotor ataxy, Charles Culledge Balding, M.R.C.S., aged 52.

JONES.—Jan. 21, at 1 Loraine Place, Holloway, N., Derry Jones, L.R.C.P. Ed., M.R.C.S. Eng., aged 41.

MARTIN.—Jan. 19, at Oundle, Northamptonshire, J. C. Martin, M.R.C.S., aged 88.

MIDDLEDITCH.—Jan. 29, at his residence, Ladbroke Grove Road, W., Henry Arthur Middleditch, M.D., M.R.C.S., aged 62.

ORFORD.—Jan. 21, at Bradden Rectory, Towcester, William C. Orford, M.R.C.S., late of Birmingham and Hull, aged 60.

OSBORN.—Jan. 23, at Bournemouth, of consumption, William Henry Osborn, M.R.C.S., of Newnham-on-Severn, aged 30.

SELWOOD.—Jan. 23, at Hursley, Winchester, Henry Corpe Selwood, M.D.

WILLIAMS.—Jan. 18, at Zanzibar, of malarial fever, John Alexander Williams, M.B., M.C., M.R.C.S., Medical Officer to H.M. Consulate, aged 29. (By telegram.)

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 11, 1885.

CONTENTS.

ORIGINAL COMMUNICATIONS.

Lettsomian Lectures on Disorders of Digestion: their Consequences and Treatment. Delivered before the Medical Society of London, Jan., 1885. By T. Lauder Brunton, M.D., F.R.C.P., F.R.S., Assistant Physician to St. Bartholomew's Hospital 111

The Alcoholic Balance. By William H. Pearse, M.D., Edin., Senior Physician to the Plymouth Public Dispensary 114

Note on Ox-gall: Its Advantages in Medicine: By William Fraser, F.R.C.S.I., Member of the Court of Examiners, Royal College of Surgeons, Ireland 117

Notes on the latest Surgical Dressings in Germany By Thomas Esmonde Cahill 117

A Summary of New Remedies. (Specially arranged for the Medical Press) 118

CLINICAL RECORDS.

Westminster Hospital—Case of Enormous Hypertrophy of Clitoris, successfully removed. Under the care of Dr. Potter. Reported by Alfred S. Gubb, M.R.C.S. Eng., L.R.C.P. Lond., &c. 120

Sheffield General Infirmary—Case of Left Hemiplegia with Right Homonymous Hemianopia. Under the care of H. French Banhan, M.A., M.D. (Cantab) .. 120

TRANSACTIONS OF SOCIETIES.

Academy of Medicine in Ireland—

Case of Hemiplegia with Hemiopia 123
Case of Double Blindness 123
Paralysis of External Recti 123
Treatment of Empyæma 123

DEPARTMENT OF LUNACY.

The Coming Lunacy Legislation 124
Poor-law Medical Officers and the Proposed Lunacy Law Amendment Bill .. 124

LEADING ARTICLES.

Therapeutic Delusions 125
The Lesson of the Attempt on Rossa's Life 127

NOTES ON CURRENT TOPICS.

Bogus Diplomas 127
The late Dr. Dawson Turner 128
The Annals of Surgery 128
The Retirement of Professor Maclean .. 128
Too Early Repetition of Iodine Injections in Hydrocele 128

Compulsory Notification a Government Bill 128
The Registrar-General's Quarterly Return 129
Medical Reform in the Coming Session .. 129
Cushioning the Army Promotion Examinations 129
Irish Poor-law Superannuation 129
Inoculation of Comma-bacillus Cultivations 130
Poisoned by Nitro-benzol 130
Fees of Medical Officers Under the Labourers' Dwellings Act 130
Government Precautions against Cholera 130

CORRESPONDENCE.

Duration of Scarlatinal Infection 131
The Case of David Bradley, M.D. 131
Note on Complete Aspiration 132

LITERATURE.

Burton's Midwifery for Midwives 133
Medical News 133
Notices to Correspondents 134
Births 134
Marriages 134
Deaths 134

Lettsomian Lectures

ON

DISORDERS OF DIGESTION: THEIR CONSEQUENCES AND TREATMENT.

Delivered before the Medical Society of London, Jan., 1885.

By T. LAUDER BRUNTON, M.D., F.R.C.P., F.R.S.,

Assistant Physician to St. Bartholomew's Hospital.

Lecture III.

In my first lecture I mentioned that the function of digestion, like health generally, may be strong or weak. A strong digestion is capable of withstanding all sorts of adverse influences, while a weak digestion can remain undisturbed only under the most favourable circumstances. When any disturbances have occurred in the digestive function, no matter whether it were strong or weak originally, the first step towards restoring it to health is to remove, if possible, any disturbing causes which may still be acting upon it. One of the commonest of these is imperfect mastication. As I have said several times already—but the importance of the subject will excuse the reiteration—the first step in the process of solution is mechanical disintegration. Children are not long in learning this truth, for they soon find out that they get a fuller flavour from a hard sweetmeat if they break it with their teeth than if they simply suck it. The child thus gets the sweetmeat quickly dissolved, and its sense of taste is more thoroughly gratified, but the sweetmeat does not remain so long in the mouth. If children of an older growth would remember this early experience, and apply it to their food generally, there would be less indigestion. Man is a low pressure engine, and works almost all his organs considerably under their full power. All around us in a town or city we see men who, in a walking tour, could do twenty, thirty, or forty miles without the least inconvenience, and yet in their ordinary avocations they probably do not walk two. In the country, on the other hand, we find men of good brains, who have perhaps distinguished themselves at college by their mental powers, by their close application, and by the long hours during which they could work, and who yet in their daily life rarely set themselves a harder mental task than to understand the leading article of a daily paper. It is the same thing with the other organs of the body. A healthy stomach can usually digest a good deal more than it is called upon daily to do. A healthy kidney can excrete twice or thrice as much as it ordinarily does; and thus, in fact, we see that, when one kidney is removed, the organism frequently seems hardly to feel the loss, all the waste-products being secreted as usual. But there is a limit to all things, and that limit is more easily reached in some cases than in others. As some one has shrewdly remarked, we have two kidneys and two lungs, but we have only one stomach, and therefore there is the greater reason why we should not overburden it. When a young man is called upon for extra exertion, either bodily or mental, he is able to meet the demand by making a spurt; but, as he grows older, this power gradually lessens. The same is the case with the stomach. Boys' stomachs can digest almost anything, though half-chewed green apples may sometimes prove too much even for them. In a youth the stomach will digest the food even when bolted half-chewed; but, as the man approaches middle age, it resents this treatment; it will no longer make a spurt to do the work of the jaws as well as its own, and indigestion is the consequence. Imperfect mastication frequently arises from too short a time being allotted for the meal, or from the mind being occupied during the meal with the idea of something to be done afterwards. It is curious sometimes to watch the phases of mastication varying in the same person during a single meal, according to the ideas which cross the mind. In some people, whenever the idea of something to be done occurs to them, motor energy seems to be evolved, and finds expression in rapid movements of the jaws and bolting of the food. It is, therefore, evident that, during meals, all ideas of action to be taken by the individual himself should be banished from the mind. In sensitive persons, also, it is well to banish the idea of action to be taken by others, because some persons have such strong sympathies that they throw their own personality into

that of others, so that, if we watch them listening to a hesitating speaker, we see their lips moving and their fingers twitching.

Persons who are taking their meals alone very frequently read during them. From what I have said, it is obvious that what they read at this time should not have reference to any of their avocations, nor even to anything which may interest them very strongly, such as politics, unless it be presented in an amusing form, as in *Punch*. But a solitary meal should be avoided if possible, for the mere presence of a companion, and, still more, occasional conversation, acts as a pleasant stimulus, and tends to maintain the nervous activity to which I referred in my first lecture as an important factor in perfect digestion.

Another cause of imperfect mastication is the condition of the teeth. Sometimes the teeth and gums are tender, or one or more of the teeth may be decayed, and the discomfort or pain occasioned in them by mastication leads people to bolt their food, or to masticate on the other side of the mouth, if the tenderness is limited to one side. The remedy in such a case as this, is to get in false teeth; for few people, now-a-days, care to be absolutely without teeth at all.

But the effect, even of thorough mastication, upon the food will vary a good deal according to the nature of the food itself; and tough substances, which can with difficulty be comminuted, will be more indigestible than those which are readily broken up. Now new bread is proverbially unwholesome, and the reason for this is not far to seek. If we take a piece of a hot roll and try to pulverise it between the finger and thumb, we find that it is more or less tough and tenacious, and that we can hardly do more than tear it apart into little bits. If we take a piece of stale bread, on the contrary, we can easily break it up into a fine powder, which, of course, is much more readily acted upon by the digestive juices than lumpy flakes of new bread. Biscuits are also readily powdered; and crisp dry toast, although not so easily broken up between the finger and thumb, is still readily digestible, because it must be "broken" up by the teeth before it can conveniently be swallowed, or otherwise it would scratch the throat; although lumps of new bread of a similar size would slip down the œsophagus easily. Buttered toast is a different thing, as it cannot be readily pulverised, any more than new bread. Buttered muffins and suet-dumplings are other examples of a similar kind. Potatoes are generally regarded as indigestible, and are forbidden to dyspeptics, whilst stale bread is allowed. It is possible that there may be other reasons for this indigestibility than simply difference of physical condition, but I have little doubt that one reason at least is the fact that very many people—indeed, I think most people—are apt to swallow potatoes in lumps without thorough mastication, and these lumps will be very slowly acted upon by the digestive juices.

The fine subdivision of fatty food is also of great importance in regard to its digestion. Many people cannot bear to eat the fat of hot mutton, but yet they can eat the same when it is cold. If we try to pulverise a piece of hot mutton-fat and a piece of cold mutton-fat, we will see that the difference is much the same as that between a piece of new and of stale bread; and probably this is one reason, though there may be others, why hot mutton-fat is so liable to make people sick. But mutton-fat may be eaten hot by persons with delicate stomachs if it is properly subdivided by admixture with farinaceous food. If, for example, it be cut up very small, and mashed up with potatoes, even children may take it without difficulty, and mutton-fat and milk is an old-fashioned and useful remedy. The more minutely we can subdivide the fat, the more easily is it digested.

In regard to butcher's meat, also, there are great differences, depending both on the kind of meat used and its condition at the time of cooking. I mentioned in my first lecture, that meats which have short, easily disintegrated fibres, such as fish, the breast of a fowl, or mutton, are much more readily digested than those having long or tough fibres, such as beef. But a great deal depends, also, upon the condition of the meat at the time of cooking. I once got a most useful lesson on this point. I went into a restaurant, and ordered a beef-steak, as I had previously had them exceedingly good and tender at the same place. But that day, all my efforts to masticate the steak were in vain, although I went on till my jaws actually ached with the exertion. On complaining to the waiter, and asking where he had got that tough old meat, he said it was not old, but, though young, it was too new. They had had an unusual number of customers that day; all the usual supply of beef-steaks had been consumed, and they had sent to the market for more, but had got back some meat killed that morning. Now, the old Romans, who were great epicures, used to eat still newer meat than this. They suffocated their fowls in wine, and cooked them forthwith; so we see, then, that both meat which is perfectly freshly killed, and also meat which has been kept for a sufficient time, are tender. If we analyse this condition, we see that it is simply this: meat which is cooked before *rigor mortis* appears, or after it has passed off, is tender; but meat cooked while *rigor mortis* still exists is sure to be tough. In the case of game, the practice of keeping the meat until it is tender has been overdone, and it is not unfrequently kept until it is actually commencing to decompose. The taste for "high" meat is an acquired one, and is, I think, a morbid one. It is also, I think, not without some danger, for not only may the products of decomposition formed in the meat, before it is cooked, be injurious, but decomposition will be rather apt to occur more readily in the intestinal canal. The gastric juice, no doubt, has a considerable antiseptic power, and so has the bile, but still these powers may be overtaxed, and eating high meat is one of the ways in which this may be done. It is, however, rather extraordinary to what an extent the consumption of decomposing food may be carried without any immediate injury, as we see amongst the Esquimaux and Icelanders.

The effect of keeping may, to a certain extent, be imitated by the application of a vegetable digestive ferment. In the West Indies, a tough beef-steak is rendered tender by rubbing it with the juice of a fresh papaw fruit, which contains a ferment papaine, having an action very much like the trypsin of the pancreas.

Another cause of imperfect digestion is, I believe, bad cooking. Even if we leave out of account the actual physical detriment to the food in the way of hardness, or toughness, due to bad cooking, the absence of a pleasant flavour will in itself tend greatly to interfere with digestion. The mere thought of agreeable food is sufficient to make the mouth water, not only in man, but in animals.

I remember once seeing a striking instance of this. While walking one evening, I saw a dog sitting opposite the door of a butcher's shop, gazing intently at the meat inside. Two long streaks of saliva were hanging down from its jaws, half-way to the ground. Its attitude of eager expectancy was so striking, that I could not help going into the shop to buy something for it; but it was sitting almost directly in the doorway, so that my passing through disturbed its delightful dream, and off it went.

We have already seen that the secretion of saliva is the first link in the chain of digestive processes. The saliva stimulates the secretion of gastric juice, and the gastric juice again stimulates the flow of bile, and possibly also of the pancreatic juice. Moreover, pleasant and repulsive food will act on the stomach through the nerve-centres; while the idea of pleasant food will excite appetite, the very idea of unpleasant food will excite disgust, and even bring on nausea and vomiting. Other things being equal, then, food that is well cooked and savoury will be much more digestible than the same food cooked or served in an unappetising manner. Even in regard to serving there is much to be learned in this country from the French and Germans. In many a restaurant in London we find the tablecloths spotted and greasy, the salt-cellars and mustard untidy, the knives and forks dirty; and, as for a table-napkin, such a thing

in many of them is unknown. In a French or German restaurant of a similar class, the tablecloth is very likely to be of coarser linen, but scrupulously clean; everything would be put down in a tidy and appetising fashion, and a clean napkin would be served to each guest. The food itself may be no better, perhaps not so good, but the way in which it is served would make all the difference to a delicate appetite.

In my first lecture I spoke of cookery as a powerful moral agent, capable of influencing men's opinions and feelings to a very great extent. That food itself is a moral agent has been long recognised, and has found expression in the proverb, "A hungry man is an angry man;" but that the moral influence depends on the way in which the food is cooked, as well as on the food itself, is not so generally admitted. And yet it has long been known, for we read that Isaac directed his first-born son, Esau, to prepare savoury meats, such as his soul loved, so that, after he had eaten thereof, he might bless his first-born with all the fervour of which he was capable. Considering the different effect upon the appetite of well-cooked meat and of unsavoury food, it would be strange if both excited equally pleasant feelings, and had an equally beneficial effect upon the temper. Some may think that, in speaking of cookery as a moral agent, I am greatly exaggerating its power; and they may regard it as idle folly if I go still further, and say that cookery is not only a powerful moral agent in regard to individuals, but may be of great service in regenerating a nation. Yet, in saying this, I believe I am speaking quite within bounds, and I believe that schools of cookery for the wives of working men in this country will do more to abolish drinking habits than any number of teetotal associations. I do not at all mean to say that the vigorous efforts of teetotal societies, Good Templars, Blue Ribbon Army, and others, have been altogether a failure, but I do not think that their plan will ever be crowned with complete success, and I believe there is a better way of attaining their object. Supposing you had a friend lying in bed, wrapped up in blankets so that he could not move hand or foot; a fly settles on his nose, and he begins to make faces to try and remove it. You do not like to see him making faces, and wish him to stop. Which would be the most rational method of doing so? Would it be to exhort him to summon all his fortitude to keep his face still, notwithstanding the annoyance, or would it be better for you to drive away the fly? No doubt it might be an excellent moral training for him to use his self-control and keep his countenance placid notwithstanding the irritation, but the simpler and more effective method would be to drive away the fly. Moreover, in nine cases out of ten, his power of self-control would be insufficient; and this is exactly what occurs with persons who have a strong desire for intoxicating liquors.

The relation between the consumption of alcohol and the quality of the cookery has recently been investigated in Switzerland, and it has been shown that, where the food is insipid and unappetising, the people have recourse to a glass of "schnaps" to make up for the deficiency. We have no experiments at present to show how savoury and unsavoury food, respectively, affect the circulation in the brain; but it seems highly probable that savoury has a much more stimulating action than unsavoury food on the cerebral circulation. I have insisted a good deal upon the important vascular changes which are produced by the act of swallowing, and these changes appear to afford an explanation of some curious phenomena. It is frequently stated that a glass of beer, slowly sipped, will intoxicate a man; whereas the same quantity, swallowed at a draught, will have little or no effect. I do not know how far this is true, but it is not the kind of statement that would be readily invented, so that I think there must be foundation for it in fact. We can easily see that the disturbance of the circulation, consequent upon frequent sipping, may so aid the effect of the alcohol that intoxication may ensue, although the alcohol alone could not have produced this effect. But, while frequent sipping may be thus used, on the one hand, to produce intoxication, it may be employed, on the other, in the cause of temperance. Some time ago I saw in an American periodical a cure for drunkenness. The person was advised, whenever the craving came on, to sip a glass of cold water. At first sight this may seem a poor substitute for a glass of whisky, and very unlikely to remove the craving for alcohol; but, as I have mentioned in my first lecture, a glass of cold water, slowly sipped, has more effect upon the pulse than a glass of brandy swallowed at a draught; and may therefore be a very efficient substitute indeed for alcohol.

To prevent any misunderstanding on this point, I should mention that the effect of sipping upon the pulse is not a permanent one; it lasts while the sipping is continued, if the sips be taken at short intervals; but it passes away after the sipping ceases. While its effect upon the pulse is thus greater for the time than that of alcohol, it is much less permanent.

But, besides cooking and mastication, we have to consider a most important question—the kinds of food which a person may eat. In a healthy man, the best guide, both as to quantity and quality, is the appetite. Food that is eaten with a relish is, as a rule, wholesome; and sometimes it is rather astonishing to find how people's instincts guide them to what is suitable for them, in utter defiance of all *à priori* notions. As Dr. Austin Flint very sensibly puts it, "the diet should be regulated by the appetite, the palate, and by common sense." Too great a regulation of the diet is sometimes very injurious; and this, I believe, is more especially the case in persons of a nervous temperament. I have already mentioned that some cases of acidity, and even of severe pain, do not depend upon any abnormal acidity of the gastric juice, nor of the contents of the stomach; nor yet do they depend upon any imperfection in digestion, for Leube has found that, in such cases, digestion is often performed very thoroughly and rapidly indeed. The pain in these cases depends upon hyperæsthesia; and, if the patient begins to cut down his diet, one article after the other may disappear, and the mischief will only become worse. The nervous system becomes more and more irritable as the blood becomes more impoverished, and the system may break down completely from inanition. In such cases, as I shall have afterwards to mention, forced feeding, or, as we may term it, stuffing, the patient, is of the greatest possible service.

But, as Dr. Flint wisely puts it, the palate and the appetite alone will not serve as reliable guides to the quantity and quality of food. They must be regulated by common sense, or, in other words, by experience. The appetite which regulates the quantity of food, and the palate which regulates its nature, must both be trained: and we must also use our experience, in order to make sure that we do not misinterpret their demands. When a person has been fasting for many hours, his appetite becomes ravenous, and he is apt to eat far more than is good for him. We are sometimes apt to treat ourselves as we occasionally treat others, and be in too great a hurry to gratify the demands of our own appetites, as well as to answer the questions, or grant the requests made to us by others. Solomon says of the man who hastens to reply to a question before he has fully heard it out, that "it is a folly and a shame to him," and the same is true of the way in which we sometimes treat our appetite.

Let us take the ordinary case of a man who has breakfasted at 8 in the morning, and has had nothing to eat till 7 at night. He sits down with a voracious appetite, and gorges himself until he becomes semi comatose, and resembles a bloated boa-constrictor rather than a rational being; or else his overloaded stomach rebels, and a fit of violent vomiting and purging induces his relations to send in a hurry for their medical man, and urge him to come with the utmost speed, for So-and-so is dying of cholera; and yet the poor appetite was not to blame. The nervous system had been starved and wanted food;

but, as I have already insisted more than once, food in the stomach is outside of the body for the purposes of nutrition, and requires to be absorbed before it is available for the wants of the organism. No doubt the stomach, as it becomes gradually distended, informed the brain, through its nerves, that food was on its way. But still, this was not sufficient, and the appetite remained unappeased. By the time enough food has been digested and absorbed to satisfy the cravings of the nervous system, too much had been put into the stomach to its detriment.

If, instead of hurrying the food down, the person had been content to eat slowly, with intervals between his courses, as, for example, if he had been put down to a *table d'hote* abroad, the chances are that the dinner would have done him no harm, for the long intervals between the courses would have allowed some of the food taken at first to be digested and absorbed; and the craving appetite being thus lessened, the temptation to overeat would have been removed. Not unfrequently we hear people say that they are well when living abroad and dining at a *table d'hote*, although the food that they get there is not nearly so good as what they get at home. The reason, in all probability, is, that they are obliged to spend more time over their meal, and are unable to swallow it down, or, as the Americans phrase it, "to get outside of it" so quickly as they can at home.

The remarks of Dr. Beaumont in regard to the question of appetite, as a regulator in eating, are so apposite that I shall quote them. Since they were written, medical opinion has passed to the opposite extreme from that which he denounces, and starving, rather than stuffing, has become the fashion. A reaction has set in against the starving system; but let us hope (although we can hardly expect) that it will not pass beyond the just views of moderation which Dr. Beaumont advocates. He says: "There is no subject of dietetic economy about which people err so much as that which relates to quantity. The medical profession, too, has been accessory to this error, in giving directions to dyspeptics to eat until a sense of satiety is felt. Now, this feeling, so essential to be rightly understood, never supervenes until the invalid has eaten too much, if he have an appetite which seldom fails him. Those even who are not otherwise predisposed to the complaint, frequently induce a diseased state of the digestive organs by too free indulgence of the appetite. Of this fact, the medical profession are, generally, not sufficiently aware. Those who lead sedentary lives, and whose circumstances will permit of what is called free living, are peculiarly obnoxious to these complaints. By paying particular attention to their sensations during the ingestion of their meals, these complaints may be avoided. There appears to be a sense of perfect intelligence conveyed from the stomach to the encephalic centre, which, in health, invariably dictates what quantity of ailment (responding to the sense of hunger and its due satisfaction) is naturally required for the purposes of life; and which, if noticed and properly attended to, would prove the most salutary monitor of health, and effective preventive of disease. It is not the same of satiety, for this is beyond the point of healthful indulgence, and is Nature's earliest indication of an abuse and overburden of her powers to replenish the system. It occurs immediately previous to this, and may be known by the pleasurable sensation of perfect satisfaction, ease, and quiescence of body and mind. It is when the stomach says enough; and is distinguished from satiety by the difference and sensations—the former feeling enough, the latter too much; the first to be produced by the timely reception into the stomach of proper ailment, in exact proportion to the requirement of nature, for the perfect digestion of which a definite quantity of gastric juice is furnished by the proper gastric apparatus. But, to effect this most agreeable of all sensations and conditions—the real Elysian satisfaction of the reasonable epicure—timely attention must be paid to the preliminary processes, such as thorough mastication, and moderate or slow deglutition. These are indispensable to the due and natural supply of the stomach at the stated periods of alimentation; for, if food be swallowed too fast, and pass into the stomach imperfectly masticated, too much is received in a short time, and in too imperfect a state of preparation, to be disposed of by the gastric juice." "But it is with idle people as with children. Leave them without occupation, and their chief amusement will then be derived from the indulgence of their appetites. Hence the prevalent pastime of fore-noon visits to the pastry-cook's, where the appetite is indulged with a little regard to the real wants of the system, or the condition of the stomach, and if digestion were meant merely as an appendage to taste. Many young persons do themselves serious injury in this way, and then complain loudly of the discomfort which attends the subsequent indigestion of a heavy dinner. To relieve the weakness, arising not from exhaustion, but from the oppression of satiety, they resort to wine, as if, by adding fuel to the fire, they could reasonably hope to extinguish the flame."

Appetite and palate have both their own work to do in regulating the quantity and quality of the food; but each of them requires, as Dr. Flint says, to be regulated by common sense, for otherwise they sometimes disagree, and the pleased and tickled palate sometimes endeavours to force down a much larger quantity of savoury food and delectable dishes than appetite declares to be either necessary or good for the organism. When pushed beyond a certain point, the appetite rebels, and "the full soul loatheth the honeycomb;" but before this point is reached a good deal more than enough may have been eaten; and if the same process be repeated every day serious mischief will ultimately result, and the more accommodating the appetite is the more serious will the mischief be. Many a man has been saved by a weak stomach, which punished its owner by sickness or headache whenever he tried to overburden it, and thus checked his tendency towards excess at the very outset. When the stomach and intestines are more accommodating, and continue to digest all that is put into them, the burden of the work is shifted elsewhere, and either the liver fails to reconstruct the new material with which it is deluged, or the tissues are poisoned, and the overworked kidneys become degenerated. The palate, too, sometimes, makes demands which are apt to be misconstrued. As the late Professor Laycock observed, patients recovering from a severe illness not unfrequently have a strong desire for salt herrings, pork, or ham, or things which would be almost certain to disagree with them if their appetite were indulged. But the fact is that the patients do not want the pork or herring; what they really desire is salt, and they crave for these articles because they contain salt. If salt be given to them in the form of a mixture their appetite is appeased, and the harm is avoided which the herring or ham might have caused,

(To be continued.)

THE ALCOHOLIC BALANCE.

By WILLIAM H. PEARSE, M.D. Edin.,
Senior Physician to the Plymouth Public Dispensary.

HAVING lived intimately, during many years, with Eastern people—Bhudists, Hindus, and with the Sons of Islam—I have a very strong impression that in many respects the civilisation of the East is higher than that of the West. I know of nothing in the world sadder than the sight of a woman debased by alcohol, and nothing more revolting than the coarsensss of manner and language of a great number of young Englishmen when under the influence of beer. Nothing is further from my wishes than to state anything which would lessen temperance reform. I believe that the good cause of temperance in drink will be greatly aided by temperance in language. I believe that it is an inherent passion with young minds to love truth and justice, and if this side of their nature be appealed to, the young

will generally be won to good causes. I have no fear, therefore, that the right advocacy of the use of alcohol as a food and medicine can be any injury to the great cause of temperance.

Perhaps I may be allowed to say that I am an abstainer from alcohol, and for these reasons: because my ancestors have been such; because I am far better in health without alcohol than with it; and because, under such circumstances, it is my duty to abstain; and I may further say that I seek, and often successfully, to induce working men to abstain from drink when I find that it is doing them no good, and injuring their families.

But I happen to be a doctor; and in my calling I find that many intelligent and temperate men and women tell me that they find themselves better for a little alcohol; and, further, I find in practice, that a very great variety of men and women get good from its use.

Suppose that I am a doctor in India. I may lament that the handsome Rajpoots use opium too largely, and it would be a duty to use my influence to check the custom: but if a man or woman came to me, saying, "Doctor Sahib! my belly runs; I shall die; give me opium, Sahib!" surely under such circumstances I must give opium; I hold that I should be morally guilty to withhold opium from such a case, having first carefully investigated my ground. The use of beer, wine, brandy, &c., in this country, *though far less urgent* than in the instance of opium, must have a parallel method of study; it is a strictly medical question of doing the best for our individual patient. That there is a strong tendency amongst English men, women, and "ladies" to debase themselves by alcohol, gives the medical man a great responsibility.

But however strongly I may feel on the subject of the vast evils alcohol produces, my being a doctor compels me to use it in any of its best and most agreeable forms, if I can thereby do my patient any benefit. But I took up my pen only to cite a few cases, and not to moralise.

I was employed by the War Office, after the Mutiny, to proceed to India with a shipful of soldiers' wives and children. A large supply of stout was put on board, which I was free to issue as I thought necessary. Every woman had at least half a pint at noon daily. It was a common practice for them to save a little until evening. I was continually being told how much they valued their few mouthfuls of evening stout, and how much good it did them; it helped them to eat a little light supper of ship biscuit, and saved them from a distressing "sinking" (at epigastrium) and sleeplessness during the night.

Some years ago a married lady, æt. 34, from Yorkshire, consulted me. She had been confined a year previously, and with much flooding. She had experienced four labours and four miscarriages. I thought that she was the palest woman I had ever seen. She complained of headache, pains in the joints, and around the ribs on the left side. She had been treated teetotally without benefit. I ordered her a pint of Guinness's stout daily, small doses of magnetic oxide of iron, and out-of-door life. She came back to see me at the end of a month; she was quite well, and so much improved in appearance that I did not remember her. I could cite you numerous cases of extremely feeble young women, and of nursing women, who seemed to owe their restoration to good stout or ale. But you Dublin gentlemen must know a great deal more about the good and evil of stout than I do.

Take another class of cases: A man riding or driving for hours, in cold wind or rain, feels, as evening comes on, that he is not right; he is shivery, has pains round his ribs, his abdomen is distended, he has no desire for food. There is some grave "shock" to vital rate and function; many deviations out of natural function may be in process, and grave disease may follow; such, *e.g.*, as local paralyses, inflammations, fevers, &c. In this age we all, I suppose, hold the great hypothesis of "continuity"—in other words, we hold that the so-called different diseases, are gradual culminations in continuity with normal process; and we do not, as much as our fathers did, view diseases as distinct entities added to the body. In such a view, then, the system of the man in question, is in a state of gradation, of temporary unstable equilibrium, of verging toward such vaso-motor, nerve, or pangenico-cellular conditions, that a local congestion, or local paralysis may be followed by palpable inflammation; or, as I believe most fully, such pre-changes may be followed, in true "continuity," by the evolution of a "poison" (so-called), or molecular state, whose after results will be what we call fever: (*a*) just as the Indian practitioner knows that there is a gradation between diarrhœa and cholera, in cholera seasons; and that he can arrest certain processes in the system, which will else culminate in those further stages, we call cholera; and that he can arrest this fatally progressive series, by the well-known pill of opium, assafœtida, and black pepper; so have we not fair evidence to conclude, that a glass of grog will arrest the processes which are passing into inflammations, fevers, &c., &c. I have been compelled to conclude, that the human system may be, and in innumerable instances has been, saved from inflammations, fevers, paralyses, &c., by the timely and sufficient use of grog.

I could cite you many cases to support these remarks, but I must not too much trespass on your space, and further I do not forget the warning of Bacon, on "that instance which is the root of all superstition, namely, that to the nature of the mind of all men it is consonant for the affirmative or active to effect more than the negative or privative. So that a few times hitting, or presence, countervails oft times failing or absence." ("Advancement of Learning.")

I had once, at sea, a lady of 50 under my care. She had borne and nursed twelve children; had had of late during many months, great fatigue and mental distress. I had heard that after one confinement she had been very ill, and had taken champagne with benefit. For the rest, she had been a total abstainer all her life, and for example's sake, she nobly wore the blue ribbon. She became sea-sick on the first night after sailing. On the second day she was sea-sick, but I brought her on deck, where she lay in rugs. The actual vomiting was very slight, but she was prostrated a good deal. On the third morning she was exceedingly prostrate; her pulse 60, regular, but feeble. I took her on deck again, but she could eat nothing, and although the actual vomiting had ceased, she was low, and repeatedly complained of "feeling faint." In so feeble a woman, with such a family history, and with a weak and slow pulse, I was not free from anxiety as to the real danger of syncope; so, having comfortably settled her on deck, I went below and mixed a wineglass brimming full of the best brandy with about "two waters." I presented it to her with a slice of good English cheese, as large as my four fingers, and with two of Huntley and Palmer's cabin ship biscuits. After a few sips of the grog she said that she felt better. She ate and drank up the lot, and spent the rest of the day, until four in the afternoon, "quite well and herself," on deck. I served her in a somewhat similar manner on the two following days, and with good results. There can be but few experienced medical men but who have learnt, that the most dangerous and treacherous heart affections, are not those with loud bruits and much organic change, but rather those, where sudden and fatal syncope is apt to follow very slight disturbing causes, in those whose hearts are feeble, either in muscular power, or (hypothetically) in nerve "energy." This latter rather vague, but very actual condition, may arise in the sedentary, indoor, and anxious modes of modern life. I have seen sudden and fatal syncope determined in anything but severe illness, by a slight intercurrent diarrhœa, and

(*a*) But, in truth, I have seen epidemics of several months' duration in which the earlier type was of mild inflammatory conditions of the lungs; the type of the later cases being that of downright, and often fatal "fever." I lately lost a fine man of 50, who, after a wetting and rigor, passed into a most malignant typhus aspect. His local disease was only a moderate bronchitic congestion.

where the patient simply had gotten out of bed. So, therefore, I was very watchful about my patient's pulse. I beg to ask any man or woman, who has felt the prostrate stage of sea-sickness—not the vomiting stage only, but the faint stage—if they know anything so good or reviving as alcohol? and of all the forms of alcohol, I believe that brandy and water is the most generally useful and best. Where there is dangerous syncope, is there not often loss of power of other organic nerve centres, *e.g.*, there may be great flatulence or retching. It seems to me very strongly, that brandy being esteemed a pleasant drink, should give it the preference over any concocted mixtures, even if the latter be held to be equal in therapeutic power; we should choose that drug least likely to produce nausea—viz., brandy.

Take another class of case. Many times in Calcutta, I would start at 5.30 a.m. for a three-mile drive, spend from about 6 a.m. to about 9.30 a.m. inspecting minutely, five hundred or a thousand people, in order to detect cholera, dysentery, diarrhœa, fever, &c., &c. There would be mental strain. On getting home to breakfast at 10 a.m. I should feel as if I could eat nothing—wanting food, but loathing it! But if in such a state I poured out half a tumbler of claret, mixing it with a little water and ice, and drank it up, I could at once sit down and make a good breakfast, and go to work, feeling well, after.

I have experienced often a very marked exhaustion in the early part of the day; in some tropical countries the morning sun is terrible. As a rule, I enjoy and am exhilarated by tropical heat, if it be dry heat; but the seemingly damp morning heat was most prostrating at times. I found that a little claret or cold brandy and water on such occasions, was most valuable.

Two years ago I had to give methylene to a lady of about forty-five, who had had a family and was of feeble and lymphatic type; in giving it, her pulse failed, the skin got cold, her expression of face ghastly; she was in great danger, but she revived. I told her never to take methylene again. She came back to me a few weeks ago, asking that I would go to the dentist's with her, and I agreed that she should take gas. The weakness of her organic nerve energy, or vital power, had been re-impressed in my mind, about three months ago, when, after a very moderate journey, by rail and road, her bowels had refused to act for three weeks, but without any other bad symptom. My patient was a most ardent "blue-ribbon" lady. I was very nervous at giving her gas, but I made up my mind that she should previously take an effective stimulant. I first gave a wineglassful of Martell's brandy, in about "two waters;" she said that she felt better, but still that her feet and hands were cold; in ten minutes I repeated nearly an equal amount of brandy; her pulse went bounding up, strong and rapid. I then gave gas; under its influence, the jaw fell, and she turned an alarming colour, but the pulse bounded on, and we were free from all danger of syncope. She rapidly came out of the influence of the gas; I saw the patient in the evening; she was in no respect suffering from the full dose of alcohol.

A few years ago, I was asked to see a young lady of eighteen, who had been ill for nearly three months. She was hysterical, complained of great pain about the region of the uterus; she often screamed from the pain, alarming her family, and demanding the immediate attendance of her medical man. She was almost beyond control and management. When I saw her, the lips were dry, the teeth had sordes. After a careful view and examination of the case we agreed that the patient was in some danger. The patient's family were most earnest teetotallers—convictions, on their part, which we most profoundly respected. Her medical attendant agreed with me—having exhausted the tonic class of medicines—that a pint of stout a day would be right treatment. I accordingly sent out for a bottle of Guinness's Dublin Stout, and poured out a full tumbler. We propped her up in bed, handed her the stout, and a few biscuits. She fought with us for half an hour, but I told her that I would sit by her all day, if necessary, until she drank it, and that if she spilt it, I would refill the tumbler! She drank it up, and never again objected. At her request Burton ale was substituted for the stout. In a few days she improved; in a fortnight, was quite well; the alcohol was discontinued, and has never been resumed.

I have a retired naval officer, æt. 59, under my care. Three years ago he showed diabetes, the urine never exceeding two quarts in the twenty-four hours, but was of sp. g. 1088. He had been accustomed to live well, and to drink several glasses of ale daily. During the first year of his illness, he omitted his beer and took claret, and dieted himself rather strictly, although he lived well. But his health and strength ran down very much; he lost flesh and became very weak. He went back to his ale, and takes every day, after a late dinner, a tumbler of hot whisky punch. I saw him lately; his urine was 1038, about 1½ quarts in twenty-four hours. He says that the better he lives, the better he feels; although he knows his case, he says, "Doctor, I am perfectly well, I was never better; I enjoy my beer, and I enjoy my food." As a younger man he gave proof of unusual mental power, but for two or three years past his power of conversation on new topics is gone. He cannot take in any new set of facts or mental impressions, and his powers of mental comparison are gone, but he is very happy, bright, and thoughtful, within his old mental range. The sexual feeling is quite gone.

That the patient feels so happy and well, with the effective but moderate stimulant, appears to me a paramount fact, in the wise treatment of his case.

The Form of diabetes is deeper down in vital molecular correlations, and changes of nerve and other cell contents, and has wider corelations within the body than any present means of analysis or dissection can trace. Empirical discoveries have as true a place in knowledge as have more methodical researches. Noble as is our chemistry, it is but in its infancy in relation to molecular vital "energies:" it seems, therefore, wise and good therapeutics, to give bitter ale and punch to some cases of diabetes, if such patients experience good.

When we reflect on how small a degree of change of environment, the greatest results within the body, depend, *e.g.*, that crossing a street may co-ordinate against asthma; that going from the South Coast of Devon to the moors, for a month or two in the summer, may so invigorate young people, that they are often saved from passing into phthisis; the change of place, at certain seasons, may determine the evolution of cholera. When we see such, and many other results, from *changes*, which are immeasurable almost, in their minuteness, there is a reasonable presumption, that if the alcohol makes the diabetic patient feel happier and better, that it may be doing him yet more profound good, in conserving the molecular energy of his tissues, and arresting the process which constitute disease.

I have now and then to see a lady of 30, of splendid courage and character. She is an ardent Blue Ribbon Apostle! But if she gets wet about her feet, or if one of her servants gives her trouble in the day, or if any other slight domestic shock happens, she is seized after going to bed, by most violent pain-spasms, at the lower third of sternum, and tremendous discharges upwards of wind. I have tried teaspoonfuls of powdered ginger in hot water, full doses of peppermint, full doses of chloric ether with aromatic ammonia, chlorodyne, half-dram doses of chloroform, and repeated such in 10 minutes, and all without relief; but I never fail to relieve the patient, by a full dose of Brandy, mixed with one, or at most, with two waters. This patient tells me, that she never gets "spasms" when she is living, for a month in the summer, an out-of-door life on the moors, and that she can fortify herself a good deal against them, when she is at her home by—in the summer months—a good long swim in the sea daily. But when she cannot be on the

moors, or cannot swim out every morning, what can I do, but give brandy to relieve her great distress and pain.

Like, no doubt, most of your readers, I could add a large number of cases, where alcohol has been found most useful. I have selected a few only, but of different types.

No doubt we have been too often careless in administering alcohol, but that is no reason for our abandoning its careful use. Holding as I do, the hypothesis of evolution in its widest sense, as applicable to organic existences; diseased process, to me, therefore, must most clearly be viewed as an orderly series, and in true "continuity." I should have, therefore, the strongest *à priori* conviction against rash interference with Nature; but so wide are the co-relations of organic existences, that true remedies must be held to be empirical discoveries, in true "continuity" with organic law and order, but whose full Forms or laws are not yet seen. It is, therefore, in the strictest sense, both philosophical and scientific, to give alcohol, or other drug, whose value or power are established empirically. Every medical man whose eyes have opened to the philosophy and science of medicine, must give alcohol in acute disease, with the gravest caution and anxiety; even if he feels an assurance of confidence: how immense are the problems involved! We by alcohol, alter the rates of process and change, in nerve-cell elements! We interfere with the process and the energies, of the most complex organic molecules yet evolved!

Although I thus naturally shrink from giving alcohol in disease, when I mainly view the subject from vito-chemical sides; yet practice and observation must always tend to enlarge our temporary scientific hypothesis.

It may not be amiss, both for blue-ribbon doctors and alcohol-giving doctors, to recall the words of Bacon (Novum Organum, Aphorism XLVI.): "The human understanding, when it has once adopted an opinion (either as being the received opinion or as being agreeable to itself) draws all things also to support and agree with it. And though there be a greater number and weight of instances to be found on the other side, yet these it either neglects or despises, or else by some distinction sets aside and rejects; in order that by their great and pernicious pre-determination the authority of its former conclusions may remain inviolate." Again, in Aphorism XLVIII., he says: "The human understanding is no dry light, but receives an infusion from the will and affections. . . . For what a man had rather were true he most readily believes. Therefore he rejects things difficult from impatience of research; . . . the light of experience, from arrogance and pride. . . .

NOTE ON OX-GALL: ITS ADVANTAGES IN MEDICINE.

By WILLIAM FRAZER, F.R.C.S.I.,
Member of the Court of Examiners, Royal College of Surgeons, Ireland.

Well-made inspissated ox-gall is useful as an adjunct in small proportion to different purgative pill masses, as it secures them rapid solution after being taken, and thus materially increases their effect; but I am not satisfied that it exerts any influence direct or indirect as a substitute for normal bile. It is this solvent action which constitutes the special value of ox-gall. If we mix a drachm or two with an ounce of olive or castor oil in an ordinary purgative enema the oil becomes miscible with the liquid, and has decided influence in softening and aiding the removal of indurated fæces. In those cases where hard masses are lodged in the lower bowel, in fact, impacted there, it will be found that ox-gall disintegrates these impactions and materially facilitates their expulsion. For this purpose the enema answers best if permitted to be retained for a time, and repetitions of it are often of advantage.

I send this brief note, as in a recent number of the *Medical Press* a strong opinion was expressed as to the worthiness of ox-gall, which certainly does not correspond with my experience, if it is used in a proper way and for suitable cases.

NOTES ON THE LATEST SURGICAL DRESSINGS IN GERMANY.

By THOMAS ESMONDE CAHILL.

Dr. Deahna reviews these in *Schmidt's Jahrbucher*. Carbolic acid shows very evil effects (in that degree of concentration which is necessary to guarantee asepsis)—general poisoning and local irritation. If diluted it requires extra care with the instruments and dressings. We were soon recommended other dressings which would possess the advantages of carbolic acid without its defects. Upon many of the newer methods no final judgment can be passed, even though we cannot deny a few advantages to some of them. We may mention salicylic acid, thymol, chloride of zinc, sublimate, bismuth, acetate of alumina, eucalyptol, iodoform, &c. We have besides combinations in which carbolic acid plays the chief *rôle*, a proof that we still have most confidence in its antiseptic powers. Of dry powders we have carbol powder, salicylic, iodoform, naphthalin, &c.

The dearness of wadding and gauze brought in jute, oakum, tow, turf-mould, sand, ashes, glass-wool, moss, peat, wood-wool, and saw-dust. Kocker's bismuth treatment seeks to dispense with drainage by rendering the wound after removal of the primary secretion suitable for permanent closure (secondary suture). In principle this resembles Esmarch's permanent dressing.

Prof. Bruns and others are sceptical of the usefulness of the carbolic spray. He substitutes a short irrigation with 3 per cent. solution. Robson and Asthalter replace the spray with eucalyptus smoke. Ranki believes he has found in thymol a stronger antiseptic, a ten times weaker poison, and greater facility of application. The spray, the instrument bath, and the wound lotion are 1:1000. The final dressing is of—thymol 1, alcohol 10, glycerine 20, and water 1,000 parts. It irritates the skin, but does not damage the instruments. A "certain degree" of dilution is nevertheless required; this necessitates a close watch on the dressing. Secretion and drainage are reduced to a minimum. Volkmann's statistics show a quick recovery, an absence of eczema, and a cheap price. In practice, however, the results obtained by different observers show a great want of uniformity. Ranke refers them to impurities and adulterations of the drug. Kocker, after 11 bad cases of carbolic poisoning, with 4 deaths, tried chloride of zinc. A 2 per cent. solution is strong enough to prevent decomposition. No spray, no instrument bath. Bad results have come from strong solutions. Dombrowski used tow saturated with a 10 per cent. solution and dried. He found it good and cheap, but it does not keep. Sublimate needs no detail here.

Local health officers in the State of New York are hereafter to be appointed only after a competitive examination, in accordance with the new civil service rules. The examination papers are to be prepared by an examining board of five physicians, to be designated by the Civil Service Commission, and the examinations are to be held in the presence of a county judge, who will transmit the papers to the Commission.

The loneliest doctor in the world is the ophthalmologist who hasn't written an article on cocaine.

A Summary
OF
NEW REMEDIES.

(Specially arranged and compiled for the *Medical Press.*)

(*Continued from page 78.*)

FRANCISCA.

The plant Francisca Uniflora. N.O. Scrophulariaceæ, growing in the Brazils, otherwise called Manaca.

Therapeutical uses.—It is said to possess powerful alterative and anti-syphilitic properties, and has thus largely been used in the treatment of buboes, chancres, syphilitic skin affections, &c.

Preparation and dose.—Tincture. Dose 5 to 20 drops.

GLONOINE.

The well-known and dangerous explosive, nitro-glycerine. It was first introduced by Dr. Herg, of Philadelphia, in 1850, and has been largely used under this name by homœopathic practitioners.

It is prepared by dissolving glycerine in nitric and sulphuric acids. For medical purposes it is dissolved and diluted in alcohol.

Physiological action.—Like nitrite of amyl, it is a prompt and powerful excitor of vaso-motor action; it accelerates pulse, relaxes arteries, and quickens heart's action; it causes a general sense of fulness. Dr. Hughes regards it as a direct sedative of the medulla oblongata, and denies that vascular activity generally throughout the body is quickened. He admits the throbbing sensation in the head produced by a five per cent. solution.

Therapeutical uses.—It has been recently used by the regular school in angina pectoris, sea-sickness, neuralgia, Bright's disease, headache, myxœdema, epileptic vertigo; having been previously employed by the homœopaths in congestive headache, sunstroke, and disturbances of the intra-cranial circulation obtaining in the menopause and after menstrual suppression.

Preparation and doses.—1. Solution. 1 per cent. Dose ½ to 2 minims. 5 „ „ unsafe. 10 „ „ unsafe.

2. Oil. 1 per cent. Dose 1 to 2 drops.

3. Pills. $\frac{1}{100}$ to $\frac{1}{50}$ of glonoine to grain.

4. Tablets. $\frac{1}{100}$ of a grain each. One every two, three, or four hours.

JABORANDI.

The dried leaves of Pilorcarpus Pennatifolius. It owes its properties to an alkaloid Pilocarpine.

Therapeutical uses.—This remedy is described in nearly all our recent text-books—Farquharson, Ringer, and Naphey, so that we need only briefly describe its properties.

It has been employed in a great variety of diseases, as albuminuria, asthma, diabetes, affections of the eye, and Bright's disease, and in general where it is desired to produce sweating or copious perspiration, a reduction of the temperature following its use. The active principle Pilocarpine is usually employed. It is an antagonist to atropine.

Preparation and doses.—

1. Extract of jab. Dose 2 to 10 grains.
2. Fluid extract. „ 10 to 60 minims.
3. Infusion „ „ 1 to 2 ounces.
   1 ounce to a pint of boiling water.
4. Pilocarpine hydrochlorate. Dose internally, $\frac{1}{20}$ to ½ grain. Hypodermically $\frac{1}{10}$ to ½ grain.

KAIRINE.

One of the more recent anti-pyretics, occurring in white granular crystals. It is a thymol derivative—the hydrochlorate of oxychinoline ethyl.

Therapeutical uses.—It has been employed in fevers and acute inflammations, as meningitis, acute rheumatism, &c. M. Drefry, of Lyons, states that it acts by lowering the activity of tissue change, and that it is an efficient febrifuge. Prof. Quinlan (Dublin) has, in *British Medical Journal*, Dec. 6th, 1884, p. 1125, brought forward evidence on its use in pneumonia, measles, scarlatina, pleurisy, erysipelas, ague, and septicæmia.

Dose.—Kairin hydrochlorate. Dose 5 to 8 grains.

LEPTANDRA.

The root of Leptandra Virginica, growing in the United States, east of the Mississippi, commonly called Culvers root, or black root.

Therapeutical uses.—It contains a crystallisable principal known as Leptandrine, and also a resin.

Leptandra is an active cathartic, but in the form of a valoid or fluid extract acts mildly, causing liquid and bilious stools. It possesses cholagogue properties. It is indicated in diseases of the intestinal canal, and in diseases in which there is constipation, with insufficiency of biliary and intestinal secretion.

Preparation and doses.—1. Valoid or fluid extract (Burroughs, Wellcome & Co.). Dose ½ to 1 teaspoonful.

2. It may be given in form of pill with res. potas., ext. hyosci., ext. tarax., ext. coloc., jalap, and ol. menth pip.

MUSCARINE.

The active principle of Manita Muscaria, a fungus growing freely in Great Britain, commonly called Fly agaric.

Therapeutical uses.—It resembles pilocarpine in its action, causing free salivation, perspiration, purging, and vomiting, lessening the pulse and cardiac action. It contracts pupil when given internally, but its local application causes dilatation. It has been employed by Murrell for the night sweats of phthisis.

Preparation and doses.—1. Nitrate of muscarine. Dose $\frac{1}{20}$ to $\frac{1}{40}$ of a grain.

2. Liquid ext. 1 per cent. Dose 5 minims.

MALT EXTRACTS.

Extract of Malt, the introduction of which as a therapeutic agent has almost revolutionised the treatment of disease, may be prepared from different kinds of grain, but Barley is the one most generally used.

Barley is turned into malt by soaking the grain in water, and then placing it in heaps. Heat is spontaneously generated, and, by occasionally turning the mass, is prevented from rising too high. To make Extract of Malt, an infusion of malt is prepared and concentrated *in vacuo* at a temperature not exceeding 100° F. In the German Pharmacopœia it is directed that the product should be *boiled*, but this plan is a bad one, as it destroys the ferment-diastase, on which, as we shall see presently, the therapeutic value of the product depends. Heat above 150° F. is destructive to diastase in solution, so that, in the words of Dr. Roberts, of Manchester, "if the extract be evaporated as is directed by the German Pharmacopœia, at a temperature of 212° F., it is necessarily inert on starch."

The value of Extract of Malt as a therapeutic agent depends on the production of a principle or ferment called *Diastase.*

Ferments are divisible into two great classes: the organised, particulate, physiological, morphological, formed or insoluble ferments, which are low forms of vegetable life, such as the yeast plant; and the unorganised, diffused, chemical, non-morphological, or soluble ferments, such as the majority of those existing in the animal and vegetable organisms. Of this latter class *Pepsin* and *Diastase* may be taken as types.

Organised ferments were known to the ancients; unorganised ferments have been recognised so recently that Schwann, who first isolated pepsin in 1836, is still a professor at Liège, whilst Claude Bernard, who died a comparatively young man in 1878, first drew attention to the influence of the pancreas on food materials,

The two classes of ferments may be broadly divided from each other by certain obvious points of difference. Thus, the morphological ferments may be distinguished by a variety of means, physical and chemical, whilst the non-morphological group, to which the term "ferment" can be properly applied,

can be detected only by the results which they produce; since, as their name implies, they have neither shape nor form, they have no power of reproduction, they do not increase in bulk during the process of fermentation, and they are in every case the product of secreting glands.

Diastase was first isolated in the year 1833 by Payen and Persoz, who gave it this name as they believed it to be formed by a simple separation (διαστασις) of starch from granule. It has been detected in a number of plants, and exists naturally in the body, forming an important constituent both of the saliva and of the pancreas. When occurring in the saliva, it is known as "salivary diastase," or Ptyalin; whilst in the pancreatic juice it is known as "pancreatic diastase."

Diastase also exists abundantly in the liver, and in smaller quantities in the intestinal juice, in the blood and urine, and apparently in all the interstitial juices. Diastase from all these divers sources appears to act substantially in the same way on starch; indeed, according to M. Coutard, all forms of diastase are identical, the two ferments derived respectively from the animal and vegetable kingdoms being identical in their action on starch.

The most characteristic property of diastase, as already mentioned, is its power of converting, under favourable conditions, starch, first into dextrine, and then into maltose. The diastase which exists in Extract of Malt is of the most active description.

The importance of starch as an article of human food cannot be overlooked. If we regard the enormous proportion in which the seeds of cereals and leguminous plants and the tubes of the potato enter into our dietary, and the enormous percentage of starch in these articles, it will perhaps be no exaggeration to say that fully two-thirds of the food of mankind consists of starch.

In the normal human body—that is to say, in an ideal condition of health, the digestion of cooked starch is accomplished by the diastase contained in the saliva and pancreatic juices, but in the artificial condition which exists amongst civilised nations it is too often found necessary to supplement this action by the addition of an artificial diastase, or, to speak more correctly, a diastase obtained from the vegetable world.

A simple experiment will illustrate what is meant by this assertion. If the action of a fluid containing diastase—whether it be saliva, extract of pancreas, or Extract of Malt—on starch paste be watched, the first effect observed is the liquefaction of the paste, and the production of a diffluent solution. This change is effected with great celerity, and in two or three minutes the soft paste becomes a watery fluid. This is evidently a distinct act, and is antecedent to the saccharifying process which follows, the speed of the action depending primarily on the proportion and strength of the diastase employed. The further changes which take place in the solution can be shown by the addition of chemical reagents. If we test, as soon as liquefaction is complete, we get a pure blue, with Iodine, and a slight reaction of sugar, with Fehling's solution. In a few minutes the sugar reaction becomes more decided, and although we still get a pure blue with iodine in the ordinary way of testing, by gradually diluting, the blue solution, and then adding more iodine, we get a deep violet tint, showing the presence of a form of dextrine, known chemically as erythro-dextrine, in addition to the starch. The next step that takes place is the total disappearance of the blue reaction with iodine, and the substitution for it of an intense reddish-brown colouration of erythro-dextrine. By-and-by the reddish-brown colour is replaced by a yellowish-brown, indicating the preponderating presence of a different kind of erythro-dextrine. In the meantime, the sugar reaction goes on increasing, and becomes much more intense. The next step is the entire disappearance of any kind of colouration with iodine. The process is completed by the entire conversion of the starch into *Maltose*. This may be described as the end product of the action of diastase on starch.

Maltose resembles cane-sugar in many respects, but differs from it in possessing a greater power of rotating the plane of polarised light, and a diminished power of reducing copper salts. As Maltose is now ascertained to be the form of sugar produced in the digestion of starch, it assumes a new and considerable importance in physiological chemistry.

It is important to note that the diastase exerts its influence only on cooked starch. In the raw state starch is to man an almost indigestible substance, but when previously submitted to the operation of cooking, it is digested with great facility. Even at the temperature of the body, diastase has only a feeble action on the unbroken starch granule. In the lower animals the starch granule is probably attacked in the first instance by some other solvent which penetrates its outer membranes, and this enables the diastase to reach and act on the starchy matter contained within. By the aid of heat and moisture and the process of cooking, the starch granule is much more effectively broken up. Its contents swell out enormously by imbition of water, and the whole is converted more or less completely into a paste, or jelly, or mucilaginous granule. It is in this gelatinous form exclusively or almost exclusively, that starch is presented for digestion to man.

The account here given of the transformation of starch has been deduced from an experimental study of the action of diastase derived from Malt. The question has often been asked whether the action of salivary and pancreatic diastase is identical with that of Malt diastase. The researches of Musculus and Mering give an affirmative answer to this question. These observers found that salivary and pancreatic extract acts upon starch paste in the same way as Malt diastase, the final product in each case being Maltose, and not dextrine.

Great importance is to be attached to the time with regard to meals at which the Extract of Malt is administered. "If," says Dr. Roberts, "you wish to get the full amount of work from a dose of Malt Extract, you should administer it, like the natural diastase of the saliva, with the food, or you might even mix it with the food beforehand." Extract of Malt lends itself exceedingly well to this latter mode of administration. It has a sweet, agreeable flavour, and a teaspoonful or two may be added as a sweetener and mixed with tea, coffee, cocoa, arrowroot, sago, or any other farinaceous food.

The only precaution to be observed is that the food should be sufficiently cooled down to be endurable in the mouth before the Extract of Malt is added. It has been found on trial that you cannot eat or sip, even in teaspoonfuls, any substance which has a temperature above 150° F., and at this heat diastase not only remains uninjured, but is highly active.

Another great advantage in the Extract of Malt lies in the important pharmaceutical uses to which it may be put as a vehicle for other drugs, especially cod-liver oil.

The various malt extracts and pharmaceutical preparations combined therewith, are now so well known and appreciated by the profession as to render any enumeration of them in this place unnecessary.

Dr. Kolbe, of Leipzic, whose name is associated with the chemistry of salicylic acid, has recently died.

The appointment of Professor of Military Medicine at Netley, which has been so long left vacant, has been conferred on Deputy Surgeon General David Boyes Smith of the Bengal Medical Department. Dr. Boyes Smith graduated just thirty years ago, and has had a distinguished career in India.

Clinical Records.

WESTMINSTER HOSPITAL.

Case of Enormous Hypertrophy of Clitoris, successfully Removed.

Under the care of Dr. POTTER.

(Reported by ALFRED S. GUBB, M.R.C.S. Eng., L.R.C.P. Lond., Resident Obstetric Assistant.)

SARAH H ——, æt. 33, married. Patient applied in the out-patient department on account of a "tumour"—on examination an enormous tumour the size of a fœtal head, pyramidal in shape and covered with a nodular thickened integument completely hiding the orifice of the vagina, which was only rendered visible by drawing the mass well forwards—vaginal examination showed that the vagina and os were healthy—the tumour was attached by a thick solid pedicle to the anterior commissure of the vulva, and there was a large patch of black slough at its inferior extremity which gave rise to a most offensive smell.

The patient stated that she had been married eleven years, shortly after being married she noticed a lump on one side of the anterior part of the vulva just at the spot where she had received a kick some months previously. This lump had gone on increasing ever since, but patient said it had caused her no inconvenience, notwithstanding its great size, until within the last few days when the tumour began to turn black at its most dependent part, and caused her annoyance from the smell. Rectum showed signs of extensive laceration.

Dr. Potter having decided to remove the tumour, patient was anæsthetised, and the tumour removed by means of the chain écraseur, though not without difficulty, owing to the toughness and strength of the pedicle—no blood was lost—the margins of wound were united with sutures and dressed with iodoform and absorbent pad, and patient was enabled to leave the hospital cured a few days later.

The tumour weighed upwards of two pounds, and consisted of a very dense fibrous tissue.

SHEFFIELD GENERAL INFIRMARY.

Case of Left Hemiplegia with Right Homonymous Hemianopia. (*a*)

Under the care of H. FRENCH BANHAM, M.A., M.D. (Cantab.), Physician to the Infirmary.

J. B., æt. 38, the mother of four children. Two died in infancy, two are now living. She has had one miscarriage. After having suffered for many months from headache, she had, three years ago (age 35), an attack of hemiplegia. This was attended with no unconsciousness, and deepened during three days. After a time she improved a little, but not so as to regain the full use of her arm and leg. Three months back she states that she was seized with sickness and headache, and she began to lose the sight of the left eye, and in twenty-four hours she had lost the sight of half the left eye. On examination she was found still to have marked paresis of the left arm and leg. Sensation was unimpaired. The pupils were unequal, the left being the larger, and neither responded to the action of light. The sight, as tested by the perimeter, showed complete right homonymous hemiopia.

Remarks.—Clinical and pathological evidence seems to render it certain that any lesion intercepting the course of the optic nerve fibres between their chiasm and their termination in the cortex of the occipital lobes of the brain will cause a tolerably symmetrical impairment of the functions of the retinæ of the two eyes, and that the particular half of the retina involved will correspond to the side on which the lesion is situated. The question whether in any case of homonymous hemianopia we can more definitely determine the position of the lesion is at the present time one of great interest and importance. The absence of any atrophic changes in a case of long standing would, I think, I may venture to say, contraindicate the optic tract as the site of the lesion. On the other hand, an active condition of the pupils would throw back the lesion to the cortex or subcortical structures. In the case that I have brought under your notice we have inactivity of the pupils and an absence of any morbid ophthalmological appearances, and we may therefore, I think, venture to restrict the possible locality of the lesion within rather narrow limits. The absence of any sensory disturbance favours the view that the internal capsule is not interfered with. I might call attention to the fact that the optic tracts terminate in the corpora geniculata, in the post outer third of the optic thalamus, and in the corpora quadrigemina, and that interception and interference with the functions of the optic nerves in this situation would cause all the symptoms met with in my patient. Loss of the pupil reflex would certainly indicate a lesion not nearer the cortex than the corpora quadrigemina. There is no positive history of syphilis in this case, but this is sometimes hard to ascertain, and especially in women, who are often infected without knowing when or how, and I am disposed to regard the first attack as probably due to a thrombosis affecting the middle cerebral artery, and this last attack causing right homonymous hemiopia, may be due to a similar cause affecting that branch of the post-cerebral which supplies the post-part of the optic thalamus, or to a point of softening somewhere in that locality.

I am indebted to Mr. Snell for his kindness in determining exactly the patient's field of vision by means of the perimeter.

(*a*) Read before the Sheffield Medical Society.

Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND.

PATHOLOGICAL SECTION.

A MEETING of the Pathological Section was held on the 16th ult., the President (Dr. FOOT) in the chair.

Mr. ABRAHAM, Hon. Secretary, read the minutes of the last meeting, which were confirmed.

The PRESIDENT of the College of Surgeons (Dr. Bennett) exhibited some specimens of congenital dislocation of the hip-joint. The first was taken from a child, æt. 6, who died last Spring in Sir Patrick Dun's Hospital. At the time of her admission he had little hesitation in diagnosing double congenital dislocation of the hip. The child was then perfectly healthy in other respects. The midwife who attended at the child's birth stated that the presentation was normal, and the labour perfectly healthy. In the first two years, the deformity was not noticeable, but it was observed that she was slow in walking, and that she began to waddle. The first question arising was whether the increasing lameness could be arrested. She could stand with ease and steadiness, and could run with facility, but could walk only indifferently. Being attacked with scarlatina, of which there was an epidemic in the ward, signs of tuberculous meningitis appeared, and after a couple of weeks she died. He was only able to exhibit the pelvis, and the upper extremity of the femora. The gluteus maximus on both sides were reduced in part to a membrane, and the muscular fibre was almost entirely replaced by fat and fibrous tissue. The casts exhibited showed how complete was the separation of the knees, and also that inversion was wholly absent. No tumour was found beneath the gluteus maximus by the head of the femur because the latter was directed forwards. The capsular ligaments were greatly thickened, and were more like fibro-cartilages than ordinary ligaments. There was no perforation of the ligaments on either side, but they were equally thick, dense, and hypertrophic. The attachments of the ligaments to the capsules were normal, but the acetabulum was dragged into an abnormal position. The true acetabulum was filled with fat. The seal of the new articulation was above and behind, but there was no bone exposed. No socket was formed in the bone, its formation being prevented by the interposition of the capsule. On the right side the ligamentum teres was found to be represented by curious leaflike structures continuous with the cartilage, and having no connection with the acetabular cavity. On the opposite side destruction of the ligamentum teres had proceeded to a less extent, and they had the ligamentum in its normal place, and attached in the normal way, but reduced to a mere shred. These facts explained many recorded cases in which the ligamentum teres was said to be altogether absent. In each case of the kind the extent to which the ligamentum teres underwent absorption was

simply a question of time. Had the girl lived a few years longer the ligament would have appeared to be entirely absent, and the dislocation attributed probably to its absence. In the majority of cases it was present, but undergoing absorption. The other specimen was one which he had himself dissected, and it repeated all the phenomena of that of the case from Sir Patrick Dun's Hospital, including the projection of the anterior superior spine, and the approximation of it to the tuber ischii, while the crista ilii stood up close to each other. The last feature of the deformity was continued through the whole series. The specimen he now showed of a bone without the pelvis to which it had belonged could be diagnosed by anyone as a congenital dislocation. When he dissected the specimen many years ago, he found no sign of morbus coxi nor traces of abscesses, adhesion or perforation of the capsule. The axis of the head and neck of the femur had rotated about a quarter of a circle. He noticed the extreme density of the structures forming the new capsules. In a paper read at the Copenhagen Congress, the author states the best time for performing an operation in such cases was when the individual had reached puberty. That would be when all the secondary deformities had developed to the utmost. He believed the only chance of remedy depended on an early and exact diagnosis. The present specimen proved there was no tendency, either to aversion or adduction of the limbs.

Dr. Barton asked what was Dr. Bennett's theory of the cause of the wearing away of the ligamentum teres.

Dr. Foy observed that the majority of text works stated that the head and neck of the femur rotated in the direction of the internal condyle, but that that did not occur in congenital dislocation, In the present case the question was whether the rotation had occurred in intra-uterine life or afterwards.

Dr. Fraser asked was the approximation of the ilia a part of the original congenital affection, or was it a secondary result caused by muscular action?

Mr. W. Stoker said Prof. Smith attributed the absence of inversion to the weakening of the front of the capsule or the want of that part of it which developed into an ilio-femoral band.

Dr. Bennett, in reply, said the specimen showed the ligamentum teres in a transition state. He regarded the change as an example of atrophy through pressure. He believed the changes adverted to by Dr. Fraser were the result of muscular action under abnormal conditions. In his specimens there was no defect in the capsules. Prof. Smith had accepted Hutton's explanation that the position was a gradually asumed one, and that in the absence of inversion, and any posterior tumours resulted from the head and neck of the femur being directed forwards instead of backwards. Cruvellier's plates corresponded.

Dr. Kilgariff exhibited a large cervical tumour removed by him from a young woman, æt. 25. A similar growth had been removed from the same place six years before. It implicated the lower part of the ear, the face and the radius of the jaw, the side of the neck overlapping the clavicle, and lying on the sheath of the carotid, and deeply imbedded in the parotid region. It became ulcerated six months before operation, and she became much reduced by the hæmorrhage from the ulcer. Photographs were shown of the patient before and after the operation which proved very successful. Mr. Coppinger having examined the growth, reported that it was encapsuled, and that the fresh section showed large translucent areas. Microscopically the sections presented the characters of the myxomatous tissue. The outer parts were chiefly made up of lymphoid tissue. He considered it a lympho-sarcoma.

Dr. Coppinger said the microscopic examination showed the specimen to be a sarcoma which had undergone myxomatous change, and to which its non-vascularity was due.

Dr. Kilgariff also showed a great toe removed for epithelioma of the matrix of the nail, from a man, æt. 62. It appeared two years ago. It had a villous appearance.

Dr. Coppinger observed that the cells were of smaller size than were usually met in epithelioma of the lower limbs, and there was less vascularity than usual. The history of the case pointed to a slow growth, which after existing in the toe a long time, became ultimately malignant.

Dr. J. W. Moore exhibited some large gall stones. In 1882 he had presented to the Pathological Society a series of gall stones which had been passed by an elderly woman after terrible suffering. A peculiar feature of the case was that there was only little icterus, explained probably by the remarkable facetting of the calculi. The calculi had been in his possession since last summer. The woman had perfectly recovered. There was an absence of jaundice accounted for by the number and peculiar facetation of the calculi. Dr. Abraham had reported on the specimens.

The President said the great size of the calculi raised the question whether they imbedded the intestine *per vias naturales*, or through some abnormal communication between the gall bladder into the duodenum.

Dr. Frazer suggested they came through ulcerations in the gall bladder. The statement in the books that cholesterin was a fat, lighter than water was erroneous. He took some from a gall bladder, and it sunk in distilled water. The facetting was supposed to be produced by friction between the stones, but it really resulted from their motion whilst aggregating. In one case the stone had been broken, and became covered with fresh materials. In all the cases he had seen that showed facetting the biliary matter was interlaced with cholesterin. In a case where gall stones were expelled through the ducts, an immense quantity of bile in a state of putrefaction was liberated, and the patient, a gentleman, who was alive and well, had immediate relief.

Dr. Barton exhibited a specimen of bowel obstruction. The patient, an engine fitter, æt. 34, had suffered occasionally during six months from derangement of the digestive organs. He had no history of dyspeptic symptoms, but complained last summer of colicky pains after food—a peculiar pain across the abdomen with a sort of gurgling. These symptoms occurred at irregular periods, and in the interval he had good health. On Christmas Eve he had a severe attack of abdominal pain, and obstinate constipation. For ten days he suffered from these symptoms with partial obstruction, swollen abdomen and peristalsis of the intestines perceptible through the abdominal walls. He had occasional action of the bowels, produced by enemata, in which the excreta were of a soft character. Admitted to the Adelaide Hospital on the 5th inst., his abdomen was swollen, the chief point of pain being on the right side over the cæcum. Pressure on the rest of the abdomen did not cause much pain. He appeared like a person suffering from strangulated hernia. He had a long drawn face and vomited, what was of a distinctly fæcal character. It was concluded he had intussusception of the ilium to the large intestine at the ilio-cæcal valve. The swelling had increased to such an extent as to account for the total obstruction which existed three days. He was put under opiate treatment. Having come prepared to operate, he found the patient had free action of the bowels, and was followed by a second after his arrival, the fæcal matter being soft and fluid, evidently from the small intestine. The abdominal swelling and pain had diminished, and the vomiting ceased, although he could not retain food. For the next five days the treatment was on the supposition of inflammatory obstruction—not intussusception. He gained ground till three days ago when the pain and vomiting returned, and treatment availing nothing it was determinad to operate. Opening the abdomen as a tentative measure to ascertain the pathological conditions, he made an incision from the umbilicus downwards, and found that the parts about the ilio cæcal valves were not obstructed. The ilium was thickened, and the cæcum enormously distended, but there was no intussusception. At the transverse colon he discovered a hard mass with a hard band of lymph around it, about as thick as his little finger, and he divided it. Immediate relief followed. This was only part of the diseased mass and he excised portion of the transverse colon, and sewed the cut end of the ascending colon to the upper end of the wound, the end of which he fastened up; so that the man who was still alive had got a false anus. The operation occupied two hours. Whether the man would survive or not was doubtful, the shock having been very great. The wall of the intestine was occupied by a mass which nearly filled the cavity, leaving barely passage for a quill pen. The fizzing noise which attended his temporary relief from pain and obstruction months back, was evidently caused by the passing of the liquid fæces through the opening. The obstruction was of the inflammatory kind, though the mass was exceedingly hard. It grated under the knife and seemed of a fibrous character. The condition of the ilio-cæcal valve was that of inflammatory thickening.

The President relied on the fizzing noise as distin-

guishing between fermentative dyspepsia from malignant disease of the polypus. He had heard with a stethoscope a stomach force its contents through a restricted pylorus.

Dr. WARREN said when he examined the man he thought he had inflammation of the cæcum. His urine was analysed for indican, which was found to be slightly in excess.

Dr. DOYLE had a case in which he inserted his arm up a man's rectum and detected an obstruction connected with the colon. Such an examination was more easily made of the female than of the male. He had detected intussusception in children with his fingers.

Dr. BURTON, in reply, said he had made an examination *per rectum* with a long tube, which did not reach the obstruction. No mode of examination should be neglected.

The Section then adjourned.

[In the report of the meeting held December 12 there is a serious error in the report given of Mr. Frazer's observations on "Cleansing of Sponge for Surgical Purposes." Instead of advising *sulphuric* acid, the correct statement should be:—1. Wash the sponge with a warm fresh solution of permanganate of potash, a drachm to the pint of water; the sponge becomes dark brown; it is then washed in plain water and bleached. 2. A diluted solution of liquid *sulphurous* acid in water, ½ oz. to a pint of water, and finally well washed and dried. I find this process very useful and simple in application.]

MEDICAL SECTION.

A meeting of the Medical Section was held at the College of Physicians on Friday Evening, 30th January,

The PRESIDENT in the chair.

The Secretary (Dr. A. N. MONTGOMERY) read the minutes of the last meeting, which were confirmed.

Surgeon-Major B. HAMILTON read a paper entitled "Cholera: its Endemic Conditions and Epidemic Progression, with Clinical Remarks and Treatment."

The CHAIRMAN, Surgeon-General DE REUZY, C.B., and Dr. H. KENNEDY having discussed the communication,

Dr. CAMERON proposed that, owing to the importance of the subject and the lateness of the hour, it would be advisable to adjourn the discussion to a future meeting. Dr. GRIMSHAW, Registrar-General, seconded the motion, which was put and carried.

The Section then adjourned.

[The abstract of Surgeon-Major Hamilton's paper, and the remarks of the gentlemen who have already spoken are held over until next month in order that the discussion may appear in a connected form.]

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

JANUARY 29TH.

Mr. W. A. GARRARD, President, in the chair.

THE CONVICTION OF DR. BRADLEY.

DR. KEELING laid before the meeting the case of Dr. Bradley, late of Brimington, near Chesterfield, as known from the depositions taken before the magistrates, and the evidence given at the trial. These facts have been already published in the *Medical Press and Circular*.

The unanimous opinion of those present was that there has been a gross miscarriage of justice, and that an innocent man has been condemned to professional ruin, and most undeserved punishment, upon evidence of the flimsiest and most untrustworthy character. Looking at the facts of the case in a broad light, the medical history of the woman upon whom the outrage was said to have been committed, —an epileptic since she was eleven years of age; her family history—her father having been insane and confined in an asylum; the character of the man who was charged with the crime, a young married man with one child, apparently liked and respected by those amongst whom he worked, with his way to make in the neighbourhood; the surroundings under which the crime—or alleged crime—was said to have been committed, a room in a brick-built cottage house, which kind of houses are usually most unsubstantial in their general structure, especially in the matter of partition walls and flooring, with the door looking upon the street open, and the door into the kitchen in the same condition; time, early afternoon on a July day; the woman of the house, in the cellar of the house; people at home in the neighbouring houses, and people standing about, near by, outside the house, —no reasonable man could believe for a moment the charge made, and that, upon the unsupported evidence of an epileptic woman, that Dr. Bradley had twice committed rape upon her in the space of five minutes, once whilst she lay with her head upon one chair (such as are to be found in these kind of houses), and her body on another and again on the floor; and that he sought to have connection with her with his legs outside—instead of between—her legs. She said that she resisted and screamed; but not a soul heard her. The jury very properly disbelieved such a story, and found him innocent, but under pressure of an unfavourable charge from the Lord Chief Justice, found him guilty of an attempt at rape—a crime with which he had not been charged, and in support of which not a tittle of evidence beyond the woman's word was produced. There were no signs of disordered dress upon her's, or Dr. Bradley's person. No marks of violence were found on either; nor were there any stains upon the clothes of either. The woman swore to a double rape—evidently a falsehood; and to screams and resistance—the first of which were never heard, and of the latter there were no signs. The position in which she affirmed she was raped is one in which it would simply be impossible to commit such a crime; or, indeed, it is inconceivable to think connection could well be accomplished with the fullest consent and assistance of the woman herself. How a jury of 12 sensible men could have believed such a story for one moment, passes comprehension, and how a Lord Chief Justice could have sustained such a verdict, it is impossible to conceive. Their knowledge of the possible circumstances under which forced connection, or attempted forced connection may be accomplished, or atempted, must be much fuller than that which falls to the lot of ordinary mortals —and certainly to the lot of medical men, who might be expected to know something of the possibilities of such a case from their study of forensic medicine. Those who know the strange hallucinations and delusions—erotic and otherwise—of epileptics, will find no difficulty in accounting for the charge made in all good faith by the woman; but how any reasonable men, after hearing the evidence given, could believe in the charge for one moment passes comprehension. They may rest quite satisfied that they have ruined, and sent to severe punishment, an innocent man. We trust the mischief may be undone as soon and as far as possible, though, to a great extent, it is irreparable.

Mr. WILFRED BANHAM introduced to the meeting, and gave the notes of two cases—

1. SUPPURATING HYDATED CYST OF LIVER—RECURRENT.
2. CASE OF ABDOMINAL TUMOUR IN A GIRL, ÆT. 10.

MR. PRESIDENT AND GENTLEMEN.—The two cases that I have to bring before you, are probably cases of hydatid disease, one of the liver, the other of the spleen or peritoneum, which have occurred in the practice of Mr. Shaw, of Altercliffe, it is by his kind permission that I am able to present them to night. Hydatids are, I think, not so common as to require an excuse for their present consideration. My first case is a girl, æt. 14, who dates the commencement of her illness about four years back. She then complained of pain in her right hypochondriac region and between her shoulders, and ever since then has had occasional attacks of illness of variable intensity and duration, marked particularly by vomiting, headache, flatulence and indigestion, palpitation and pain in her right side. These attacks usually lasted four or five weeks, they increased gradually in severity and frequency, the vomiting being incessant for days; other symptoms she complained of were shortness of breath, hiccup, night sweats, slight cough, prostration, feebleness, and loss of flesh. Parents healthy. No former serious illnesses. Her mother first noticed a localised swelling between the right nipple and the margin of the ribs, and a fulness of the abdomen about two years ago. On examination the physical signs were a large well defined tumour occupying the right hypochondriac, extending almost down the crest of the ilium below, about one inch to the left of the middle line of the abdomen laterally, and encroaching on the chest above, distinctly to be felt and percussed out, it was firm and elastic on pressure, slightly tender to the touch, smooth on the surface, though bulging between the ribs and below them

in the anterior axillary line. Priorily, hydatid fremitus was well marked. The diagnosis was made with difficulty, and Mr. Shaw decided to aspirate, which he did in February of last year, in the presence of Mr. Favell and myself, the patient being under choloform, with a flannel bandage bound tightly round the abdomen and chest so as to fill and steady the tumour; two quarts of clear hydatid fluid were drawn off. Some of this when viewed under the microscope presented numerous ecchinococcus heads, hooklets, and shreds of membrane. After the operation she made a slow recovery, her temperature frequently reaching 102 to 103 F., with vomiting, troublesome constipation, and an acute throbbing pain in her right side. She was again seen last September, when it was found that the cyst had refilled, though very much altered in position, this time the dulness extended as high as the fourth rib anteriorly with the convexity looking upwards, and to a point mid-way between the margin of the ribs and the crest of the ilium below. The patient's health failing Mr. Shaw again aspirated in the early part of October, without an anæsthetic being used, and one quart of opaque yellow, thick, sticky fluid was withdrawn, looking like pus. Under the microscope were found innumerable pus cells, but no heads of ecchinococcus. She made a much more satisfactory recovery, little or no sickness, no rise of temperature, digestion and appetite improved, and has been much better in health, gained flesh and strength, and now is in the condition you have seen to-night. The cyst is again filling, CASE II.—Ann Froggat, æt. 10. *Medical History:* Parents healthy, has been an exceptionally healthy child, measles being the only illness she had had, she, however, is a somnambulist and in one of her night walks fell down stairs and hurt her back about twelve months ago. Present illness—she first complained of pain in her left side last October, when she had to stay away from school two or three days. Since then, her mother says she has walked sideways, holding her hand to her side when she walks or runs, that she first noticed a lump whilst undressing her the week before Christmas, in her left side, which has been getting larger ever since. Present condition, has no pain or uneasiness except when she runs. Heart and lungs normal; urine normal; appetite good; bowels regular, look healthy and well. *Physical Signs:* There is a well-defined tumour in the left hypochondriac region, extending into the epigastric, umbilical, and left lumbar regions; is firm and elastic on pressure, freely moveable and moves, with respiration dull on percussion; no sounds audible. The two cases present some points of interest. The difference in situation, rate of growth, and symptoms in the two cases. In the first case the hydatid cyst had probably extended through the diaphragm or displaced it upwards, and so making it very difficult to diagnose from pleuritic effusion; a point of importance being that in pleuritic effusion the convexity of dulness looks downwards, and in hydatid disease the convexity looks upwards. Some statistics as to the relative frequency of situation may be interesting. The second case lives where the water used for drinking is nearly all surface water, and is very likely to be contaminated with the excreta from dogs. In the first case the recurrence after suppuration, and the enormous size, without rupturing or causing pressure-symptoms except alteration in the function of the liver, are also conspicuous symptoms, smooth on the surface but lobulated, is separated from the liver dulness which is not enlarged, continuous with splenic dulness, is not tender to the touch or even on firm pressure. Measurement twenty-six inches round the waist, umbilicus to anterior superior spine on left side 6 inches, on right 5 inches, left nipple to anterior sup. spine of ilium 10½ inch, right 9½ inches. Dulness of tumour 5 inches vertically 6½ horizontally no adhesion to be found on the surface; hydatid fremitus indistinct, but I think present. Diagnosis—hydatid of spleen or peritoneum about the position of the gastro-splenic omentum. *Treatment:* It is proposed to aspirate it.

Dr. BANHAM related the notes of a

CASE OF HEMIPLEGIA WITH HEMIOPIA,

which will be found at page 120.

CASE OF DOUBLE BLINDNESS.

Mr. S. SNELL related particulars of blindness in a man, æt. 40, occurring rapidly, within three days, in the right eye, and a short time later in an almost equally rapid manner in the left. Light perception was abolished in each eye, with negative ophthalmoscopic signs. Mr. Snell gave his reasons for supposing a lesion of the region of the chiasma. He promised further particulars of the case later on.

PARALYSIS OF EXTERNAL RECTI.

Mr. S. SNELL also exhibited a patient with paralysis of external recti. The left sixth nerve had been affected for three or four weeks, but during the last few days the right had become also paralysed, and it was feared further evidence of central disease was developing, when the case would be again brought to the notice of the Society.

TREATMENT OF EMPYÆMIA.

Dr. GWYNNE read a suggestive and interesting paper upon this subject, with notes of four cases which came under his care during the past year. This paper, on which a lively discussion took place, we hope to publish in full with the cases in an early number.

The PRESIDENT agreed with Dr. Gwynne as to the value of antiseptic dressings in the surgical treatment of empyæma, and in all cases where deep cavities are opened into. He thought, however, that it was a matter of some difficulty to secure the proper application of antiseptic dressings to the chest walls for any considerable time.

Mr. C. ATKIN said that in his opinion there was a great difference between the treatment suitable for children and adults. For children he advocated aspiration; for adults he would adopt free incision and drainage. In the case of the latter he regards aspiration as a snare and a delusion, tending to encourage the subsequent evolution of amyloid disease. He advocates making the opening in the tenth interspace. In some remarks upon the place at which Nature usually points, and discharges in cases of empyæma, he expressed the opinion that it was not the best place, and served to prove that nature is not always to be relied upon; he thinks the place in question is determined by certain anatomical considerations, connected with the insertion of the serratus magnus. He has never seen shock in connection with evacuation of pus from the chest; in this, his experience differs widely from that of the reader of the paper. Though single openings are usually effective, yet double openings are often most useful. He drew attention to the rapid growth of granulations in these cases, and the difficulty experienced in keeping the wounds open. For dressing purposes he prefers the use of carbolised tow, but he has used wood wool with good effect.

Dr. KEELING believes that sufficient credit is not given to Chassaignac for his labours in connection with the treatment of cases of empyæmia at the Lariboisiere Hospital, Paris. He was accustomed to make double openings, insert his drainage tubes and to use phenic acid. His method of operating was described by Dr. Keeling, and was as follows:—An opening was made fairly high up in front in one of the intercostal spaces, a long needle armed with a thread was passed through the opening, thence backwards and downwards, when another opening was made, and a drainage tube drawn through. Dr. Keeling advocates a free opening in the case of adults, and also dwelt upon the difficulty experienced in keeping these wounds open. He drew attention to the occurrence of necrosis of the ribs in these cases due to the nipping of the tube by the edges of the ribs. He has never experienced any difficulty in keeping the pus sweet, using carbolised tow in abundance.

Mr. RECKLESS gave the results of eight cases of empyæmia which came under his notice about a year ago, and in which he operated. In six cases he made double openings. The discharge in seven remained perfectly sweet, antiseptic treatment could not be carried out. Six out of the eight recovered.

Dr. PORTER alluded to the difficulties experienced in diagnosing the quality of the fluid. He has seen borderland cases in which the fluid was neither purulent or not purulent. He is in favour of free incision. In the course of his remarks he drew attention to C. McIvor Goyder's article on "Respiratory Irrigation, a New Method of After-treatment in Empyæmia," published in the *Lancet*, March 5th, 1881, p. 366. In the same number there are several articles upon the same subject worth referring to.

Mr. PYE-SMITH advocates free incision, and, in the case of septic pus, irrigation. For the latter purpose he condemns the use of cold fluids, and recommends that the fluid used should be 100° by thermometer measurement. He believes that in the case of single incisions there is

danger from tension, and therefore practices double openings. He agreed with the reader of the paper in the place chosen for making the incision.

Dr. GWYNN replied, disagreeing with Mr. Atkin's views as to the occurrence of shock both in evacuation and irrigation, also as to the place for opening.

Department of Lunacy.

THE COMING LUNACY LEGISLATION.

FIRST ARTICLE.

THE chronic dislike of the existing lunacy laws and their administration which has in certain quarters prevailed for years is metamorphosed for the present into a phase of acute excitement engendered by rumours of impending lunacy legislation. By dint of importunity and incessant clamour there may be something in the political atmosphere calculated to whet the appetite of would-be law-makers and the mal-contents of public opinion. Yet we believe that the scent is probably afar off notwithstanding the seeming inspiration of the *Times* and the quickening pulse of reform agitation. The "massacre of the innocents" at the close of the coming session is not likely to number among its sacrifices a lunacy bill, nor are the present exigencies of legislation capable of such rapid solution as to leave room for careful inquiry into the subject for some time to come. When lunacy reform does become a question of practical politics we shall welcome the construction of the new statute with heart and soul, but the Government pigeon-holes are crowded, prior claims are waiting satisfaction, and many vacancies will be filled to satisfy more urgent agitations, ere we can expect to lodge the draft of a lunacy measure in the official archives. While, however, the subject is being scrutinised—panoramic though the glimpse may be—we are constrained to join with the crowd and individually proclaim in outline our views of the subject.

A reconstruction of our lunacy system must at once be thorough and trenchant. No half measures, no peradventure excisions or incongruous patches will suffice; a broad, comprehensive, sweeping measure of reform is absolutely necessary to satisfy as nearly as possible all shades and sections of opinion. Attention must first be directed to headquarters. The sluggard red-tapeism and the division of labour, as these have hitherto characterised central functions, are susceptible of wholesome change. Amalgamation there is necessary, a consolidation of responsibilities is desirable, and a more certain and expeditious control and compulsion of local administration throughout the country.

Reviewing the lunacy system in its primary and peripheral ramifications, three well recognised problems promptly appear 1. How to relieve the congestion of asylums; 2. How to regulate their inflow and outflow so as to obviate obstruction and functional paralysis; 3. How to increase their curative powers. These problems have engaged attention for many years; their solution has been suggested in various ways, but chiefly in the direction of remedial legislation, and they occupy a central position on the platform of lunacy reform. In addition to all this comes the ubiquitous topic of private asylums, a topic as essential to lunacy agitation as the Prince of Denmark to the play of "Hamlet." No kindred subject has engrossed so largely the public mind, none has proved so thorny, so beset with pitfalls, and none has been less productive of good results. The controversies begotten of it have been so bitter, the interests involved so many, diverse and yet antagonistic, that the resultant—except for the gall of bitterness and the rankling sores—is practically *nil*. From the proprietors of private asylums will come an almost unanimous cry for reform of the present law so far as it applies to them; but a battle is none the less inevitable, and the outcome of it will be difficult to forecast. One other and no less significant desideratum of the new Act will be a better provision for certification, and absolute safeguards to those who certify. Recent events have made this a pressing necessity; medical men are now refusing to certify where there is the least risk, and dangerous and suicidal patients are being allowed to run loose more than hitherto. This may be expected to work its own cure eventually, but only at considerable sacrifice of life; and it will be all the better for the country, as well as for the profession that the law of certification should be so reformed as better to safeguard the public, the lunatic, and those responsible for custody and certification. Besides all this, there will come the question of Who shall certify? and vested interests must not too lightly be swept aside. With so many difficult nuts to crack, the labour of a Lunacy Commissioner will be no light matter Men of eminence and authority will contribute valuable though sometimes conflicting evidence, and the sifting process will be a long and weighty task. With respect to the basis of reform which we have sketched there will be less difference of opinion than as regards the machinery of administration and the practical details elaborated from such a basis. Round these will the conflict rage, and we shall endeavour hereafter to express our views on them in accordance with the programme already described.

POOR-LAW MEDICAL OFFICERS AND THE PROPOSED LUNACY LAW AMENDMENT BILL.

AT a meeting of the Council of the Poor-law Medical Officers' Association, held February 3rd, attention was drawn to the proposed "Lunacy Law Amendment Bill, from which it would appear that, in future, Poor-law Medical Officers will be debarred from examining lunatics, and such duty will be vested in "Medical Officers of Health," the family medical attendant, and superintendents of asylums. This Council feels strongly that such a step would throw an undeserved slight on the three thousand five hundred Poor-law Medical Officers of England and Wales. The Council sincerely trust that every Poor-law Medical Officer in his respective district will at once place himself in communication with his representative in Parliament, so that such Bills may be amended when in Committee.

A BRASS to the memory of the late Surgeon C. B. Lewis, of the Army Medical Department, has been recently erected in the chapel of the Royal Victoria Hospital, at Netley. Surgeon Lewis entered the service about six years since, and died of cholera at El Warden while serving with the army of occupation in Egypt, on July 30th, 1883, at the early age of 29. During his student days at King's College, Lewis was universally popular, and well known as an athlete, having won the mile challenge cup in the United Hospital Athletic Sports several years in succession. The memorial brass has been erected by several of his brother officers in both the Indian Medical Service and Army Medical Department.

DR. DICK, who recently died at Edinburgh, at the age of 93, was a fellow student with Dr. John Reid and Sir James Simpson. He began practice at Mid Calder nearly seventy years ago, and only retired in 1868.

Registered for Transmission Abroad.

The Medical Press and Circular

Is published every Wednesday morning. Price 5d. Post free, 5½d.

Post Free to Annual Subscribers . . . £1 2 6
„ If Paid in Advance 1 1 0

Post-office Orders and Cheques to be drawn in favour of—
A. A. Tindall, 20 King William Street, Strand, London, W.C.
A. H. Jacob, 3 Molesworth Street, Dublin.

Agents for Scotland:—
Maclachlan and Stewart, South Bridge, Edinburgh.
A. and W. Stenhouse, Hillhead, Glasgow.

Sole Agent for the Continent:—
John F. Jones, 31 Bis, Rue du Faubourg Montmartre, Paris.

ADVERTISEMENT SCALE—Whole Page, £5 0s. 0d. Half Page £2 10s. 0d.; Quarter Page, £1 15s. 0d.; One-eighth Page, 12s. 6d.

Small Announcements of Practices, Assistancies, Vacancies, Books &c., of Seven lines or under, 4s. per insertion; 6d. per line beyond

Considerable reductions are made from the foregoing Scale when orders are given for a series of insertions. Letters in this department should be addressed to the Publishers.

Subscriptions for France are received by Messrs. Baillière, Rue Hautefeuille, Paris—post free in advance, £1 8s. 6d. per annum.

Subscriptions for Russia are received by Messrs. Rajchman and Frendler, 18 Senatoren Street, Warsaw—post free £1 5s. 0d. per annum.

Subscriptions for the United States are received in New York by Messrs. Willmer and Rogers; Philadelphia, by Dr. Brinton: post free in advance, 5½ dollars (£1 8s. 6d.) per annum; or direct from the Offices in this country for the same amount, if remitted by International Post-Office Order.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 11, 1885.

THERAPEUTIC DELUSIONS.

No class of men have the thought, "What is truth?" more persistently presented to their minds than medical men. *Tot homines, tot sententiæ*, aptly expresses the want of unanimity that exists amongst us. The convictions of one man appear delusions to another. It does not seem at all likely that the question as to "Truth" will be soon answered, or that the clashing of opinion will soon come to an end. Most probably it is well differences of opinion should exist, or further progress in the science or empirical knowledge of our Art might be endangered. Before now we have maintained that our profession is, and must always remain, more of an art than a science, that its foundations are composed largely of empirical knowledge, and that the lessons derived from such knowledge are much too valuable to be lightly thrown aside for what is termed "rational medicine." Not for one moment do we wish to make light of the objects in view, in endeavouring to base treatment upon an accurate knowledge of the physiological action of drugs. The more precisely these are known to us, the better it will be, and it is in the highest degree praiseworthy work to such to determine by experimental research the exact effects of a drug upon the organs and tissues of the body. We think, however that it is going a little too far to say that a drug must not be given unless we can predicate its action to a certainty, and to be sure that its clinical effects under the influence of diseased conditions, correspond accurately with its effects upon a healthy organism, especially an organism of a species different from the human race, in researches carried on in the physiological laboratory. The consideration of this subject has been again suggested to us by the amusing contrariety of opinion which we notice in the views of two contributors to our American Exchanges. Under the heading, "The Wrong Hobby," W. A. Fisher, M.D., writes to the *New York Medical World*, December, 1884, p. 238, giving his experience as to the difference between empirical and rational doctoring, in which the balance for good decidedly leans to the first. His remarks were called forth by seeing bromide of potassium recommended by several writers in the treatment of remittent fever, and are as follows:—"This calls to my mind some of my early practice. I, like all young doctors, of course, considered myself a 'cure-all,' and that I carried within my saddle-bags a healing balm, and within my brain the knowledge of applying it to the successful curing of all the ills to which human flesh is heir. I oftener treated the symptom than the disease. I thought that every pain, no matter from what cause, or where situated in the body, must be subdued by the rising Æsculapius; in fact, I was a regular 'pain killer.' The first summer that I practised medicine there was a good deal of bilious remittent fever through the country, accompanied with all the characteristic symptoms of that fever, viz., high febrile movement, nausea and vomiting, pain in the back and extremities with intense headache. For such a patient it was my custom to direct 'R. Hyd. chlor. mito, grs. 30; pulv. jallap, grs. 15. M. et, ft, chart. No. 3: Sig. One every four hours until the bowels were moved freely, commencing the fever remits; also give five grain sulphate of quinine every 2 or 3 hours during the remission.' 'But, Doctor,' says the patient, 'can't you give me something to relieve this intolerable headache?' 'Oh, yes, certainly I can,' was my reply. Accordingly I would take up my box of healing balm, and issue therefrom the following:—R. Chloral hyd. potass. bromide, āā ℥ij., Tr. gelseminum ℥ij., aqua vel. syr. ℥iv. M. Sig. 'Tablespoonful every two hours.' At that time I knew but little about the physiological action of either bromide, chloral, or gelseminum; in fact, I knew but little about the physiological action of anything. But I did know that croton oil, in half-teaspoonful doses, would act on the bowels quicker than castor oil, for I had seen it tried by a young Æsculapius in a case of labour, to remove the accumulated fæces from the lower bowel, and they moved! However, no matter what I know or did not know at that time, I certainly had good success in the treatment of remittent fever. But after two years' practice attended with tolerable success, I again attended lectures, and by this time had 'some of the starch taken out of me.' I began to be more thoughtful, and less empirical, and saw that there were hobbies which men were liable to mount and ride to everlasting destruction. I finally came to the conclusion that calomel was all a hobby, and accordingly abandoned the use of it almost

in toto. I also quit the use of the bromide and chloral prescriptions in remittent fever, and gave instead aconite, digitalis, spirit nitre, &c. Instead of calomel I gave either salts or croton oil. But I did not have as good success in the treatment of remittent fever as before, and it took me about three years to find out that I was riding the wrong horse, and riding him to my own professional ruin. Moral: Look well before you leap. When a remedy has served you long and well, stick to it." We have quoted Dr. Fisher at considerable length, as we think he humorously and forcibly put the point to which we desire to call attention. We do not mean to inquire into, or contrast his two methods of treating remittent fever, *as treatment;* but we do wish to contrast his experience as an empiric, with his experience when he attempted treatment upon lines, *which he believed* to be more in agreement with rational therapeutics. We suspect his experiences is that of many medical men, who are ambitious of following in the same pathway, and who only frequently arrive at the same results. Scientific prescribers too often fail when the "all round" prescriber succeeds. The position of the "therapeutic-sceptic," if we may use the term, seems to us a most deplorable one. Unbelief in the efficacy of his drugs must lead to half-heartedness in their use, and in treatment generally; with what result to the patient?!! Well, that is just the point around which a warm discussion would at once be raised by the adherents to each school of thought. We can only express the very decided opinion, that we should not like to find ourselves in the hands of such a member of the Profession. From Dr. Fisher's communication, let us now turn to that of Dr. Iliff. Some little time ago he published the following list of drugs in the New York *Medical Record* the supposed action of which, he termed "therapeutic delusions":—

"It is a delusion that veratrium vesicle or aconite will abort croupous pneumonia, or essentially modify its course; that chlorate of potash is of any use in catarrhal angina, that nitrate of potash is an antipyretic, antirheumatic, or (to any appreciable extent) a diuretic; that lime-water will dissolve a diphtheritic or croupous membrane; that nitrate of silver is of any value in epilepsy; that the excessive and continuous use of iron induces plethora with dizziness, flushings, and palpitations; that iron should be given in phthisis; that mercury is antiplastic and antiphlogistic; that arsenic has any value in diabetes; that iodide of potassium promotes absorption of serous exudations and of non-specific connective tissue in hyperplasia; that sulphur and sulphur in baths is of any value in rheumatism; that charcoal when moist in the stomach and intestines has any absorptive power, or is of any use in flatulence by virtue of that power; that dilute acids are 'cooling,' that is, lower temperature and lessen heart-action in the non-febrile; that colchicum is beneficial in rheumatism; that drinking sulphuric acid prevents chronic lead poisoning; that iodoform given internally is anything but a poor substitute for iodide of potassium, that croton chloral has any specific effect upon the fifth cranial nerve; that tannic acid (or the plants containing it) is of any value given internally for hæmorrhages, except, perhaps, those of the stomach or bowels, or that it is an astringent to mucous surfaces or blood vessels; that turpentine is a stimulant to the heart or nervous system; that musk is a nerve or heart stimulant (it belongs with turpentine to nerve depressants); that ox-gall is of the slightest therapeutical utility; that hydro-cyanic acid in ordinary medicinal doses is either a local or general sedative (it is rather an irritant); that quinine in either large or small doses is a stomachic, except in convalescence from malarial attacks; that hydrodic acid has any specific effects, other than those possessed by the iodides." We trust Dr. Iliff will not rest content with the foregoing discoveries. With the exercise of a little patience and further research, we believe be will be able to expunge the study of materia medica from the medical curriculum, or, if some drugs succeed in asserting their curative results, he will at least be able to publish a list of medicines, the action of which will be thoroughly ascertained, and prove unfailing when administered. Indeed, in the number of the *Medical World* already cited, December, 1884, p. 240, under the heading "More Delusions," he has added the further discoveries, that the administration of cod-liver oil is of no benefit in phthisis, and that the various compounds sold under the name of comp. syr. hypo-phosphates are unscientific and injurious mixtures. To what useless expense have the profession and the public been put with regard to so many of these drugs? What oceans of cod-liver oil have been poured down the throats of patients suffering from consumptive tendencies, and all to no purpose. Again, how humiliating to think of the blindness and folly of Graves, that great clinician, great teacher, close observer, and highly-cultured physician, in using, and commending the use of turpentine, as a stimulant, in conditions where undoubtedly the symptoms were those of great depression of the vital powers. It is dreadful to think that, according to Dr Iliff instead of stimulating, they were only shoving the patient deeper and deeper still in the slough of depressed vitality; at the same time, it is marvellous to think of the results obtained by Graves, and those who followed in his footsteps. Practitioners, especially those of the old school, know something of the value of turpentine in the treatment of fever. We might extend our remarks almost indefinitely, but we think our readers will be able to continue the subject for themselves. Before closing however, we would like to recall the discrepancy between the results of experimental research, and the clinical effects of calomel. We use the word discrepancy in the sense, that had the clinical use of calomel depended upon the results of the experiments made to determine its action upon the liver as a cholagogue, it would, very probably, have disappeared from the list of "bile purgatives." Its empirical use was however, correct as there could be no question of its beneficial action, be the physiological character of the latter what it may, whether upon the liver itself under diseased conditions, or as a hastener of the contents of intestinal tract to the "outfalls." We believe that nitrate of potash, another of the condemned drugs, will not be lightly displaced from the affections of our clinical workers, what ever its true physiological action may be. However much we may be in the dark as to the manner in which it works, we are satisfied that the results of its administration are beneficial, or else, the cases in which it is given, show a marvellous aptitude for "getting well."

THE LESSON OF THE ATTEMPT ON ROSSA'S LIFE.

An unusual amount of interest has naturally been excited in professional circles by the sensational news recently received from New York, and many opinions have doubtless been formed in connection with the act committed by the lady in custody for attempting to take the life of O'Donovan Rossa. With the so-called political aspect of the affair we need not in any way here concern ourselves; but the incident acquires a high degree of importance at the moment, inasmuch as it offers a striking illustration of the dangers that must follow on any relaxation of the stringent rules which ought to apply to the treatment of every case of suspected homicidal mania. Just now we are in imminent danger of incurring the most frightful and extended risks owing to unwillingness on the part of medical men to submit themselves to the annoyance of prosecution after signing lunacy certificates; and how really serious such risks may be more than one tragedy of late has clearly shown.

Experience, indeed, is rapidly accumulating to prove that public safety itself is endangered by the permitted presence of persons of unsound mind enjoying unrestrained liberty in the very midst of crowded cities. How slight a cause may suffice to influence the actions of such irresponsible beings, and to what grave results they may tend, is only too well known to those who have had the care of the mentally unsound confided to them; and these will be found to affirm that no form of insanity is more dangerously uncertain than that which is developed only at times, and then with an intensity that heeds neither the sanctity of life nor the ties of kindred. To the minds of persons afflicted with temporary mania, whether suicidal or homicidal, the most trivial excuse assumes all the importance of unanswerable reason when employed to show cause why a certain act is necessary, and at such moments of intense impulse the only possible means of preventing accidents to others as well as to the unfortunate victim of insanity is to be found in complete isolation and scrupulous care of the latter. But while it is impossible to predetermine when or under what circumstances these outbursts are to be anticipated in those subject to them, there appears to be no certain means of preventing catastrophes through them other than permanent detention of such subjects in asylums devoted to their treatment. This suggestion, however, at once raises the whole question of what a modern class of sentimentalists is accustomed to call "illegal incarceration." It also opens discussion on the point whether a person who has once shown suicidal or homicidal tendencies can *ever* afterwards be considered safe from a recurrence of the mania.

By-and-by, undoubtedly, when our powers of diagnosis of diseases of the mind become much more comprehensive and certain than is the case at present, we shall have but little difficulty in discriminating between a permanent impairment of mental balance and a merely momentary deflection, leaving behind it no kind of disturbing after-effects. Until that period arrives, however, prudence should suggest the importance of precautionary measures in the treatment of all cases of a suspected latent tendency to destructive impulses. And the more especially ought this to follow in those instances where more than a single outbreak has proved the lasting character of the affection to which the attacks are due.

The history of the unfortunate woman in custody for wounding Rossa conclusively proves the permanent character of the cerebral mischief from which she is suffering. Several unsuccessful attempts at self-destruction, recurring at different times, and associated with a curious ignorance of the moral responsibility incurred by such acts of violence towards herself, have sufficiently shown the necessity for a constant surveillance over her proceedings; and yet, in spite of this, she has been so far from control that no sort of constraint has been exercised over her movements. The sentiments that impelled the deed do not need to be taken into account in this consideration, nor is it necessary to suppose any special connection between the proceedings of Rossa and the feelings of his opponent. The latter was undoubtedly excited to action by current events, the condition of her mind being at the time favourable to the reception of an immediate stimulus. It so happened that homicidal impulse predominated over suicidal, and the selection of an appropriate victim was, as is always the case under such circumstances, easily indicated by daily events.

We have implied that a serious lesson is to be gathered from the incident which has engaged so great a share of public attention; and we have endeavoured to make this lesson clear. At the same time, we urge that it should be considered along with the existing uncertainty which reigns in the minds of medical men respecting certification of the insane. The prolonged existence of this feeling of doubt as to consequences will multiply the number of those who, like Lucilla Dudley, are permitted to be free during intervals of non-excitement, and whose real condition is only properly recognised after some grave accident has drawn attention to it.

Notes on Current Topics.

Bogus Diplomas.

The notorious bogus diploma-monger, Buchanan, who achieved fame three or four years since in connection with his Philadelphia College for converting pupils into medical graduates without the expenditure of any time or trouble on their part, has once more come within the pale of the law. On January 20th last he was once more arrested at Philadelphia, and along with him his "business partner," a woman electing to be styled "Dr." Rebecca Russell. The charge against Buchanan is that he has reverted to his old game of issuing bogus diplomas since his release from prison, and in addition he is accused of forgery. It seems that this ingenious rogue is alive to the fact that his own name might derive increased respectability from being associated with those of honest citizens on the "diplomas" he tenders to his dupes for purchase. He has therefore, we presume, in a purely "business way," subscribed the names of the most prominent practitioners in Philadelphia to the documents he sells, and this without consulting the wishes or feelings of his victims. Possibly this liberal indulgence of

the imitative faculty will procure a further term of seclusion for the indefatigable "Dean," and consequent welcome cessation of his peculiar performances in diploma manufacturing.

The late Dr. Dawson Turner.

A VERY large number of persons, medical men as well as others, will experience a strong feeling of regret on hearing that the well-known figure of Dr. Dawson Turner will never more be met in the places where he loved so well to spend his time performing acts of charity to deserving objects of his care. For a long series of years he has devoted himself to charitable works, mainly in the direction of affording assistance to convalescent hospital patients, many of whom will retain a grateful recollection of the helpful interest evinced in them by the kind old philanthropist who has just recently passed from our midst. By his public appeals through the medium of the press, also, Dr. Turner had come to hold a recognised position as the channel of communication between certain hospitals and the donors of books and periodicals intended for the use of sufferers in their wards. Though not a qualified medical practitioner, the late Dr. Turner (whose titular distinction was derived from the possession of the degree of D.C.L.) had devoted some time to professional studies, and always described himself as "formerly student of the Westminster and Charing Cross Hospitals," and by thus associating himself with the two institutions named he certainly conferred on them at least as much as he himself would gain by doing so. We can ill afford to lose even one of the small band of disinterested workers who are actively employing themselves in such works as engaged the time and thoughts of the object of this notice; but it remains for us to hope that his bright example will continue to urge on others whom opportunity encourages to follow in the path of usefulness he has so clearly defined.

The Annals of Surgery.

THE first number of a new publication, entitled *Annals of Surgery*, has just been issued, and, judging from its contents the event is likely to prove one of considerable interest and importance. The work is designed to be a periodical review of surgical science and practice, and is under the joint editorship of Mr. C. B. Keetley, F.R.C.S., in this country, and Dr. L. S. Pilcher, in America. It will be published simultaneously in Great Britain and the United States, and numbers among its promoters and supporters the most eminent surgeons of the United Kingdom, America, and Canada. The contents of No. I. include a very interesting original paper by the English editor, on the treatment of osteo-myelitis by scraping out the marrow of long bones. Mr. Keetley illustrates his essay with the history of several cases in his own practise and that of others. Another important article is contributed by Dr. Lewis A. Stimson, entitled "An Inquiry into the Use of the Ligature in the Treatment of Aneurism," and which is a useful and instructive historical *résumé* of the subject. A feature of the work likely to render it attractive, especially to busy practitioners, is the "Index of Surgical Progress," under which head is given an account of all the recent improvements in procedure and treatment adopted in various countries, thus constituting a mirror of advance in the science and art of surgery. We heartily welcome the *Annals*, and trust that its reception may be fully equal to its undoubted merits.

The Retirement of Professor Maclean.

OPPORTUNITY has been taken of the retirement of Professor W. C. Maclean, M.D., C.B., from the Chair of Military Surgery in the Army Medical School at Netley. to initiate a movement, the object of which is to mark by a suitable memorial the high appreciation entertained of the distinguished services of the retiring professor. To this end a meeting was held at the residence of Sir Joseph Fayrer, K.C.S.I., on the 15th Jan. last, when a provisional committee was formed to carry out the proposal, and consisting of the following members, with power to add to their number:—Surgeon-General Sir Joseph Fayrer, K.C.S.I.; Surgeon-General Sir W. Guyer Hunter, K.C.M.G.; Surgeon-General W. A. Mackinnon, C.B.; Inspector-General of Hospitals H. Macpherson; Inspector-General J. D. Macdonald, F.R.S.; Deputy Surgeon-General J. A. Marston; Surgeon-Major J. L. Paul; Brigade-Surgeon H. Cayley; Fleet Surgeon Walter Reid; Surgeon-Major K. McLeod.

Too Early Repetition of Iodine Injections in Hydrocele.

PROFESSOR TILLAUX drew the attention of his class, at the Beaujon, to the danger o being in too great a hurry in repeating injections of iodine in hydrocele. It is only at the end of six weeks or two months that we can judge of the result of the first injection, and to interfere before this time is to expose oneself to induce the formation in the tunica vaginalis of those false membranes which are so vascular that they bleed on the slightest shock, and thus give rise to hæmatocele and the loss of the testicle.

Compulsory Notification a Government Bill.

THE statement which we made last week on this subject is confirmed by the *Daily News*, which states that the Government will introduce into Parliament next session a Bill to amend the Public Health Act, for the purpose of conferring upon sanitary authorities throughout the kingdom more extended powers than they at present possess in regard to outbreaks of infectious disease. The Bill will probably contain clauses similar to those that have been inserted in many local Acts during recent years, by which the notification of the occurrence of cases of infectious disease to the authorities is made compulsory. It will, we anticipate, become necessary for the profession to organise a solid and uncompromising opposition to every stage of this Bill if it contains the notification clauses which appear in recent local Bills. They need put no trust in the pretence of opposition by the Parliamentary Bills Committee of the British Medical Association, as that Committee is, through its chairman, a consenting party to the imposition of the duty of notification on the

medical practitioner. Even if the Committee were in earnest about it, they possess very little influence; but we may depend on the representatives of the "Vigilance Association" to prevent the passing of the measure if they get substantial help from the profession.

The Registrar-General's Quarterly Return.

The Registrar-General's return for the quarter ending December 31, 1884, reports that during the three months 287,676 children were born in the United Kingdom, while during the same period there were registered 178,238 deaths, giving a mortality for the whole country of 19·7 per 1,000. In England and Wales a marked increase is to be noted in the deaths from small-pox, measles, and diphtheria; the actual numbers under each head are 844, 2,793, and 1,475 respectively. Of the whole number of deaths from small-pox, 530 occurred in London, while 146 of the remainder took place within the limits of the metropolitan "outer ring." 5,019 deaths were uncertified while an additional 7,200 were certified by coroners in inquest cases. In London the proportion of uncertified deaths did not exceed 1·3 per cent., whereas in the rest of England and Wales it was 4·1 per cent. In North Wales there were no less than 11·6 per cent. of uncertified deaths, and in Shropshire 8·0 per cent. Herefordshire, Durham, and Cornwall come next highest in this respect.

Medical Reform in the Coming Session.

We learn with much satisfaction that the hopeful anticipations of those who do not like reform and do enjoy the loaves and fishes of the present licensing system have been disappointed, and that the Government has declared its intention to reintroduce the Medical Bill in the early days of the session. It is quite clear that the Government is stimulated to reform medical affairs by some other and more powerful inducement than the "journalists' agitation" to which the Medical Council have attributed the vitality of Medical Reform. If the Government had no convictions of its own of the necessity for a change of system, it is clear that it would be well pleased to drop out of the legislative programme so troublesome a measure as the Medical Bill, but Lord Carlingford and Mr. Mundella are not going to do anything of the sort, for they are returning to the tilt against medical abuses with the apparent determination to put an end to them sooner or later.

The Medical Bill is, we hear, to go before Parliament exactly as it stood last year, and, if this be true, we regret the fact, because—as we have many times said—we look upon it as so faulty in detail as to be hardly worth passing, however good its general principles may be. Is there any use in our appealing to the licensing bodies to join in an effort to amend these faults and—this being done—to allow the measure to go through unopposed? Is it possible that there still remains an anti-reformer who—notwithstanding that successive Governments, select committees, and Royal Commissions for the last twenty years have declared their determination to alter the existing system—still clings to the hope that, by some lucky intervention of Providence, reform may be defeated or postponed?

If there be such we earnestly advise him to learn the wisdom of "making friends with his enemy within the gate," and to accept the inevitable. Neither redistribution nor the Soudan war, nor the turbulence of the Parnellite members can, we firmly believe, stop the tide of medical reform which, as surely as we write these words, will sooner or later overwhelm those institutions which persist in stubborn resistance to the public will. Let them recollect that it only needs for Mr. Gladstone to give his fiat to the placing of the Bill as first or second on the notice paper on some of the many Government nights, and the reform will be law in a couple of hours in spite of the concrete resistance of every licensing body in the Kingdom. Is it wise, we ask, to drive the government to do this? Is it not far sounder discretion to make reasonable terms while capitulation is possible?

Cushioning the Army Promotion Examinations.

We learn, not with surprise but with disgust, that the authorities, who have so far muddled the promotion examinations of army medical officers that they had to mend their hand lest a serious *émeute* might result, are about to commit a further mistake. They have decided, we hear, to keep secret from the officers themselves the decision of the authorities upon the examinations, and thus no officer will know whether he has been found worthy of promotion or not, until he, at some future period, perhaps years hence, finds himself passed over. This proceeding is so obviously unfair, so un-English, so redolent of jobbery and hugger-mugger, that we are convinced that it will not be tolerated by the House of Commons if brought under their notice. In any case, the fact that the army medical authorities are "trying on" such a move is an unpleasant evidence that there are men at the head of affairs who are greatly wanting in judgment and totally insensible to what is fair to the officers under their control.

The examinations of candidates for the medical service, called jocosely "competitive," are in progress in London in the present week, and we shall watch with interest whether anything has been done within the last few months to ensure that all candidates are honestly sifted through the same sieve and that no secret process of "selection" is used to exclude a certain class of competitors.

Irish Poor-law Superannuation.

The Coleraine Guardians have at last passed the motion brought forward by Dr. Traill, to the effect that the resolution refusing to give a retiring pension to Dr. McIntire be rescinded, and that a pension of £60 a year be given to him from the date of his retirement. Dr. McIntire was 67 years of age, and had served for over thirty years, and could not any longer continue to discharge the onerous duties of a dispensary medical officer. An amendment was moved by a guardian, who strongly objected to the proposed grant, as a flagrant act of injustice to the ratepayers. The question was then put to a vote, when there voted for Dr. Traill's motion 25, and against it 21.

We understand that the hostile guardian has tabled a

rescinding notice for discussion five weeks hence, and the question is thus raised as to how long the Local Government Board should allow this process of voting and rescinding to be carried on. We urge that it is the duty of that Board to act upon the vote of the guardians without avoidable delay, if that vote has been deliberately arrived at after due notice and by a majority. A vote so taken is the act of the guardians, and it is not the business of the Local Government Board to impede or delay the effect of that act in order to enable a minority to upset the vote. The course pursued by the Local Government Board in this case will be both instructive and important.

Inoculation of Comma-bacillus Cultivations.

DR. VAN ERMENGEN has announced to the Academy of Medicine, Brussels, that he has succeeded in inoculating animals with cultures of the comm abacillus. He first directly injected a few drops (one drop of culture to one grn. of injection fluid) into the duodenum. The four rabbits died with choleraic symptoms, after evacuations containing comma bacilli. The autopsy showed a healthy peritoneum, inflammation of the small intestine, and acute catarrh. He then injected very small portions of a drop; of twelve animals so operated on only two survived. His control experiments have shown that the other curved organisms that are found in the intestinal tract never have the same microscopical characters as the comma bacillus, and that if these are inoculated no results are obtained, and the same with the injection of other putrid or fæcal substances. In one case he found the straight bacillus of septicæmia.

Poisoning by Nitro-benzol.

DR. WERNER, of Borna, reports the following case in the *Berliner Klin. Wochens*:—A woman took a "large quantity" of nitro-benzol at 8 o'clock in the morning. Half an hour later she vomited spontaneously, and four hours afterwards again, in consequence of attempts to bring on the action. Three hours after taking the nitro-benzol the face had a pale grey look that gradually extended over the mucous membrane of the lips, and then over the other parts of the body. Somnolence came on five hours after swallowing the poison. This gradually deepened into coma. The breath smelt of nitro-benzol. The temperature of the body seven and a-half hours afterwards was 96·8° F. On powerful irritation of the skin the patient responded with cries, but later on only by warding off movements. Short intermissions were obtained by washing out of the stomach, subcutaneous injections of camphor, then a warm bath with cold affusion, followed up by an enema of brandy and water and twelve drops of audanum, so that the sensorium was occasionally somelwhat freer. Notwithstanding this, however, complete coma now came on, with stertor, the fæces were expelled involuntarily, spasm of the masseters and tongue came on, and cyanosis was extreme. Thirteen hours after swallowing the poison she was bled to 500 ccm., the blood drawn smelling distinctly of bitter almonds, and 350 ccm. of fresh defibrinated human blood were injected into the median vein of the right arm. About a quarter of an hour after the injection the temperature rose to 100 , and the patient recovered.

Fees of Medical Officers under the Labourers' Dwellings Act.

WE understand that the hearing of the appeal by the Irish Medical Association against the decision of the Court of Exchequer in the case of Rogers *v.* the Youghal Guardians is expected to come on from day to day, and by it the right of Irish Poor-law medical officers to be remunerated for their services in inspecting labourers' dwellings will be finally decided. It will be recollected that in the original trial of the case Judge Lawson directed a verdict for the Irish Medical Association for the full amount claimed, reserving leave to the Guardians to move to severse the verdict upon the point of law that the inspection came within the duties of the medical officer of health. The Guardians did move to this effect, and the Court of Exchequer—consisting of Chief Baron Palles, Baron Dowse, and Mr. Justice Andrews—while deciding unanimously against the Guardians on the point of law, decided against the Irish Medical Association by a majority of two judges to one, holding that Dr. Rogers before undertaking the inspection duty, should have warned the Guardians that he would expect to be paid for them. Against this decision the Irish Medical Association now appeals to the Appeal Court, and is confident of a successful issue.

Government Precautions against Cholera.

A FORTNIGHT since we announced that the Local Government Board had appointed Dr. Davies to visit all the sea-side towns on the South Coast, with the view of suggesting the necessary steps to be taken by the various sanitary authorities as precautionary measures against the possible visitation of cholera this summer. We undertand that this appointment has been followed by six others during the present week.

Four of these inspectors will be engaged in making a general sanitary survey of the inland districts of England and Wales, whilst the remaing two will be engaged, in company with Dr. Blaxall, in inspecting the port sanitary districts. We congratulate the heads of the Local Government Board on the wisdom thus shown in being prepared for contingencies, should they unfortunately arise.

THE first annual meeting of the Hospitals Association will be held on the 11th of March, when Sir Andrew Clark, Bart., M.D., will preside.

THE annual meeting of the Hunterian Society will be held this evening (Wednesday), at 8 p.m. The oration will be delivered in the theatre of the London Institution by Dr. F. Charlewood Turner. The annual dinner will be held at the "Albion," Aldersgate Street, on Friday, Feb. 13th, at 6.30 p.m.

A MUSEUM of hygiene, similar to the Parkes Museum in London, will shortly be opened at Turin, and extensive purchases in the health department of the exhibition have been made by Dr. Pacchiotti, who is one of the chief promoters of this useful institution.

AN active canvass is being prosecuted for two inspec-

torships under the Irish Local Government Board, one of which is probably to be vacated by the transfer of Dr. MacCabe to be the new Medical Commissioner of the Prisons Board, and the other by the impending resignation of one of the medical inspectors. We confidently expect that a Poor-law medical officer will be appointed to each of these vacancies, and there will not be another violation of the principle of promotion within the service.

Correspondence.

DURATION OF SCARLATINAL INFECTION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Will you permit me, as having medical and administrative charge of a fever hospital, to add a few words to the discussion on the subject of the duration of the infectiousness of scarlatinal desquamation?

At the outset, I perfectly agree with the necessity of disinfection of the excreta and of the skin, both of which are carefully practised here. At the same time, I would remind Dr. Fox that Dr. Carpenter's theory as to the conveyance of scarlatina by sewers and drains is not the universally accepted one he seems to regard it. And I further suspect that the great importance which the same authority attaches to this mode of infection has blinded him to the *rôle* played by desquamating skin. If there is one fact more certain than another in medicine it is the infectiousness of the post-febrile stage of scarlatina, its long duration, and faculty of lurking unconcealed. This can be due to nothing else but the separating particles of skin, which have been shown to contain *micrococci* of the disease in abundance, and have often been found adhering to wall-papers and carpets in houses where the malady has broken out months (or years) subsequent to known cases. But it will be said, "We know all this, but contend that we can get rid of all infective matter in a fortnight." My reply to this is, that it is contrary to my experience, private as well as hospital. Why should the skin shed during the pyrexia, and that only be regarded as infective? Have not the germs which have multiplied themselves during the febrile stage been deposited in countless myriads between the layers of the skin, ready to be discharged with the latter? And here I would make no distinction between heel desquamation and any other. It is only in accordance with the natural history of the eruption that the heel should desquamate last, for the law of peeling is that the order of appearance of the rash corresponds with the order of appearance of the peeling: and since the feet (including the heels) show the rash last, they necessarily begin to peel last, and are therefore the last to clear. Our practice, therefore, is to detain patients until all trace of desquamation is over. We place an absolute *minimum* of six weeks, which is generally followed by the adults, though children are rarely ready until eight, and exceptional cases of repeated desquamation have been detained several months. I may add, that cases have been observed (some of them by myself) where children discharged sooner than this from hospitals have infected others on their arrival home, and on examination it has been found that the heels of some and the scalps of others were still peeling.

I am, Sir, yours, &c.,

R. D. R. Sweeting,
Medical Superintendent, Western Fever Hospital, Fulham, S.W.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—As a contributor to the discussion now going on in your columns, I may perhaps be pardoned for drawing the attention of your readers to the *British Medical Journal*, vol. i., 1881, page 413, in which is to be found a long letter from me on the above subject, in which I asked the questions:—"On what series of observations is the belief based that scarlatina is so highly infectious in the desquamative stage, or on what theory that of germs or diseased dead matter? Is it the waste epithelia or any secretion adhering to the epithelial *débris* which convey the poison?" The subject at the time did not attract attention. I am pleased to notice that Dr. Fox has taken up the matter in your columns, and trust that some light may be thrown on this very important question in connection with scarlatina.

I am inclined to favour the view that we have been in error in attributing so much danger to the desquamative stage, and from many facts which lead me to this conclusion I select a few:—

1. I have seen children playing in the street who have not recovered from the peeling process. I know that in mild attacks of scarlatina children are allowed by their parents to play with other children. I never heard of any bad results from this practice.

2. In January, 1881, from 1st to 24th, scarlatina was here very prevalent. The Board schools were closed for about 16 or 17 days, and re-opened 1st of February. According to usual rate of progress, the desquamative stage would be proceeding in February in cases ill about the 12th or 14th January, and presuming that this stage is so dangerous theoretically, the public schools had even more reason to be closed in February than in January. Practically there was no recurrence or exaggeration of the disease from the opening of the public schools, though we know that the classes who attend these schools are careless above description, and there must have been children there with the desquamative process uncompleted.

I suggested in same letter an experimental inquiry into the materials of desquamation by the British Medical Association or some other society, an inquiry which would embrace almost the whole subject of scarlatina.

I am, &c.,

Th. M. Dolan, M.D.

Horton House, Halifax,
Jan. 28th, 1885.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—At pages 85 & 86, under the above head, appears a letter from John Makinson Fox, Medical Officer of Health for Mid-Cheshire, bearing on the incubation stage of this affection. I would quote part of a letter which I have just received from one of my patients: "Our little nephew has scarlet fever, his sister and my eldest sister have both had it at B——, and twice we brought him away from the infection. He was with us for *twenty-three* days in *perfect* health, when suddenly he was struck down in the same form as the other two had it at B——" (which is hundreds of miles away from where he was taken ill).

I am, Sir, yours, &c.,

G. de G. Griffith,
Physician to the Hospital for Sick Women and Children.

34 St. George's Square, S.W.
January 28th, 1885.

THE CASE OF DAVID BRADLEY, M.D.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Kindly accord me space to lay the facts respecting the Bradley case before your readers. After taking his degree Dr. Bradley came to this neighbourhood as *locum tenens* to Dr. Johnston, of Tow Law, near Darlington. Here he won golden opinions, so much so that Dr. Johnston, who was much shocked and surprised to hear of Dr. Bradley's misfortune, at once took steps to procure signatures to a memorial to the Home Secretary on Dr. Bradley's behalf, which has been signed by the practitioners in Darlington, and is receiving numerous signatures in the North. Subsequently Dr. Bradley was for two years assistant to Dr. Hale, of Barrow Hill, near Chesterfield, and this gentleman declares that he never heard of the slightest impropriety on the part of Bradley to any of his patients, and has signed the strongest memorial that could be penned to the Home Secretary praying for his immediate release. Dr. Bradley left Dr. Hale to commence practice at Brimington, near Chesterfield, where it is no exaggeration to say he was beloved by the poor, who have themselves promoted a memorial to the Home Secretary, with already over a thousand signatures. I may mention also that Dr. Bradley was Honorary Secretary to a local political society, and that many of the gentry take a most lively interest in his case.

On the 30th of July last Dr. Bradley called to see his patient, the mother-in-law of the prosecutrix (the prosecutrix who with her husband lives in the same cottage) was present, and asked for a bottle of medicine for herself, and was told to come to the surgery, which is close to her house. Dr. Bradley returned to his surgery, which was merely a room in Mrs. Wright's house, hired for the convenience of outlying patients, and it can be proved that he told Mrs. Wright that Mrs. Swetmore, the prosecutrix, was coming for some medicine. Now if Dr. Bradley intended to commit any impropriety with Mrs. Swetmore, would he not have got Mrs. Wright out of the way? Certainly he would not have announced the coming of the woman. On the arrival of Mrs. Swetmore, the prosecutrix, she was told to sit down, and the Doctor turned to his dispensary counter and commenced to make up the medicine; while doing so he heard a strange gurgling, sobbing noise, and on turning round found that his patient, who has been subject to epileptic attacks since eleven years of age, was about to have a fit. Having nothing else handy, he held the stopper of the liq. ammonia fort. to her nose, and she, half-insensible, murmured "Oh doctor, don't!" This remark was overheard by Mrs. Wright, and is the only shadow of evidence against the Doctor, although the same witness declared that the slightest noise would be heard, and that there certainly was "no struggling;" the strong ammonia appeared to have staved off the attack, and the Doctor hurried into the kitchen to fetch Mrs. Wright, fearing his patient might be worse. While his back was turned the prosecutrix got up and walked out into the street, and the Doctor saw her through the window go into Mrs. Clay's house. He thought she had gone out for fresh air, told Mrs. Wright what had happened, *i.e.*, that Mrs. Swetmore had had a slight fit, and sent her to ask how she was getting on. When Mrs. Wright returned she told the doctor to his horror and amazement that Mrs. Swetmore said he had been taking liberties with her. This statement subsequently developed into a charge of rape twice repeated, once on two small chairs and again on the floor, fully accomplished within five minutes, in spite of the violent struggles and determined resistance of the prosecutrix, who is a thick-set woman, and who declares she screamed and shouted for help to the best of her ability. Now, Sir, I ask, of what offence could Dr. Bradley have possibly been guilty. It can be proved that the prosecutrix was not in his surgery for more than five minutes, and that the door that opens on to the street was open the whole time, that Mrs. Wright was in a position to hear the slightest murmur, and that numerous other persons were in the neighbourhood, and must have heard if the slightest disturbance had taken place. Certainly it was *absolutely impossible* that a rape could have been committed. Was there intercourse with consent of the prosecutrix? If any intercourse had taken place there would have been stains on the woman's underclothing, but there were none, therefore there could not have been intercourse with or without consent. Was Dr. Bradley guilty of an attempt "violent and felonious" to commit a rape upon the woman? Mrs. Swetmore had been to the surgery for medicine often enough before, and there is not the slightest hint that any previous impropriety had taken place. "Nemo repente fuit turpissimus," and yet we are asked to believe that a gentleman without the slightest idea as to how his advances would be received suddenly took it into his head to attack a collier's wife like a wild beast or a madman and attempt to violate her "coram publico" in spite of her screams and struggles and determined resistance. It was just as impossible that the doctor should *have attempted to rape* the woman as to have raped her under such circumstances, without attracting the attention of Mr. and Mrs. Wright, who were in the next room, or of numerous other persons who were within earshot and could see into the surgery as easily as those within the surgery could see out of it, for the door is half glass, the blinds of the windows were not drawn down, and the alleged occurrence took place at 3 o'clock on a bright day in July. The jury might with just as much reason have found the doctor guilty of raping Mrs. Swetmore in mid-air, for that would not have been a whit more absurd than the statement on which he was committed. How could a jury possibly have returned such a verdict? I cannot understand how they could fail to see that if such an attempt had been made and resisted as alleged that the doctor would have had his face scratched, his shirt and tie ripped, his hair torn up by the roots, and that there must have been at the very least on his own person, let alone that of the prosecutrix, sufficient evidence to convict him. Suffice it to say that Dr. Bradley was perfectly calm and collected, and that his dress was not disarranged in the slightest degree.

Throughout, Sir, I have not the slightest hesitation in saying that Dr. Bradley's conduct has been glaring proof of his innocence. If guilty, why did he not forfeit his bail and go abroad? Why did he not compromise the matter with the woman? When his wife, whose anxiety, I am told, has been terrible to witness, urged such a course, he sternly forbade the attempt, and the thanks of the profession are due to him for doing so; and when Dr. Jeffreys, of Chesterfield, advised him to consult some medical jurist so that the liability of epileptics to delusions might be fairly presented to the Court, he said: "It is not necessary, I am perfectly innocent, and it will be impossible to convict me." The judge seemed to think, from what I can hear, that the fact that he allowed the woman to walk into the street, when a doctor's surgery was the proper place to have a fit in, was proof of his guilt. I ask for no better proof of his innocence, for if guilty, is it not clear that he would have locked the door and detained the woman until he had by bribes, threats, or entreaties secured her silence?

Again, she was crying; that was proof of his guilt. How so? It was proof she had had a fit, for nothing is more common than for epileptic women to shed tears on recovering from an attack. Again, it was alleged she could not have imagined what she said took place. I reply, she must have imagined it, for it is absolutely impossible that it could have happened. Again, what motive could she have had for telling falsehoods? I reply that hysterical women do not require any motive; besides, it is clear to my mind that the whole occurrence, as described by the prosecutrix, was simply a delusion such as epileptics are constantly subject to. Poor Dr. Bradley, his complete confidence in his own innocence, his "mens conscia recti" has been his ruin. The least we can do as a profession is to stand by him now, and do our best to secure his release.

I remain, Sir, yours, &c.,

J. GOODWIN SHEA, L.R.C.S.I., L.K. & Q.C.P.I.

Chesterfield, Derbyshire.

NOTE ON COMPLETE ASPIRATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the *Medical Press* of January 28th, under the above heading, Dr. Christie makes some remarks which require comment. He says, "I have tried partial aspiration as it is usually performed, and find that the pleural cavity refills in a short time; after complete aspiration it does not. The way it is managed is very safe and simple. I put a broad bandage round the chest that can be laced behind like a corset; then, as I pump the fluid *out*, I press the ribs *in* by tightening the bandage. I think when I do so it is unnecessary for me to explain that I prevent any internal organ from being displaced (at the same time keeping them at a proper pressure), and the ribs by their elasticity from acting as a suction pump to cause a re-accumulation of fluid. I allow the bandage to remain on for some days."

The only mystery about this, according to him, is that no body thought of it before. This mystery is not, I think, very difficult to solve. Every one who aspirates a chest, hopes that the lung will resume its former position and will fill up the place of the fluid.

If the lung expands fully, the bandage can do no good. If the lung does not expand the atmospheric pressure will, without the help of the bandage, fill up the space by causing the chest wall and mediastinum to yield. Besides the bandage round chest acts only on the ribs, and allows the diaphragm to take on extra work, and to act as a "suction pump."

Dr. Christie during aspiration prevents by his bandage any internal organ from being displaced. Other operators hail with satisfaction the return of lung and heart to their proper positions during the operation. Norman Porritt says, "one of the most instructive and beautiful phenomena of the operation consists in the gradual swinging round of the heart's apex towards its usual site."

During inspiration the ribs act by muscular action not by

elasticity, as implied in passage above quoted from Dr. Christie's note.

The best authorities hold that it is not desirable to remove all the fluid at once, and believe that complete removal favours the return of the fluid. Without following the directions above given, we are told by Dr. Christy that the utility of aspiration is marred or nearly destroyed. So far from this being true, if the bandage were used, and all the fluid removed, the operation would become cumbersome, dangerous in some cases, unphysiological, and unsupported by the record of a single case. Some "new things" published in our medical journals arise from imperfect knowledge and a want of due appreciation of the methods and difficulties of scientific research.

I am, Sir, yours, &c.,

Eben Donaldson, B.A., T.C.D.
Medical Officer, Burt District.

Burt, near Londonderry,
January 30th, 1885.

Literature.

BURTON'S MIDWIFERY FOR MIDWIVES. (a)

This is a translation of the "Official Handbook of Midwifery for Prussian Midwives," published in Germany by the direction of the Minister for Spiritual, Educational, and Medical affairs. Some trifling alterations and omissions have been made by the translator, in order to give the work more "the character of an English book, and less that of a German one done into English." No liberties have been taken with the main body of the work, and the translator's notes are distinguished by being placed in brackets. Of the value of the work it is almost unnecessary for us to speak, since the present is a second edition, and the book has been thought sufficiently valuable to be re-translated into the Portuguese language. These two facts in themselves are evidence enough in its favour, and prove that it is not a useless addition to our obstetric literature. If it is granted that the education of our midwives should be carried to the extent here proposed, then there can be no question as to its being the best book of its kind to place in their hands for their instruction; the directions are given in such clear, concise, and forcible language. We hardly think that the minds of the profession in England are, as yet, fully prepared to approve of so complete a course of instruction as is contained in Dr. Burton's book, but this is a matter upon which a wide difference of opinion may legitimately exist. We have no hesitation, however, in saying that the "Handbook of Midwifery for Midwives" ought to be in the hands of every student commencing his obstetric lectures, and in the hands of all junior medical men with their public obstetric career before them; and that the old and experienced practitioner may here find some good points, which may refresh his memory and help him out of a difficulty, stated in the clearest and most concise manner, and with all the authority of the highest obstetric skill in the German School. It would be impossible to speak too highly of the great practical value of this little book. We confidently expect that it will become a standard work with students of medicine entering upon their obstetric career, and a favourite work for reference with the busy practitioner, as a refresher in recalling previously acquired knowledge. Dr. Burton has done his work in excellent style, and has left little to desire or find fault with.

The Library of the late Health Exhibition.—The Council have finally decided to present all the Health Literature collected during the Exhibition to the Parkes Museum of Hygiene, and the purely educational works to the City of London Technical College. The former institution has already received a number of interesting articles and models from the Japanese Section of the Health Exhibition, and at the special request of the Japanese Commissioner, they have sent a large case of selected duplicates from the Museum to the Home Department at Tokio.

(a) "Midwifery for Midwives." Second Edition, translated from the German by J. E. Burton, L.R.C.P. London: J. & A. Churchill. 1884.

Medical News and Pass Lists.

Society for Relief of Widows and Orphans of Medical Men.—At the usual quarterly Court of Directors of this Society the President, Sir James Paget, in the chair, a sum of £1,861 was voted to be distributed among the 63 widows and 11 orphans in receipt of ordinary grants and the three orphans receiving extraordinary relief from the Copeland Fund. The expenses of the quarter amounted to £61 8s. The acting treasurer announced a legacy of £100, duty free, from Dr. Nathaniel Rogers, of Exmouth. Two new members were elected. The deaths of four were reported, and the resignation of another accepted. Fresh applications for grants were received from three widows for themselves and four children, and on the report of the Committee of Visitors, assistance was given to all.

A New Hospital for Harrogate.—The Committee of the proposed new Bath Hospital have taken in hand a project for the erection of a new building in place of the present dilapidated and badly constructed hospital, for the reception of 100 patients, estimated at a cost of £15,000, towards which amount certain sums have been already promised. The governors will be asked at the annual meeting to empower the committee to carry the project into effect, but no building will be commenced until about £10,000 has been promised.

Manchester Medical Society.—The following is the list of office bearers elected for 1885:—President: Mr. Walter Whitehead. Vice-Presidents: John Augustus Ball, M.B.; Charles Edward Glascott, M.D.; James Hardie, M.D.; Herbert Smith Renshaw, M.D., Treasurer; David Little, M.D., Secretary; Frederick Armitage Southam, M.B. Other Members of Committee: Charles James Cullingworth, M.D.; Julius Dreschfeld, M.D.; Abraham Matthewson Edge, M.D.; Richard Dacre Fox; Thomas Jones, M.B.; Siegmund Moritz, M.D.; James Ross, M.D.; Thomas Starkey Smith, M.B.; Arthur Edwin Sutcliffe; George Thomson, M.D.; Morrison Watson, M.D., F.R.S.; William Yeats, M.D.

The Mortality of Foreign Cities.—In the principal foreign cities the rates of mortality per week per 1,000 of the population, according to the latest official returns, were:—Calcutta 35, Bombay 28, Madras 49, Paris 27, Geneva 25, Brussels 25, Amsterdam 29, Rotterdam 31, The Hague 28, Copenhagen 30, Stockholm 35, Christiania 26, St. Petersburg 32, Berlin 22, Hamburg 29, Dresden 24, Breslau 32, Munich 25, Vienna 28, Prague 26, Buda-Pesth 29, Trieste 45, Rome 26, Turin 30, Venice 41, Madrid 47, Lisbon 38, Alexandria 35, New York 25, Brooklyn 24, Philadelphia 25, and Baltimore 23.

Vital Statistics.—The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 24·5 per 1,000 of their aggregate population. The deaths registered corresponded to the following annual rates per 1,000:—Birkenhead 13, Birmingham 23, Blackburn 26, Bolton 21, Bradford 22, Brighton 20, Bristol 26, Cardiff 34, Derby 18, Dublin 35, Edinburgh 21, Glasgow 33, Halifax 22, Huddersfield 27, Hull 19, Leeds 25, Leicester 20, Liverpool 27, London 24, Manchester 26, Newcastle-on-Tyne 22, Norwich 36, Nottingham 25, Oldham 28, Plymouth 30, Portsmouth 29, Preston 32, Salford 17, Sheffield 23, Sunderland 27, Wolverhampton 25. The highest annual death-rates from diseases of the zymotic class in these towns were—From whooping-cough, 1·9 in Bradford and 2·3 in Norwich; from measles, 3·3 in Sunderland, and 6·5 in Cardiff; from scarlet fever, 1·4 in Newcastle-upon-Tyne and 2·0 in Halifax; and from "fever," 1·0 in Preston and 2·3 in Norwich. The 40 deaths from diphtheria included 15 in London, 5 in Glasgow, 4 in Liverpool, and 2 each in Nottingham, Bradford, and Cardiff. Small-pox caused 60 deaths in London and its outer ring of suburban districts, and 2 in Liverpool.

Royal College of Surgeons Edinburgh.—During the recent (January) sittings of the Examiners—

Henry Walter Syers, Kenilworth; and John Richard Rygate, London, were admitted Licentiates of the College.

The following gentlemen passed their first professional examination for the Licence in Dental Surgery:—

Frank Hampton Goffe, Birmingham; and John Gardiner Fraser, Caithness; and Mr. Goffe also passed his final examination, and was admitted L.D.S. Edinburgh.

Notices to Correspondents.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 29 strings for holding each volume of the *Medical Press and Circular* may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean and flat after it has passed through the post.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

DR. STANDICH.—The drug has but recently been introduced into this country, and as yet we have come across no one whose personal experience would enable us to pronounce an opinion. We will, however, procure some, and let you know results.

DR. CLIFFORD.—The communication referred to has not yet come to hand.

MR. HY. WATSON (Manchester).—The question is not one we could answer offhand; indeed, it is one that a manufacturing or experimental chemist could answer satisfactorily. Write to the Editor of the *Pharmaceutical Journal* or the *Chemical News*.

HARVEY'S MANUSCRIPT LECTURES.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—The MS. of the original lectures at the Royal College of Physicians by William Harvey, including his earliest observations on the heart and circulation, and delivered by him in and after 1616, were rediscovered in the British Museum in 1877. I gave a description of the little book, and exhibited an autotype copy of one page in my Harveian Oration at the College in 1877. I then suggested that it would redound to the honour of the present generation and be an advantage to the history of medicine if the whole of the lectures could be published in autotype, accompanied by an intelligible transcript. The handwriting is so crabbed, and there are so many abbreviations, that none but an expert could succeed in understanding them. Without the valuable aid of Mr. Bond, now the chief of the British Museum, I should have failed in my attempts to understand much, if anything, of the lectures. By dint of some labour, Mr. Bond succeeded in interpreting one of the lectures, and has now been good enough to make me acquainted with a gentleman, a member of his staff, who will undertake to transcribe the entire volume.

My inquiries led me to believe that no publisher could be found to undertake the risk of publication unless guaranteed a certain amount of professional support. On the other hand, I calculate that if from two to three hundred gentlemen would engage each to take a copy at a price not exceeding two guineas, the work might be safely proceeded with. Autotyping is a much more expensive process than ordinary printing, and the honorarium to the transcriber would necessarily add considerably to the cost. May I ask your permission to submit the question to your readers whether they wish to aid in this labour of love of, and admiration for, one great prototype of the scientific physician?

I am permitted to state that the Presidents of the Royal Colleges of Physicians and Surgeons warmly support the undertaking.

I am, Sir, yours, &c.,

17 Manchester Square, W., Feb. 2, 1885. EDWARD H. SIEVEKING.

P.S.—Any communication on the subject may be addressed to me or to Messrs. Churchill, 11 New Burlington Street, London, W.

MR. PERCIVAL CROUCH.—Received too late for insertion in its proper place in present number. Will appear in our next.

MR. W. W. B.—The fees of analysts vary according to their position in the profession. The sum charged in the case referred to is exceptionally high, and certainly not warranted by the status of the expert.

MR. T. B. (London).—Certainly, with pleasure.

THE TITLE OF DR.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I think it only fair that you should let your readers hear the other side. Dr. Balfour's assertion quoted in your issue of the 4th is in direct antagonism to the facts of the case. And these facts are established by the evidence of the L.R.C.P. Ed.'s admitted *before* the College took up the position shown in Dr. Balfour's letter. The position was taken up *rather late* in the day, and is untenable in the face of the evidence. I am, Sir, yours, &c.,

February 6th, 1885. WILLIAM DONOVAN, L.R.C.P. Ed., &c.

DR. J. E. MOURE (Bordeaux).—We cannot further add to our exchange list.

F.R.C.S.—The paragraph in the *Exeter and Plymouth Gazette* about Dr. Carrington's appointment as assistant physician to Guy's Hospital is probably due to the zeal of an indiscreet friend. The gentleman referred to probably does not know even of its existence, and it is, moreover, of the mildest type, and certainly not such as to call for comment.

M.D. (Scarborough).—The new issue of the "Medical Register" is expected in a few days, and this will officially solve the question of degrees in the case of the gentleman referred to.

Meetings of the Societies.

WEDNESDAY, FEBRUARY 11TH.

HUNTERIAN SOCIETY.—At 7.30 p.m., Annual Meeting.—8 p.m., Oration by Dr. F. Charlewood Turner.

EPIDEMIOLOGICAL SOCIETY OF LONDON.—At 8 p.m., Major K. McLeod, The Prevalence of Epidemic Roseola in Calcutta.

ROYAL MICROSCOPICAL SOCIETY.—At 8 p.m., Presidential Address, illustrated by Lantern Microscope, On the Life History of a Septic Organism hitherto unrecorded.

THURSDAY, FEBRUARY 12TH.

PARKES MUSEUM OF HYGIENE.—At 8 p.m., Dr. Percy Frankland, The Selection of Water for Domestic Supply.

FRIDAY, FEBRUARY 13TH.

ACADEMY OF MEDICINE IN IRELAND (Pathological Section).—At 8 p.m., Mr. P. S. Abraham. (1) Stricture of the Œsophagus; (2) Self-mutilation in a Lioness.—Mr. Wheeler, Gangrene following Occlusion of a Vein.—Dr. Broomfield. An Endocardial Concretion.—Dr. Boyd, A Colon from a Case of Dysentery.—Dr. Lentaigne, Aneurism in Base of Brain.—Surgeon-Major Hamilton, A Case of Myocarditis.—Dr. Wallace Beatty, The Pathology of Lead Poisoning.

MEDICO-PSYCHOLOGICAL ASSOCIATION.—At 4 p.m., Dr. Hayes Newington, The Influence of Minor Uterine Troubles on Insanity.—Dr. Hack Tuke, The Insane in the United States.

CLINICAL SOCIETY OF LONDON.—At 8.30 p.m., President's Address.—Dr. Hale White, A Case of Myxœdema, with a Post-mortem Examination.—Dr. Carrington and Dr. Hale White, Two Cases of Phlegmonous Pharyngitis.—Dr. Hughes Bennett, A Case of Locomotor Ataxy without Disease of the Posterior Columns of the Cord.—Dr. Seymour Taylor, A Case of Arrested Rickets (living specimen).

ROYAL INSTITUTION.—At 9 p.m., Sir John Lubbock, Forms of Leaves.

SATURDAY, FEBRUARY 14TH.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At 3 p.m., Prof. John Marshall will deliver the Hunterian Oration.

ROYAL INSTITUTION.—At 3 p.m., Mr. G. Johnstone Stoney, Operations which go on between Molecules.

Vacancies.

Belmullet Union, Knocknalower Dispensary District.—Medical Officer. Salary, £110, and fees. Election Feb. 23. (See advt.)

Brompton Consumption Hospital.—Resident Clinical Assistant. Applications, with testimonials, on or before Feb. 14. (See advt.)

Devonport Royal Albert Hospital.—Resident Medical Officer. Salary, £200, with board and lodging. Applications to the Hon. Sec.

Gloucester General Infirmary.—Physician. Applications, with testimonials, to the Secretary, on or before Feb. 18.

Hursley Union.—Medical Officer and Medical Officer of Health. Salary, £100 per annum. Applications to the Chairman by Feb. 17.

Manchester Royal Infirmary.—Resident Medical Officer for the Fever Hospital. Salary, £200, with board. Applications to the Chairman before Feb. 14.

Radcliffe Infirmary, Oxford.—Resident House Physician. Salary, £80, with board. Applications to the Secretary before Feb. 14.

Appointments

CARRINGTON, R. E., M.D. Lond., M.R.C.P.L., Assistant Physician to Guy's Hospital.

ENSOR, H. C., M.R.C.S., House Surgeon to the Birmingham and Midland Eye Hospital.

JOHNSTON, M., M.R.C.S., L.R.C.P., L.M.Lond., Junior Assistant Medical Officer to the Sussex County Lunatic Asylum.

MANSELL-MOULLIN, J. A., M.A., M.B.Oxon., M.R.C.P., Assistant Physician for Diseases of Women at the West London Hospital.

POWELL, J. J., M.B.Lond., M.R.C.S., House Physician to the Queen's Hospital, Birmingham.

SAUNDBY, R., M.D., C.M. Ed., M.R.C.P. Lond., Physician to the Birmingham General Hospital.

VENN, A., M.D. Aber., M.B. & C.M., M.R.C.P. Lond., Physician for Diseases of Women at the West London Hospital.

WALKER, E. B. C., M.B., M.C.Ed., Senior Assistant Medical Officer to the Sussex County Lunatic Asylum.

Births.

DAVIES.—Feb. 3, at Abercarn Fach, near Newport, Mon., the wife of Francis Joseph Davies, F.R.C.S., of a son.

MACQUEEN.—At 2 Clarendon Crescent, Edinburgh, the wife of Daniel Macqueen, Deputy Surgeon-General A.M.D., of a daughter.

STOKER.—Feb. 2, at 32 York Street, Stephen's Green, Dublin, the wife of William Stoker, of a son.

Deaths.

ANDERSON.—Feb. 2, at Waterford, Robert Carew Anderson, M.D., Deputy Inspector-General of Hospitals, aged 70.

BRAITHWAITE.—Jan. 31, at Clarendon Road, Leeds, William Braithwaite, M.D., aged 77.

BRUCE-JOY.—Jan. 28, at Pembridge Gardens, Bayswater, William Bruce-Joy, M.D., formerly of Dublin, aged 64.

CAMERON.—Dec. 30, at his residence, Georgetown, Demerara, Alexander Gordon Matheson Cameron, M.D., aged 58.

LEALE.—Feb. 5, at Vale House, Guernsey, Selina Mary, beloved wife of Josiah Leale, M.R.C.S., aged 40.

LYNAM.—At Portstown, County Meath, Patrick Lynam, aged 104.

MALTBY.—Feb. 4, at Durham, Isabella, the beloved wife of John Westbrook Maltby, M.D., aged 54.

PARROTT.—Jan. 31, at his residence, Clapham Common, S.W., John Parrott, M.R.C.S., aged 64.

WORTHINGTON.—Jan. 31, at Lowestoft, William Collins Worthington, F.R.C.S., aged 84.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 18, 1885.

CONTENTS.

ORIGINAL COMMUNICATIONS.

Inaugural Address delivered before the Clinical Society of London, on Friday, February 13th, 1885. By Thomas Bryant, F.R.C.S., Member of the Council, and of the Court of Examiners, Royal College of Surgeons, England, Surgeon to, and Lecturer on Surgery at Guy's Hospital 135

The Nature and Treatment of Gout. By Dr. W. Ebstein, Professor of Medicine and Director of the Medical Clinic at the University of Gottingen 137

Lettsomian Lectures on Disorders of Digestion: their Consequences and Treatment. Delivered before the Medical Society of London, Jan., 1885. By T. Lauder Brunton, M.D., F.R.C.P., F.R.S., Assistant Physician to St. Bartholomew's Hospital 139

CLINICAL RECORDS.

Jervis Street Hospital, Dublin—Recent Cases from the Hospital Ward. Under the care of Dr. Cranny. Reported by Mr. Shouldham Henry Dunlop, Resident Clinical Clerk 143

PAGE

TRANSACTIONS OF SOCIETIES.

CLINICAL SOCIETY OF LONDON—

A Case of Myxœdema, with a Post-Mortem Examination 143

Two Cases of Phlegmonous Pharyngitis 144

ABERNETHIAN SOCIETY—

Coma 144

FRANCE

Decrease of Population 145

Reunion by First Intention 145

Hysterectomy 145

Abolition of the Title of Officier de Santé 145

Craniotomy 145

SPECIAL ARTICLES.

The Prevention of Cholera 146

BRIEF NOTES FROM AMERICAN PRACTICE 146

LITERARY NOTES AND GOSSIP 147

LEADING ARTICLES.

THE EXTENSION OF THE FIELD OF SURGERY 149

THE SOUDAN EXPEDITION 149

MEDICAL REFORM PROSPECTS 150

PAGE

NOTES ON CURRENT TOPICS.

The Lettsomian Lectures on Digestion .. 151

University Degrees for Medical Students 151

Brandy as a Restorative for Fish 152

The Meaning of Scrofula 152

Fresh Air for Londoners 152

The Pathogenesis of Epilepsy 152

Government Precautions against Cholera 153

Sodium Ethylate in Lupus 153

The Hunterian Oration 153

The Proposed Amalgamation of Dublin Hospitals 153

SCOTLAND.

Glasgow—The Public Health 154

Glasgow Death-Rate 154

Health of Edinburgh, &c. 154

CORRESPONDENCE.

How Long are Scarlatinal Patients Infectious? 154

Sanitary Organisation in Ireland in its Medical Aspect 155

LITERATURE.

West on Diseases of Children 155

NOTICES TO CORRESPONDENTS 156

Inaugural Address

DELIVERED BEFORE THE

CLINICAL SOCIETY OF LONDON,

On Friday, Febuary 13th, 1885,

BY THOMAS BRYANT, F.R.C.S.,

Member of the Council, and of the Court of Examiners, Royal College of Surgeons, England; Surgeon to, and Lecturer on, Surgery at Guy's Hospital.

GENTLEMEN,—Inclination, no less than a sense of duty, urges me to thank you warmly for the distinguished honour you have conferred upon me by placing me in this chair. I know of no higher compliment than the one you have bestowed upon me, which the working members of a society such as this can pay to a working brother. I value it accordingly, and will do my best to justify your choice. Should I fail, however, I must throw some of the responsibility upon your shoulders, since it has been by your kind interpretation of my fitness for the position that I am placed here.

The work that the Society has already done has been very good, but it is yet allowable to hope that that achieved in the future may be still better. Our predecessors have laboured productively for our advantage in various ways. Let us endeavour to improve upon their work, and so add to the sum total of attained results that the next generation may be able to say like things of us. Let us continue to walk—as they have walked—in the paths of patient observation, and be precise about our facts; upon these facts and observations let us think closely and consistently, and then without fear or hesitation carry our reasoning to its legitimate conclusions. Let us, however, in our facts beware of accepting the false for the true, and so escape false reasoning; and let us be sure that the words we use convey clear thoughts. Let us, moreover, in our anxiety to be discoverers, guard against announcing as a novelty some thought or observation which, though new to us, may not be so fresh to others; remembering in the pursuit of knowledge, that our own observations are so mixed up with those of others; that our thoughts are so often merely the outcome of others' thoughts; our ideas are so constantly no more than the assimilation of the thoughts and observations of other men, that to be original it is almost impossible. With respect to the use of terms, for instance, can we say that, under all circumstances, we are as careful as we should be? and that we never deceive ourselves or others by using phrases which, from our not being clear as to their meaning, tend in reality either to confusion or perhaps to something worse? To illustrate my meaning, may I ask what is meant by "strumous" disease when that term is applied to a joint, bone, or other local affection? Do we all agree as to its meaning? When we apply it, do we feel that we are conveying any accurate idea of the case under discussion to our pupils or hearers? As a teacher, I unhesitatingly say that by the term "strumous disease" applied to any local affection, whether of joint, bone, or gland, we do not convey any clear thought. Indeed, I may say that we do the reverse; we confuse, instead of clearing, ideas. Let me ask the members of this learned Society what they understand by the terms "strumous disease of a joint," "strumous glands," &c. It would be interesting to have in writing the definitions of these phrases from the individual members. Would they all agree? Would they even be at all consistent? The answers to these questions would, I fear, be in the negative. With such an admission, can we therefore possibly say that this very common term is an intelligible one, or that it ought to be retained? If we mean when we use the term to convey the idea that the enlargement of the affected tissue is a special one caused by struma? may I ask what is struma? and how does it cause the local disease? Or, do we mean that it is an inflammatory affection of some form, in which the inflammatory process is modified by a condition of body which may or may not be associated with the deposition of tubercle? If the latter be the correct view, as I take it to be, why should we not say so? and why should we not call the local affection, a chronic inflammation in a

strumous subject, or a chronic strumous inflammation either of the bone, of the synovial membrane, or of both, the inflammatory process being modified by the constitutional tendency of the individual, in the same way as a chronic inflammation in a gouty or syphilitic subject may be modified? It need hardly be pointed out that by this change of expression much good would accrue, since the alteration would tend to clear both the pathological and the clinical aspects of the case, and help our pupils instead of confusing them. At the present time, we hear of strumous, scrofulous, and tubercular disease of a joint or of bone, as if inflammation had nothing to do with the changes met with, and as if any one of the terms carried with it a precise thought.

Again, may I ask—and I do so with some amount of trepidation—what are we now to understand, when discussing the treatment of wounds, by the term "Antiseptic precautions?" How, with the diversities of practice encountered, is the expression to be interpreted? Has it, indeed, at the present day any special significance? One surgeon, when asked the question as to its meaning, will answer, It means, of course, the spray and gauze system, in one or other of its modes of application. A second, with equal decision, will apply it to one of the many forms of antiseptic irrigation, in which the antiseptic in solution is employed either during or after an operation, and some antiseptic gauze or other dressing later on. A third surgeon will use the term as applied to some antiseptic dry or moist dressing. Each one, at any rate, will apply it to his own system, and not to another, the former being in his own sight orthodox, and all others heterodox. Is this confusion of meanings right, or even necessary? Is it not confusing to the seniors of the profession? and if so to them, how much more confusing it must be to our pupils. Why should we not, therefore, when we mean it, say the "aseptic" or "antiseptic spray and gauze system," or "antiseptic irrigation," or "antiseptic dry or other dressing?" Such terms would be perfectly intelligible to all, and would leave the special antiseptic drug employed as detail to be introduced in the description or not, as wished, and at the same time allow the term "antiseptic precautions" to lapse into a general expression as denoting the well-established and recognised principle of antiseptic surgery. At the present day, the phrase "antiseptic precautions," as applied to any single case, is absolutely unintelligible as indicative of any special form of practice.

Again, have we not in past times too generally mixed together cases of intestinal strangulation with those of intestinal obstruction?—having been led to do so by the fact that bowel obstruction is a common symptom of both classes of cases. And have we not, by so doing, obscured and rendered difficult of understanding cases concerning which it is very requisite that we should entertain clear views? In past, pre-pathological, ages this confusion of terms was possibly excusable, but with our present exact pathological and clinical knowledge are we not obliged to admit that strangulation of the bowel is one thing, and obstruction another? That in the former class of cases the symptoms are all due to the strangulation of the intestine, and but little, if at all, to the obstruction? whereas, in cases of the latter class, all the symptoms are in a general sense due to the obstruction and to the changes brought about by it!—these changes being experienced either at the seat of obstruction; or, when the obstruction is in the rectum or sigmoid flexure, found in the cæcum or ascending colon. Are we not therefore impelled, for the sake of a clear understanding of these two large subjects to separate the cases and give to each its own proper place? Shall we not, by so doing, gain clearer thoughts upon each, and thus be able, as teachers, to impart them to others?

Again, is it not most important that we should have very clear views on such general and elementary subjects as repair and inflammation? and yet, may I ask, are our thoughts upon the relations of these two pregnant processes sufficiently clear? Do we, or do we not, in our teaching, mix them up inextricably; and, by so doing, encourage, if not impart, erroneous views? Experience leads me, as an examiner of students, to believe that this confusion of thought is too general, and that "the healing of wounds is still supposed by some to be essentially an inflammatory process," and that even an anchylosis of a joint, the result of disorganising inflammatory changes, is "a formative termination of the inflammatory process itself." As if, indeed, repair and inflammation, from their both presenting in their respective courses certain histological changes which are allied, are on that account to be deemed identical. And as if the union of the articular ends of the bones following a disorganisation of a joint, the result of an acute or chronic inflammation, can be brought about by an inflammation, or by any other process than a reparative one, which does not begin until all inflammation has ceased; which is continued only so long as the inflammatory process is kept in abeyance; and which ends in the desirable result of anchylosis because the reparative process is allowed to go on undisturbed, without either the aid or hindrance of inflammatory action.

In the treatment of a wound is it not the surgeon's chief object to prevent inflammation? and is not this object, based upon the knowledge that when a wound is undergoing quick repair by primary union, and becomes the seat of inflammation, the repair at once stops, and what may have taken place in the way of repair becomes disrepair—the exposed surface of the wound, if the inflammatory process continues, becoming the seat either of ulceration or of other destructive changes? When ulceration follows a local inflammation it continues so long as the inflammatory process lasts; when this stops repair begins by what is called granulation, and this formative reparative process continues and ends in cicatrisation, so long as no inflammation reappears to interfere with its progress.

When a granulating wound becomes the seat of inflammation, the reparative process at once ceases, and what had been a granulating, soon becomes an ulcerating surface. With these clinical facts before us, which are familiar enough to practical surgeons, there should be no difficulty in demonstrating that repair and inflammation are not only not identical, but that whilst the one is wholly formative the other is mostly, if not always, destructive; the one is physiological, the other pathological. Is it not, therefore, absolutely necessary that the teachers of students should have clear views upon these points, and not by such terms as "the formative termination of the inflammatory process," and other allied mixed expressions, put into students' minds a cloud of words to cover their own uncertain views? Is it not incumbent upon all teachers to enunciate that repair and inflammation are not only not identical, but that they are incompatible? That repair only begins in a tissue that has been inflamed when the process called inflammation has left it; and continues to complete its work as long as the inflammatory action is kept away? That when inflammation attacks a wound in which repair is progressing the process is at once arrested; and that what was repair then becomes disrepair, if not ulceration? I think I can hear you—the members of this Society—say "yes" to my questions, and may calculate upon your working in the lines I have laid before you.

With these suggestions which I trust you will not consider out of place, as they are truly clinical, allow me for a few minutes to call your attention to some practical points which require looking into; since it seems that in our general advance in medicine and surgery, we sometimes in special subjects recede to the practice of our ancestors. This may be said to be true in the application of ligatures to arteries in their continuity; for some of our surgical brethren now prefer to tie in two places, and divide between the ligatures, an artery that has to be occluded for any cause, thus following the practice of last century rather than that of more recent times. It is not my intention here to criticise this practice, which I look

upon will favour; but it would be interesting if we could obtain during the present session full particulars of the results of this revived method, and thus be able to estimate from a practical point of view the relative advantages of the different methods employed.

Again, may I ask, is there any truth in the accusation, which in recent times has been raised against surgeons, that the great successes which they have all round achieved in surgical operations have to a degree encouraged them not only to do, and to do rightly, what they would never have thought of doing a few years ago, but also to undertake operatives measures which may with some justice be looked upon as speculative, if not rash? Have our successes engendered an over-estimation of our own powers, and led us to attempt and perform operations which past experience has not supported, and which seem to be less founded on scientific probabilities of success than on the sanguine hopes of their performers? Are operations upon the pylorus, or stomach, for cancer to be placed in this last category? Are there other operations which should be so classed? I have no wish to answer definitely these questions, but I do feel that it is very necessary that the principles which have hitherto regulated operative surgery, and which have tended to suppress all experimental work, unless based on a scientific probability of success, should be carefully observed, and that we should avoid even the semblance of an experimental operation.

And here let me express for surgeons generally the satisfaction with which in our best new surgical work we greet the kind aid we are receiving from physicians. We are now working, more than we have ever before worked, hand in hand with them to make the diagnosis of disease of the brain, kidney, bladder, and abdomen more certain. And we are thus, with a clearer diagnosis, mutually helping to bring within the domain of scientific surgery large classes of disease which have hitherto been deemed to lie outside its pale, and have consequently been either allowed to drift, or to pass into the surgeon's hands only when the time for effective action has passed or almost passed, and when operative measures can at the best be carried out for purposes of relief, but not of cure.

May I now ask for even more help in this direction, and urge our medical friends to seek surgical conference early, at least in all abdominal cases in which symptoms of intestinal strangulation exist, as well as in all cases in which intestinal obstruction is present, in order that operative interference, in both classes of cases, may not be delayed longer than the scientific diagnosis of the case requires; and that the subjects of these troubles may have a chance of relief from operative measures whilst there is still a reasonable hope of obtaining it. Let us remember that exploratory operations undertaken for diagnostic purposes, but which may be used for curative ends, when the exploratory proceeding shall have cleared up or established a diagnosis (which could not have been made by other means), are as scientific as any other operations, and often more satisfactory.

Let us, therefore, encourage our medical brethren to consider closely with us surgical problems, in order that we may have their efficient help in diagnostic questions as well as their valuable support when action, by way of operation, is called for; and let us employ the opportunity to convince them of the expediency of expediting action as soon as the necessity for action has arrived, and at the same time to demonstrate the evil effects of postponing operative interference when such is demanded for either diagnostic or curative ends. In surgery, as in so many conditions of life, action, to be effective, must be decisive and not dilatory; it should ever follow closely upon decision.

These remarks which I have thus brought before you, I have been tempted to make under an impression that they will be generously received, and under the conviction that they have reference to subjects of grave clinical importance. Some of the subjects to which I have alluded are important in themselves; others are important on account of the principles embodied in them.

Should my observations appear to some too critical, let me say that they have not been made in any captious spirit, but with the feeling that it is always better for us to criticise our own work than to leave such criticism to others; that, as your President, it is as much my duty to point out what I believe to be defects in our work or in our mode of work, as it is to indicate the direction in which we should travel; and in the hope that, by so doing, I am likely to receive the full support of the members of this society in what I believe to be the best for the "cultivation and promotion of practical medicine and surgery," objects for which this Society was formed, and which we all have so much at heart.

THE

NATURE AND TREATMENT OF GOUT,

By Dr. W. EBSTEIN,

Professor of Medicine and Director of the Medical Clinic at the University of Göttingen.

Non fingendum, aut excogitandum, sed inveniendum quid Natura faciat rut ferat.—*Bacon.*

Chapter III. *(continued).*

(*Continued from page 47.*)

I turn finally to

Gout in the Looser Connective Tissue,

as I have had opportunity of observing it in the subcutaneous connective tissue and in that between the muscles. Such a gouty centre I have had delineated in Fig. 16.

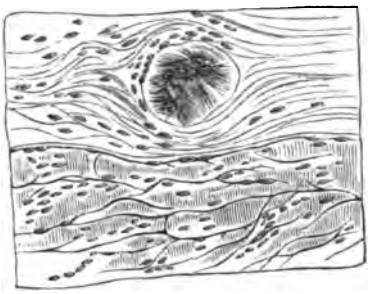


Fig. 16.

It is not different in any essential form than those already given. For we find here, more or less, copious deposits of urates of the same crystalline quality; we see here also the same textureless tracts, which come to light in their full extent when the deposits are dissolved out, which are often of greater extent than the uric acid deposits. In the vicinity of these patches there is generally to be seen a small-celled infiltration, limited, or of greater or lesser extent. As regards the gouty patches of the subcutaneous connective tissue, they were very numerous in the piece of skin examined by me, and were present over a large extent of surface. They completely resembled the patches already described, so that few words may suffice for this description in addition to the two cuts, Figs. 17 and 18, which relate to them. In Fig. 17 is shown a section of subcutaneous connective tissue, taken from a vertical section of the skin moderately enlarged, which appears to consist simply of crystalline deposits, in the immediate neighbourhood of which in certain places is a free round-celled infiltration. In these subcutaneous gouty nodules also the crystalline uric acid deposits are shown in considerable quantity. In Fig. 18, on the other hand, is represented a vertical section through the skin, and subcutaneous connective tissue with a lower power. This instructs us first as to

the position and extent of the gouty deposits in the subcutaneous connective tissue, the urates of which have been dissolved by maceration in luke warm water. They are numerously scattered through the whole thickness. Here also, after solution of the urates, an amorphous, quite homogeneous texture and structureless substance

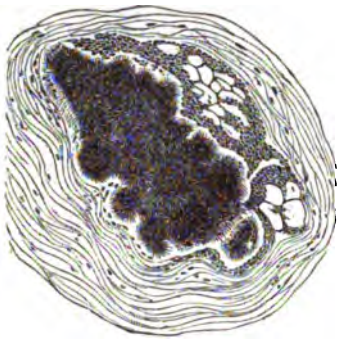


FIG. 17.

has remained, not differing in the least either in external appearance or in reaction from analogous patches in which gout is localised in other tissues and organs. These patches, larger and smaller, occupy two-thirds of the thickness of the subcutaneous connective tissue;

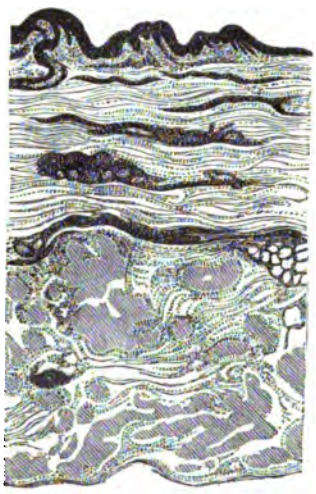


FIG. 18.

neither cell nor nucleus is to be seen within it, nor can either be rendered visible by any kind of straining. But on the other hand we here again observe more or less freely and mostly so, in their immediate neighbourhood, the cells that correspond to small-celled infiltrations. The smaller of these patches have a regularly rounded form, the larger, on the other hand, show an irregular nodulated form with a rounded off contour. In the larger and plainly older patches lacunæ are here and there seen, out of which the necrosed substance has fallen in the process of preparation.

Wyss has asserted that the gout nodules of the skin have their origin in the sweat glands. In the present instance this was not the case. In the sweat glands lying in the lower part of the cutis no structural changes were demonstrable, neither were they in the cutis itself. As regards those lying in the subcutaneous connective tissue, concerning which Henle states that they are the larger, I can only say in regard to this point, that no channel of communication could be traced from the necrosed patches here described, as would have been the case if they had originated in them. I have carefully examined hundreds of sections in regard to this point. As no structure can be determined in the patches, one cannot of course say whether in the places in which they exist, sweat glands previously existed or not. The first striking contradiction which exists between the undoubtedly correct observations of my friend Wyss, that in cutaneous gout uric acid is present in the sweat glands, and urine which, according to the case before us, lays stress on the presence of gouty patches, and along with these crystalline deposits of urates outside the nodular glands, is in my opinion, easily and satisfactorily explained. I mean that here a condition of things exists analogous to that met with in the kidneys which I have already remarked upon in the description of gouty kidney. As uric acid has long been proved, and on many hands to be present in the sweat of gouty subjects, if not constantly so, it is easy to conceive that uric acid occasionally remains lying in the glands as it does in the urinary tubules. Whether the presence of uric acid in the sweat of gouty individuals is something typical, or whether it is present like urea under various conditions, possibly like the latter in health in case of free excretion of uric acid, as far as is known to me we have no decided data. In any case, in my opinion, in the skin as in the other localisation of the gouty processes already described, necrosed patches must be looked upon as typical in arthritis uritica.

4.—RESUME, CONCLUSIONS AND CONSEQUENCES OF THE FOREGOING OBSERVATIONS.

From the facts hitherto related, regarding the typical and characteristic gouty tissue changes, so much will be perceived that *independent of the known depositions of crystalline urates, one change is common to them, namely, necrosis of the tissues and organs in those places where the crystalline deposits of urates were present.* I must maintain that necrosis of tissue is something essential in the gouty process as I have never failed to observe it in any case. For me the characteristic of the gouty process is *necrosis of tissue plus depositions of urates in a crystalline form.* When both are met with associated together, one may speak of a formed gouty patch. As is shown by the foregoing, I have been able to verify such gouty patches in the kidneys, the hyaline articular and fibro-cartilage, tendons as well as in the looser inter-muscular and subcutaneous connective tissue, either after preliminary solution of the crystalline deposits or without it, provided the necrosed tissue has a greater extent of surface than the uratic deposit, as appears to be frequently the case. A stage precedes the development of these *necrosed patches*, which can be most beautifully observed in hyaline cartilage and in tendon, which I have designated *necrosing*, where the death of the tissue is not yet complete, and where as far as I have seen, no deposits of urates in crystalline form can yet be demonstrated. If we now ask which is the primary, the necrosing process ending in death of tissue, or the crystalline deposition of urates, I hold that the *disturbance of nutrition is the primary*, and the *crystallisation of the urates the secondary process*, and that before the latter takes place the disturbance of nutrition must have reached an advanced stage; *the tissue must exhibit the symptoms of complete death. I have never yet seen in cases of gout that the urates crystallise in normal tissues.*

When we now seek for the cause of the tissue death in gout, we naturally turn in the first place to the gouty *materies, i.e.*, to uric acid and its compounds, which specially and perhaps almost exclusively accumulate in the connective tissue and at first in the fluid form. My views in regard to this are identical with those advanced by Garrod. This observer assumes that these deposits are first excreted as limpid liquid, which as it is rich in urate of soda, and this salt is dissolved with difficulty, first takes on a milky appearance in consequence of crystallisation, after which, as the fluid portion is gradually absorbed, the exudation becomes more and more firm, and at last quite hard. I am of opinion that the gouty substance, soluble with difficulty and containing uric acid compounds, is deposited in the tissue in a fluid

form, under certain conditions, to be further discussed later on, and in circumscribed places. If this substance is poisonous and capable of injuring the nutrition of the tissues—which will be at first assumed, but will be further confirmed by direct proof—so will the poisonous fluid, like a drop of acid or alkali, act most injuriously on that portion of tissue on which it first becomes active. The poisonous action will be less powerful the farther it is removed from this spot. The intensity and extent of the poisonous action will be in direct proportion, not only to the quantity and the greater or less virulence of the excreted substance, but also to the nature of the tissues in which it is deposited. The more resistent the latter are, so much less *cæteris paribus* will the poison damage them. One, and the same quantity, with equal concentration of the solution, will in the case of looser tissues, effect more quickly a more diffusive change, than in tissues of firm texture, which will for this reason offer more resistance to its spread. I have never been able to understand how a series of observers, whilst they ascribe to the urates an injurious influence on the tissues surrounding them, should take up the view that the tissues exhibit a normal character in the places where these have been deposited. It is at any rate a natural postulate, that the injurious action of mechanical or chemically irritating substances—both these eventualities have been discussed—is most efficient in those places where they first come fully into play. The frequent development of reactionary inflammations in the vicinity of these necrosed patches, has already been thoroughly discussed.

We have, therefore, in the case of gouty patches, to do with the crystallisation of (acid) urate salts in necrosed tissues, the death of which has been brought about by the separation of (neutral) urates in a fluid form. The crystallisation of urates in gouty necrosis is a process for which we have in a certain sense no analogue in petrifications or calcifications, in which lime salts are deposited in tissues in which the nutrient processes are either completely extinguished or greatly reduced in energy. It is thus, without further discussion, quite comprehensible that—independent of the uric acid compounds which after they have effected the destruction of the tissues crystallise in them—that lime salts are also deposited in gout patches as they are in other necrosed tissues. The fact itself was investigated long ago. Lehmann, for example, in the case of a young man, found in the gouty deposit from the metacarpus along with 52·12 per cent. of soda, and 1·25 per cent. of lime urate, 9·84 per cent. chloride of sodium, and 4·32 per cent. of phosphate of lime. I have had the opportunity of observing, side by side, in microscopic examination of the necrosed glomeruli of a gouty kidney, crystalline deposit of urates and sphœro-crystals composed of carbonate of lime.

(Chapter III will contain gout in animals and attempts to produce experimentally deposits of urates in the animal body.)

Lettsomian Lectures

ON

DISORDERS OF DIGESTION: THEIR CONSEQUENCES AND TREATMENT.

Delivered before the Medical Society of London, Jan., 1885.

By T. LAUDER BRUNTON, M.D., F.R.C.P., F.R.S.,
Assistant Physician to St. Bartholomew's Hospital.

Lecture III—(*Continued.*)

If we were to attempt to lay down a diet-table, containing all the things that a person, whether healthy or dyspeptic, may eat, the task would be endless; it is much simpler to say what he may not eat. The oldest diet-table in the world might have been a very long one if everything that might be eaten had been named; whereas it was very short—"Of every tree of the garden thou mayest freely eat, but"—and here follows the one exception, of which Adam might not eat without injury. The next diet-table is still more extensive: "Every living thing that moveth shall be meat for you, even as the green herb have I given you all things; but"—and here again comes the singular exception—"the flesh with the life thereof, which is the blood thereof, shall ye not eat." In a third diet-table, intended not for mankind generally, but for people under peculiar conditions, we still find the same rule followed, the foods that were to be eaten being classed together under one or two sweeping definitions, and only a few exceptions mentioned by name. Dyspeptics may be regarded as a peculiar class of people, requiring fuller instructions as to diet than healthy people, and a few general directions to them are by no means out of place. Thus, they may be directed to avoid new bread, buttered toast, muffins, and pastry, all of which are difficult to disintegrate. They may be told to eat fish, or to prefer meat which has a short fibre, like mutton, chicken, or game, rather than to take those meats where the fibres are long and tough, like beef.

There are some substances taken along with food which are utterly indigestible. We know that prehistoric man was fond of strawberries, because the seeds of these fruits which some man, ages and ages ago, had eaten and voided unchanged, still remain to inform us of the fact. Most seeds, when whole, are indigestible; and on this quality, indeed, their distribution over the earth's surface depends. Even when broken, like the kernels of nuts or almonds, they are sparingly digestible; and the same is the case with the skins of fruits, and the harder fibres and the stalks of vegetables. Where the intestines are slow to act, such things as strawberries, raspberries, figs, nuts, prunes, and apples may be allowed, and even recommended; but, where the intestines are irritable, all such things must be forbidden. Acid-fruits are not only indigestible in themselves, but are apt to leave irritation behind; and Dr. Beaumont found that, an hour after giving St. Martin some raw, ripe, sour apples, the stomach was full of fluid and pulp which was quite acrid, and irritated the edges of the fistulous opening, "as is always the case when he eats acescent fruits or vegetables." The acrid condition went on increasing to the end of an hour and a-half, and, at the end of two hours, the mucous membrane appeared irritated, although the apple had passed out of the stomach into the intestine, probably in an undigested condition, and, as we know in other cases at least, it would even be apt to produce diarrhœa. Some drinks are peculiarly liable to cause indigestion; amongst these are sour wines, some kinds of beer, and tea. Sour wines, especially if taken regularly, are apt to bring on a condition of gastric catarrh; and, in certain conditions of the system, a single glass even of good wine appears to act almost like poison. It seems to undergo acetic fermentation in the stomach, and produces acidity, discomfort, or pain. I do not know what these conditions of the stomach are in which a single glass of good wine will produce this effect, even in persons to whom it is not usually injurious. I have noticed, however, that sometimes this tendency to acidity is associated with a hyperæsthesia of the mucous membrane of the œsophagus, so that port or sherry causes an unpleasant burning feeling all the way down the gullet, while usually nothing more would be felt than a pleasant warmth, if any sensation were observed at all. Tea is very apt to cause a feeling of acidity and flatulence. Sometimes the acidity comes on so soon after the tea has been taken that it is difficult to assign any other cause for it than alteration in the sensibility of the mucous membrane of the stomach or œsophagus. Tea contains a quantity of tannin, as we very readily notice by the black spot which a drop of it will leave upon a steel knife, and it contains also caffein and volatile oil. The effect of the tannin is to interfere very considerably with the digestion of fresh meat; and there are many people in whom tea, taken along with fresh meat, will upset the digestion. It does not interfere with the digestion of dried meat such as ham and tongue; the fibres of these having already become shrunk and toughened in the process of curing. Tea at breakfast is not so apt to cause indigestion, probably because bacon or tongue are more frequently taken along with it at this meal than fresh meat, and also because the long interval which has elapsed between breakfast and supper or dinner allows the stomach to become completely empty before any new food is put into it. Tea in the afternoon, two or three hours after lunch, will sometimes bring on acidity almost immediately; and I am inclined to think that this is due either to its producing increased sensibility of the gastric mucous membrane, or, what is perhaps still more probable,

to its altering the movements of the stomach, so that the mucous membrane of the cardiac end of the œsophagus becomes exposed to the action of the contents of the stomach. These are much more acid two hours after a meal than they are immediately after it; and they will thus produce a much more irritating action upon a sensitive mucous membrane. A part of the mischief wrought by tea in the lower classes is due to their allowing it to infuse for a long time, so that a large quantity of tannin is extracted. This danger may be avoided by simply allowing boiling water to stand in the teapot for five minutes or so, and then pouring it off into another teapot, where it may be kept hot for a length of time without undergoing any change. Another reason is that they drink it extremely hot. Heat is a powerful stimulant to the heart, and a cup of hot tea is, therefore, much more stimulating and refreshing than a cold one, for not only does the hot tea act more powerfully on the heart through the nerves of the stomach, but the heat will reach the heart directly through the thin diaphragm. The practice of sipping the tea almost boiling hot is, however, apt to bring on a condition of gastric catarrh. Coffee does not affect the stomach to such an extent as tea. In its preparation, however, a substance called caffeon is produced, and this, along with the caffein which is present in both coffee and tea, appears to dilate the abdominal vessels, and cause a feeling of fulness in the abdomen, with a tendency to piles in some persons. Cocoa is less liable to cause acidity or abdominal discomfort than tea or coffee; but, when continued for some time, it is apt to give rise to those symptoms already described under the head of biliousness. In all probability, this depends partly on the amount of fat it contains, as cocoatina, from which the fat has been removed, is less likely to produce the symptoms than chocolate.

Another cause of imperfect indigestion is fatigue. When we start on a walk, it does not matter much whether the road be rough or not; any little obstacle is avoided with ease, and we tread our way over rough stones, through tangled heather, or over a quaking bog, without difficulty. Our nervous system is in full vigour, and preserves perfect co-ordination amongst the movements of the different parts of the body; so that one helps the other, and all difficulties are surmounted. But when we are tired, the case is very different; a little roughness in the road will cause us to stumble, and an unexpected stone may give us a sudden fall. The wearied nervous system no longer co-ordinates the movements of the various parts of the body, so that they no longer work together for a common end.

Effects, somewhat similar to those of fatigue, may be produced by depressing or disturbing mental emotions, or bodily conditions. We know how readily excitement of almost any kind will destroy the appetite in some people, and depressing emotions will do it in almost every case. We not unfrequently hear of girls in whom consumption appears to have been brought on by an unfortunate love affair. If we accept the view that consumption depends upon the presence of the tubercle bacillus, we might, at first sight, think that there can be little or no connection between consumption and disappointed love; but the depressing effect of the disappointment will lessen the digestion, impair the nutrition, and render the body more likely to afford a suitable nidus for the bacillus.

Different emotions appear to affect specially, not only different organs, like the heart and intestinal canal, but different parts of the digestive apparatus. Thus, disgust affects the stomach, causing vomiting; fear is seen, in some of the lower animals, to affect the rectum, causing defæcation; compassion affects the small intestine, producing borborygmus; worry and anxiety, although they act upon the stomach and lessen appetite, appear to have a very special influence upon the liver. They sometimes produce jaundice, and not unfrequently cause glycosuria; indeed, most of the cases of diabetes that one meets with in middle-aged persons appear to originate in worry or excitement.

In treating cases of indigestion, or its consequences, due to injurious mental influences, the depressing cause must be removed if possible. If this cannot be done, change of air and scene, with exercise short of fatigue, and in the open air, are serviceable. Bromide of potassium, either alone or combined with bromide of ammonium, is very useful, both in lessening the sensibility of the nervous system to worry, and in procuring sleep, for as Shakespeare truly says:

"Sorrow's weight doth heavier grow
Through debt that bankrupt sleep doth sorrow owe."

It is sometimes difficult to distinguish exactly between depression that may be called purely mental, and depression due to physical causes. I have already spoken of the mental depression due to disorders of the liver, but disorders of the genital organs are also apt to give rise to mental depression, and to digestive derangements. It is difficult to say whether the genital troubles give rise to mental depression through the medium of the digestive system, or whether they disturb the digestion through the emotions; at all events, dyspepsia due to uterine and other genital disturbances is not to be overlooked. Uterine dyspepsia presents the usual symptoms of nervous dyspepsia, epigastric pain, acid eructations, and sometimes vomiting after each meal. The bowels are not unfrequently much constipated.

Here, also, the first thing to do is to remedy, if possible, the condition of the uterus; next, to lessen the nervous excitability by bromides or other sedatives, and to clear out the intestines by means of purgatives.

We are sometimes too much inclined to regard digestion as a process which goes on in the intestinal canal only, and to forget how very intimately it is related to the other functions of the body. But we cannot rightly understand either the pathology of indigestion, or the action of remedies, unless we constantly bear in mind the intimate relation which exists between the alimentary canal and the rest of the body. In the treatment of indigestion we employ several classes of drugs, one of which is known as gastric tonics. These consist chiefly of vegetable bitters. There can be no doubt whatever about their practical utility, but it is not very easy to say how they act. They increase the appetite, lessen flatulence, and tend to diminish the discomfort and languor which are apt to accompany indigestion. It is possible that part of this effect is due to their power of lessening putrefaction; but there can be little doubt that they have other actions which are not yet thoroughly understood. One of the most useful of all is nux vomica; and the great benefit derived from its use is probably due to its stimulating action on the nerve-centres by which the co-ordination of the digestive processes is rendered more perfect.

Another class of remedies is that of carminatives, which tend to disperse flatulence. Amongst the most powerful of these are ethers and volatile oils of various kinds, which probably act by increasing the movements of the stomach and intestines, and altering them in such a way as to allow the gases they contain to escape upwards or downwards. In addition to these, however, we have other remedies which, probably, act in a different way. Charcoal lessens flatulence, and is generally supposed to do so by absorbing gases in the stomach. But the power of charcoal to absorb gas is very slight when it is wet; and as it will be wetted by the fluid in the stomach after it has been swallowed, it probably has but a very slight absorbing effect on the gases there. It is much more probable that it acts merely as a mechanical stimulant, and that its use in the stomach is similar to its use as a tooth-powder in the mouth. In the healthy stomach the layer of mucous which covers the lining membrane is very thin; but, in abnormal conditions, the mucous membrane may be covered with a thick coating of slimy mucous, which will tend to prevent absorption. The mechanical action of the charcoal will tend to remove this coating, and at the same time the friction which it exerts on the mucous membrane will tend to increase the flow of blood through the vessels; charcoal will thus aid absorption in a double way by removing the mucous, and by increasing the circulation. If this idea regarding the action of charcoal be correct, we should expect that other inert powders would have a similar action, and this, I think, is the case. Subnitrate of bismuth, for example, is so insoluble, that it probably acts to a great extent mechanically; binoxide of manganese has a similar action; and cases of dyspepsia are reported which have been successfully treated by the administration of fine sand.

Closely allied to carminatives are stimulants, and foremost among these come alcohols and ethers. Ether, although perhaps the most powerful of all, is used less frequently alone than alcohol, but ethers mixed with alcohol, in the form of wines, are very frequently employed indeed.

The question of the general use and abuse of alcohol is far too large to be entered upon here, and I have already considered it at some length in a paper which I read before the Society, and which received its approval, as well as in

others which I have written subsequently. The substance of the opinion which I have always held is, that so long as a man is young and healthy, he does not require alcohol, and is better without it. I think it better in every way for people to abstain entirely from the use of alcohol until they reach the age of manhood. I do not think it a sin to use alcohol in moderation as a luxury, provided always that it be used in moderation, not only for the individual, but for the individual at the particular time at which it is taken, for what is moderation at one time would be excess at another.

In regard to the use of alcohol in dyspepsia, I think St. Paul's advice to Timothy is very good, "Drink no longer water, but use a little wine for thy stomach's sake, and often infirmities." It is not the young and strong that require wine, but the infirm and the aged. In very many cases, attention to the rules given in regard to rest before dinner, to mastication, and to the quantity and quality of food, will do away with the necessity for any additional stimulus to the stomach in the way of alcohol. But I think there can be no doubt that, even when all these things are attended to, there are some persons who are the better for a little wine at dinner. These are generally, as I have said, either elderly, or a little below par. When I say below par, I mean in reference to their surroundings, for some of them may be very much above their fellow men, physically or mentally, and yet be below par in reference to their work, or to the surroundings which put upon them such a heavy strain that they require some additional stimulus to help digestion.

It is impossible to lay down a rule for the quantity necessary, for this will vary not only with every individual, but with the individual at different times. The stimulant which is most generally useful is probably claret. With some persons sherry does well, but with others it is apt to cause acidity, a good deal of the difference being due to the kind of sherry, or so-called sherry, used. In most severe cases of dyspepsia, brandy and water, or whisky and water, usually agree better than wines of any sort.

The methods we have considered hitherto in regard to the treatment of dyspepsia have had reference to the increase of assimilation, to the way by which we may put more fuel on the furnace of life; but the methods we have now to consider are—how are we to remove the ashes, the products of waste which would choke the fire and extinguish the life? The combustion necessary to functional activity takes them in the organs themselves, and not in the intestines, and it might be more correct to consider tissue-change, and the action of drugs upon it, before we discuss the drugs which act on the intestine; but, from another point of view, the latter is, perhaps, the more convenient. The next class of drugs acting on the intestinal canal which we will take up is that of purgatives.

It is evident that a regular action of the bowels is important, not only by removing the indigestible residue of food, and thus preventing fæcal accumulation, but by getting rid of some injurious products which have been formed during the process of digestion. It seems strange that one so frequently finds headache as the result of slight constipation, lasting perhaps only a few hours; whereas, in constipation lasting for weeks, it may be entirely absent. This observation seems to me to afford additional support to the hypothesis I have advanced, that headache is due, in part at least, to poisonous products formed in the intestine and absorbed from it, for Brieger noticed that it was only in the first stages of albuminous decomposition that alkaloids were formed, and afterwards these seemed to disappear. In constipation, it seems not unlikely that poisonous substances are first formed and absorbed, but that they afterwards become either decomposed or excreted by other channels, and thus the effect which they at first produced afterwards diminishes or disappears entirely. We find persons in whom a movement of the bowels takes place at very long intervals, and I have met with several such cases. During the time I was Casualty Physician at St. Bartholomew's, I must have seen 100,000 patients, reckoning I saw each patient on an average three times. At first I was accustomed to ask the question, "Are your bowels regular?" but I afterwards gave this up, because I found it was ambiguous. One day I asked this question of a young woman, and she answered. "Yes sir." I then asked, "How often are they open?" and she replied, "Once in three weeks, sir." Her answer to my first question was perfectly correct, for her bowels were regular, but the term regularity conveyed a different meaning to her and to me. This was an exceptional cases, but I met with a number whose bowels were open only once a fortnight. In one case they were only open once in three months, and the patient objected to take any laxative medicine whatever, as this was her normal condition. Such cases of constipation, occurring without any marked injurious result, are generally due to the fact that the patients live almost entirely upon food which leaves little or no indigestible residue, and which contains no excess of nitrogen. Most of the cases which I have seen were women who lived chiefly upon bread, butter, with a little tea, sugar, and milk, the greater part of which would be entirely digested and absorbed, passing off as carbonic acid by the lungs, and as urea by the kidneys. In most cases, however, especially among people who are better fed, constipation of this sort is likely to be followed by very injurious results. Where the bowels are habitually constipated, a most useful thing is to give a small aloetic pill before the last food of the day, dinner or supper, as the case may be. This slightly increases the peristaltic movements of the stomach and intestines, which would naturally be induced by the food itself; and the use of such pills may be continued for very many years together without the least impairment to the general health. There are fashions in purgatives, as well as in anything else; and among the fashionable purgatives at present are the saline natural waters, or the salts obtained from them. These are best given the first thing in the morning, and should be either warmed or given along with warm water. When crystallised salts are used, such as Carlsbad salts, the quantity of water taken with them is of considerable importance. One-third to half a teaspoonful of the salts in a large tumblerful of hot water, is usually sufficient to produce one loose motion immediately after breakfast; but a larger quantity of salts with a smaller quantity of water often causes abdominal disturbance, discomfort, or even pain, with several small motions at intervals throughout the day. Where evacuation of the bowels only is desired, the saline solution may be taken at a single draught; but when we wish it to act upon the liver, it should be taken in sips during dressing.

It is a matter of common observation that cases of hepatic disorder are benefited by a visit to Carlsbad, although Carlsbad salts or water have been productive of little benefit when used at home. But then they are used in very different ways at home and at the spring itself. In Carlsbad the patient rises early in the morning, and promenades before breakfast, to the sound of music, for an hour, slowly sipping the water at intervals. I have already mentioned the powerful effect of sipping upon the heart, but it has also an effect upon the liver. It has been shown that water, slowly sipped, not only increases the amount of bile secreted, but causes it to be secreted under higher pressure, so that, if any slight obstruction should be present in the bile-ducts, it will be overcome, and the bile will flow freely into the bowel.

It so happens that pharmacology, or the study of the action of drugs, takes us deeper into the secrets of the body than pure physiology or pathology; and I must now touch upon one cause of biliousness which I omitted before, namely, alteration in the condition of bile itself. In a previous lecture, I discussed the effect on the vessels of the liver which might be produced by substances absorbed from the intestine; and I mentioned, in relation to it, the possible action of such compounds on the nature of the bile secreted, yet I believe this to be a very important condition indeed. We observe two kinds of biliousness, or rather, perhaps I ought to say, biliousness with two different conditions of biliary flow. In the one kind, the stools are clay-coloured, from the absence of bile; in the other the stools are either normal or are dark coloured from excess of bile. Now, certain bodies belonging to the aromatic series have a very remarkable action upon the secretion of bile. Salicylate of soda is a powerful hepatic stimulant, not only greatly increasing the quantity of bile, but rendering it much more watery than before. Other substances of the aromatic series, especially toluylendiamine, on the other hand, greatly increase the quantity of solids in the bile, and, indeed, do so to such an enormous extent that the bile becomes so thick and viscid that it will no longer flow through the biliary capillaries, and jaundice is the result. Before it has become so thick and viscid that it will not flow at all, a part of it may escape into the intestines, and give to the fæcal masses a very dark colour. We do not yet know whether a similar

action on the liver is exerted by substances—we may, perhaps, say poisons—formed during the process of digestion in the intestine. If such substances are formed, their formation might be consequent on something wrong in the food which had been taken, or on some disturbance of secretion or absorption, or might be due to foreign organisms having been taken into the intestinal canal, and having produced there abnormal decomposition. Every now and again we find a number of people living in the same house suffering from jaundice, without any cause that we can discover; but probably it is due to their having partaken either of injurious food, or having been exposed to injurious influences, especially to the ingestion of microzymes.

There can be no doubt that a blue pill and a black draught, or a few grains of calomel, have a most beneficial action, not only upon the stomach, where Dr. Beaumont was able to see the morbid changes disappear under their influence, but upon the body generally. The benefit thus obtained is usually ascribed to the cholagogue effect of the mercurial sweeping bile out from the body before time has been allowed for its reabsorption. Probably this is, to a great extent, the correct explanation, but recent researches render it not improbable that mercurials have another action, namely, an antiseptic one, in the intestinal canal, and that a good deal of the benefit derived from their use is really due to their preventing the formation of injurious products. If the hypothesis I have advanced be correct, that the bile is sometimes rendered thick and viscid by the action of certain products of digestion upon the biliary secretion, we would naturally expect that anything which will assist the bile to flow through the ducts into the intestine will be beneficial.

Closely connected with cholagogues and hepatic stimulants, is another important class of drugs, namely, alteratives.

We are only beginning to have some vague idea of how drugs act which belong to this class. Nitrohydrochloric acid is a favourite remedy, and a very useful one in biliousness. We cannot yet say precisely how it acts, but it no doubt does affect the tissue change in the liver. The reason for supposing this is that acids—nitrohydrochloric acid among others—appear again in the urine in the form of ammoniacal salts, and the ammonia with which they are combined appears to be the representative of so much nitrogenous waste, which, instead of being converted into urea in the liver, has combined with the acid, and been excreted as ammonia. This indicates that acids act upon the liver, although, as I have just said, we do not yet understand their precise mode of action. Clinically, however, we find that nitrohydrochloric acid is exceedingly useful in persons who are troubled by eructations of sulphuretted hydrogen; and it not only removes the taste of rotten eggs which is so disagreeable, but lessens the depression of spirits which frequently accompanies this form of dyspepsia. It is also useful in oxaluria and depression of spirits, even when no disagreeable eructations are present. Ammonia also has a powerful action on the liver, and chloride of ammonium has been strongly recommended in hepatic disease. It is only within the last year or so that we have learned anything definite about the action of ammonia on the liver; but it has now been shown that ammoniacal salts increase the formation of glycogen. Our knowledge of alteratives, at present, consists only of a few isolated facts, but, before long, we may hope to have a more perfect understanding of their mode of action, and, consequently, be able to apply them more successfully in disease.

Another class of remedies which are also useful in indigestion is diuretics. Although these have no very direct action on the intestinal canal itself, they not only alter tissue-change in the body, but affect the nervous system, through which the digestive processes are co-ordinated. In some cases of gouty dyspepsia, large quantities of hot water are exceedingly useful, both by relieving the dyspepsia itself and by getting rid of any urinary irritation. The diuretic action may be increased by the addition of alkaline salts; and effervescent citrate or tartrate of potash is useful both as a diuretic and as a local sedative to the stomach in neurotic or gouty gastralgia.

By the frequent use of water as a diluent, either alone or with salines, the consequences of indigestion in regard to the lungs, heart, and head, may be often averted or remedied. Asthma occurring in gouty subjects is, perhaps, best treated by a mixture of bromide and iodide of potassium; and the addition of a little arsenic is said to increase its effect. In cases of intermittent pulse, bromide of potassium is frequently very useful, though one of the best remedies for it is one which I believe was prescribed by the late Dr. Warburton Begbie, and consisting of two grains of powered rhubarb, ten of subnitrate of bismuth, one and a half of nux vomica, and three of compound cinnamon-powder. This should be taken before meals; and, if there is much acidity, ten grains of bicarbonate of soda, or of magnesia, may be added to it. It may be given either in water, or, what is, perhaps, pleasanter, wrapped in a wafer and swallowed along with a little water. Giddiness, as I have said, frequently takes the place of headache in persons of middle age suffering from biliousness, and both headache and giddiness are frequently connected with disorders of vision. The most common causes of headache, indeed, are decayed teeth and inequalities of vision. Where the teeth are decayed, rinsing the mouth out with a lotion of bicarbonate of soda, or applying a little cucaine to the exposed pulp, will relieve the headache, and especially if combined with the use of a saline purgative. In many so-called bilious headaches, the eyes, as I have mentioned, are very tense, and tender on pressure. Such headaches are not unfrequently relieved by the use of small doses of salicylate of soda, half a grain in an ounce of water being taken every quarter of an hour or half an hour. How this acts, it is impossible at present to say; for, though it possibly acts on the eye themselves, its utility may also be due to its action upon the hepatic secretion. Inequality of the visual power in the two eyes is an exceedingly common cause of headache; and I have sometimes found that a sick headache may be arrested, even after the well known zigzags have become visible, by putting on a pair of spectacles which will equalise the eyes; or, perhaps even better, it will overcompensate the weak eye, and throw the strain upon the other.

In speaking of the disorders of digestion, I have left to the last one of the most important methods, and one which sometimes gives results little short of miraculous. This method was first introduced to the profession in America and England by Dr. Weir-Mitchell, in his book on "Fat and Blood, and How to Make Them," but in this country it obtained little notice, until it was taken up by Dr. William Playfair. It consists essentially in passive exercises and abundant feeding. We all know how active exercise increases the appetite. Tissue-change goes on more rapidly in the organs, waste is more abundantly excreted, and more food is eagerly sought for. But there are many feeble, flabby persons who cannot take exercise, or if they can, will not. Moreover, there are others who are quite willing to exercise the voluntary muscles of the limbs, but cannot exercise the involuntary muscles of their internal organs. Now, treatment by massage helps both of these. It increases the nutrition, both of the voluntary muscles and of the internal organs; and under its use patients, apparently hopelessly incurable, completely recover. Dr. Playfair has had, moreover, success with cases of hysterical women; but I have been most struck with the success of the treatment in the case of a man in whom all medical treatment had proved useless. This patient, whom I first saw about two years and a half ago, in consultation with Dr. Image, of Bury St. Edmunds, was a very tall, powerfully-built man, who had been accustomed to outdoor life, and much active exercise. He had at one time suffered from asthma, but this had left him, and he became liable to attacks of pain and vomiting. I was inclined to look upon the case as one of neurotic dyspepsia, but other physicians, who had been consulted, both in this country and on the Continent, regarded it as tubercular peritonitis. For two years he continued to become more and more emaciated, until at length he was reduced to the appearance of a living skeleton. Only once in my life do I remember seeing a man so thin, and that was a person exhibited in a show. Dr. Playfair was at first doubtful about undertaking the case; but as Dr. Image and I were anxious that he should do so, he kindly agreed, and in the course of eight weeks our patient was a different man. Under the use of massage and forced feeding his muscles enlarged, until now he might perfectly well join a Highland regiment, and wear a kilt, without being ashamed. His muscles, which had almost entirely disappeared, have not only become of a normal size, but they are as hard as pieces of wood; and from being a simple skeleton, he is now a well-developed man.

From the hasty sketch that I have given of the disorders of digestion, their consequences and treatment, in these lectures, it will, I think, appear that, although our knowledge of the subject is still very imperfect, a large number of observations have been accumulated which we may hope will, before long, enable us to understand the pathology more fully, and treat these disorders more perfectly.

Clinical Records.

JERVIS STREET HOSPITAL, DUBLIN.

Recent Cases from the Accident Ward.

Under the care of Dr. Cranny.

(Reported by Mr. Shouldham Henry Dunlop, Resident Clinical Clerk.)

Compound Dislocation of Ankle.

J. H., æt. 50, Newtownsmith, Kingstown, accountant, admitted September 11. While attending a funeral he slipped and fell into the vault, a height of about 10 or 12 ft. He was picked up and brought to hospital. On admission he was found to have a compound dislocation of the foot outwards, with a fracture of the fibula, and dislocation of the astragalus backwards. Reduction having been unsuccessfully tried, Dr. Cranny was sent for, and under chloroform succeeded in reducing the dislocation. The leg was dressed with carbolised gauze and wood lint, and put up in a splint. The leg was daily dressed, the wounds being washed out first with carbolic lotion (1 in 40), but latterly with a solution of chloride of sodium. He is now able to get up, and to walk with the aid of crutches.

Drunkenness treated by Bleeding.

T. T., a middle-aged man, who had been employed in a spirit-cellar, where he obtained and drank a large quantity of whiskey, was brought to the hospital in a dying state from the effects. The breathing was stertorous and laboured, the face swollen and livid, and the pulse intermittent (with each gasp would give a couple of beats and then a long intermission), and pupils insensible to light. With the stomach pump a large quantity of spirits was removed, sinapisms put on his legs and neck, and strong coffee injected into the stomach, but as he gradually became worse, and finding that life was ebbing away, Dr. Cranny opened the median cephalic vein. Immediately after the blood commenced to flow the respirations became easier and the heart's action steadier, and as soon as about ten ounces had been taken consciousness returned. He left the hospital perfectly well.

Submersion.

A. F., a man of some 30 years of age, was admitted on the 13th November, 1884. He was in a state of semi-consciousness. A few days subsequently there was congestion of the lungs. After treatment he gradually recovered, and left convalescent on Nov. 26.

Fracture of both Bones of the Leg.

L. B., æt. 37, 11 Liffey Street, brush-maker. While coming from the water-closet on the evening of the 14th Nov, he fell over a bucket, and finding he was unable to rise, called for assistance, and was conveyed to hospital. On admission he was found to have a fracture of both bones of the left leg about three inches from the ankle. His leg was put in a box splint, and after being ten days in it, was put up in plaster of Paris, and was discharged cured on Dec. 3.

An announcement having appeared in a contemporary to the effect that the Government had sent a Circular to the leading Medical Schools of the country, asking students to volunteer as "dressers" for the Soudan Campaign, we are authorised to state that there is no foundation whatever for the report in question.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

Friday, February 13th, 1885.

The President. Mr. T. Bryant, F.R.C.S., in the chair.

Dr. W. Hale White on

A CASE OF MYXŒDEMA, WITH A POST-MORTEM EXAMINATION.

This case is the same as has been previously recorded in the Society's "Transactions for 1882," page 98. From that year till June, 1884, the patient disappeared from observation. On June 12th, 1884, she was admitted into Guy's for ascites. There was still some evidence of myxœdema in the hands and face, but it was much less. The speech was slow. The abdomen was tapped, and 5 gallons 5 pints were drawn off; after this she had epileptiform convulsions, passed into a status epilepticus, and died. At the post-mortem examination there was found a small old hæmorrhage in the left corpus striatum, the vessels of the brain were thick; the thyroid was much atrophied; there was much pigmentation of the peritoneum from chronic peritonitis, the intestines were matted together; there was perihepatitis. The heart, lungs, cervical glands, alimentary tract, spleen, pancreas, supra-renals, mesenteric glands, sympathetic ganglia, kidneys, bladder, genital organs, pituitary body, muscles, and toe-joints were all healthy. Histological examination of the organs gave the following results:—*Liver:* Proliferation of nuclei in the intercellular connective tissue and much deposit of fat in the centre of the lobules. *Sub-maxillary Gland:* Slight increase of nuclei between the walls in the connective tissue which seems to have a sodden appearance, there seems to be more of it than natural, and yet there is no multiplication of any of its elements, it has a degenerate look. *Thyroid Body:* Only just the remnants of vesicles are visible, these remnants contain much epithelial *débris;* the connective tissue is degenerate and sodden looking, although here and there there is some evidence of a mild inflammatory condition. *Sympathetic Ganglia:* Nerve cells and fibres healthy, the condition of the connective tissue is the same as that already described. *Spinal and Sympathetic Nerve Trunks:* Normal, except that connective tissue is like that in the ganglia. No other histological abnormality was discoverable. This histological examination of the organs goes to show that the atrophy of the thyroid is the cause of the disease, because all the changes excepting this are probably secondary, and due to a myxœdematous affection of the tissues. That the sympathetic is not the cause of the disease is probable from the following considerations, firstly, in the case in which accessory thyroids were present no myxœdema followed excision of the gland, although there the sympathetic must have been pulled upon; secondly, the cells and nerve fibres in the sympathetic ganglia are quite healthy: thirdly, myxœdema has never been observed to follow the numerous physiological experiments in which the sympathetic has been cut out. It is hardly likely but that an organ like the thyroid with four large arteries and six large veins will have some important function. No opinion as to disease of the sympathetic ought to be expressed from the mere size of the ganglia, this varies much within normal.

Mr. Victor Horsley explained that tremors were observed only in the early stages of myxœdema, and in a case of his own these occurred during the stage of congestion of the thyroid gland; and the reason why they were not described as common symptoms of myxœdema was to be found in the fact that patients afflicted with the disease did not usually come under treatment until late in its development. It was an interesting fact that epilepsy was common among cretins. Dr. Hale White's specimens clearly showed the existence of retrogressive fibroid tissue and the embryonic tissue described by him, the latter being absent in the specimens prepared by Dr. Ord. Similar appearances were found in animals subjected to experiments.

Dr. De Havilland Hall asked on what evidence the convulsions described had been put down to epilepsy rather than to uræmia, the patient being admittedly suffering from albuminuria?

Dr. Hadden urged that convulsions were undoubtedly of

frequent occurrence in the subjects of myxœdema, and in the certain absence of albuminuria. He considered the microscopic appearance of the kidneys described by Dr. White to indicate a form of cirrhosis. He had lately heard of a patient suffering from myxœdema whose sister was the subject of exophthalmic goitre.

Dr. O'CONNOR asked if the condition of the arteries had been examined in Dr. White's case?

Mr. SEMON expressed the gratification he felt at the acceptance of his suggestion as to the relation between myxœdema and cretinism, but he pointed out that it was still necessary to obtain information concerning the causes producing thyroid atrophy. He thought it very probable that the onset of myxœdema might be due to cerebral anæmia, the existence of which would suffice to explain the symptoms observed during the anæmic period of the disease, the duration of which stage might vary much. Mental worry was doubtless an important exciting cause of the terminal consequences.

Dr. CARRINGTON thought it would be desirable to go even farther than Mr. Semon suggested, and to inquire into the causes of the cerebral anæmia, which he considered would not of itself suffice to explain the phenomena observed.

Dr. GOODHART instanced the resemblance between the structural changes found in the thyroid in myxœdema and the suprarenal body in Addison's disease, and took exception to the statement that the sympathetic system was unconcerned with the former affection. He regarded the connection between goitre and myxœdema as pointing to such dependence.

Dr. WHITE was unable to give any explanation of the convulsions. That had been described as epileptic by the late Dr. Mahomed, and doubtless on reliable grounds. The carotid artery was found quite healthy. He considered the absence of well-known physiological results of affection of the sympathetic system in these cases negatived the hypothesis that it was concerned in the production of symptoms.

Drs. R. E. CARRINGTON and W. HALE WHITE on

TWO CASES OF PHLEGMONOUS PHARYNGITIS.

The cases were brought before the Society in the belief that they belonged to a class which hitherto had escaped recognition. Patients were seized with intense dyspnœa, and tracheotomy might or might not be performed. The operation, however, appears to be entirely useless, the general, and not the local, condition appearing to lead to the fatal issue. The first case was a man, æt. 46, who was admitted into Guy's Hospital in the early morning. He had been ill for seven days, somewhat remittently, some days being in bed, on others at work. He was admitted with laryngeal stertor, but no marked dyspnœa. He was placed in a tent with the steam spray and watched, but in the course of a few hours he died quite suddenly, before the house-surgeon could be summoned. At the autopsy, all the soft tissues of the pharynx were œdematous, and on the right side, from the tonsil downwards for two inches, the mucous membrane was minutely injected and swollen with purulent œdema; yellow spots of pus pointed here and there. The same condition spread into the tissue of the epiglottis. On the left side the œdema was serous only. There was very little narrowing of the rima glottidis. With the exception of sub-pleural ecchymoses, there were no other noteworthy points discovered. The second case was that of a medical man, æt. 49, who was admitted into Guy's Hospital on Nov. 10, 1884. He was suffering from dyspnœa, apparently of moderate intensity, but he himself came up to the Hospital for the purpose of having tracheotomy performed. He walked up to the ward. He was placed in a tent with a steam-spray apparatus. It was decided, after consultation with Mr. Clement Lucas, to perform tracheotomy three hours after admission. Just as he was about to be removed to the table he was seized with spasm of the glottis, and the operation had to be performed in the bed. Artificial respiration had to be resorted to, and was so far successful that he began to breathe spontaneously. He was then seized with an epileptiform convulsion, and ceased to breathe again. Electricity, subcutaneous injection of brandy, and other means were resorted to, and he again began to breathe feebly. He revived so far as to take a draught of milk. All seemed well, and arrangements were made for having him under supervision, when he again ceased to breathe. Efforts were maintained to bring him round for a full hour, but unfortunately were not successful

Mr. CRIPPS described the case of a girl admitted to St. Bartholomew's Hospital for gonorrhœa, who, after recovering from this disease, was one evening attacked with sore-throat, succeeded by swollen face on the following day, which swelling extended to the opposite side, giving to the face a most peculiar and characteristic appearance. Dyspnœa set in, and quickly increased in severity. Anæsthesia was induced, when respiration almost immediately ceased, and tracheotomy being at once performed, artificial respiration was maintained, but unavailingly. *Post mortem* no pus could be found, but the cellular tissue of the neck and pharynx was infiltrated with serum, of which a large quantity drained also from the incision made for tracheotomy, during the attempts to set up respiration. Mr. Cripps considered the danger of spasmodic dyspnœa in such cases should preclude anæsthesia, and lead to the practice of making free incisions in the neck, and scarification of the interior.

Mr. HOWARD MARSH was impressed by the importance of such cases, which, though little recognised, had, he thought, been described by Sir George Porter, of Dublin, under the name of "acute cellulitis of the neck." He could recall three cases at St. Bartholomew's, not including the one mentioned by Mr. Cripps. One of these, treated by incisions, &c., was attended with sloughing and very fœtid discharge, and terminated fatally. The others were similar in character.

Dr. GOODHART thought the cases quoted by Mr. Marsh were not quite the same as those described in the paper. In the latter there was no diffuse swelling of the neck, nor was there at any time a great degree of severe dyspnœa. The condition of the pharynx was very peculiar; it was brawny, thickened, and the seat of commencing suppuration. The urine was albuminous. The interest of the cases lay in the consideration of their exact relations with diphtheria.

A MEMBER who had himself been the subject of tracheotomy described the symptoms of his case, and the treatment he had undergone.

Mr. SEMON was of opinion that phlegmonous pharyngitis, while being a rare disease, was at the same time a well-recognised affection. It was a pity the history of Dr. Carrington's case could not be traced as to its relation with poisoning, pyæmia, or similar cause. He thought Mr. Cripps' and Mr. Marsh's cases might be explained as being due to erysipelas, and he had described a case in which erysipelas caused purulent accumulations in the larynx, joints, &c. In such cases tracheotomy was the only possible resort.

Dr. O'CONNOR suggested sewer-gas poisoning as a possible causation of the affection.

Dr. CARRINGTON said there was but slight swelling in his case. The glottis was very little affected. Experience showed tracheotomy was useless in such cases.

ABERNETHIAN SOCIETY.

AT the meeting held Thursday, Feb. 5th, Dr. ROUGHTON opened the discussion on

COMA.

He began by discussing the various current definitions of coma, and showed how vague and inaccurate they were. He thought that the term coma should be limited to loss of consciousness brought about directly by some altered condition of the higher nerve centres. He then brought forward a classification of the causes of coma, which he had found to be of practical value, and stated his views as to their mode of action. Of the organic causes of coma he mentioned cerebral hæmorrhage, softening, meningitis, tumour and injury. He believed that cerebral hæmorrhage gave rise to coma by the disturbance of cerebral circulation which it brought about, more than by the amount of actual damage done to the brain substance. He spoke of the somewhat rare condition known as urticaria of the brain. In alluding to the pathology of concussion he discussed the chief views held, and expressed his opinion that although some definite lesion is always discoverable in fatal cases, yet in many slighter cases there is no lesion other than a molecular one. He considered coma due to various disturbances of the circulation, such as cerebral anæmia, hyperæmia, syncope, &c., and also mention that coma may be produced by various toxic conditions of the blood. He spoke of the current views on the pathology of uræmia, dividing the various

theories into the mechanical and chemical. The relation of acetonæmia to diabetic coma was alluded to, also the coma of cholæmia which he believed to be due to the presence of leucin and tyrosin in the blood. The coma of alcoholic, narcotic and other poisons, was slightly touched upon. He then passed on to the two varieties of coma occurring in the acute specific fevers, viz., that occurring early in malignant cases and the typhoid condition. In treating of diagnosis Dr. Roughton laid chief stress upon the following points: The history, mode of onset of the coma injury, evidence of poisoning, age, previous symptoms of renal disease, history of drink, degree of coma, pulse, pupils, examinations of chest and urine, squint, hemiplegic rigidity, examination of any matter vomited. With regard to treatment he said but little, pointing out that it depended so much upon diagnosis, and he recommended the establishment of a casual ward in connection with all large hospitals which could be used by the house surgeons for cases of coma in which the diagnosis between drunkenness and disease could not at once be made.

In the discussion that followed, Mr. Shore agreed with Dr. Roughton's definition of coma, but differed from him in his classification of the causes, contending that all causes may be arrayed under the heads: Disturbances of blood supply, toxic conditions of blood, and direct nutritive changes. He believed that cerebral hæmorrhage and cerebral tumour caused coma, not so much by pressure as by disturbance of blood supply. He alluded to a case of transition coma probably due to a form of meningitis allied to urticaria. Mr. Shore believed that cholæmia was due to the overflow of peptones; leucin and tyrosin produced during digestion into the blood, owing to the failure of the liver, through disease, to act chemically on the bodies, as occurs in the healthy subject. He had seen cases of epilepsy in which every symptom was present except loss of consciousness, and did not consider that this negatived the diagnosis.

Dr. Collins next spoke, and said that doubtless much of the indisposition of medical men and students to discuss subjects like coma bearing on the mental side of medicine was due to the fact that no knowledge of psychology was required of them, and a course of psychological medicine was only voluntary. It was as absurd to expect acquaintance with mental disorders without a prior study of psychology, as to look for pathological knowledge without physiological training. It was impossible to say that in coma there was unconsciousness, we could only say there was an abolition of manifestation of consciousness; the same occurred naturally in sleep, yet there were facts to show the sleeper's mind was consciously active, The physical antecedents of coma were structural change, or blood supply abnormal in quantity or quality of the brain.

Messrs. Lyndon, Steedman, Hinde and Crouch also spoke.

France.

[FROM OUR OWN CORRESPONDENT]

Decrease of Population.—At the Académié de Medéciné, M. Lagneau made a communication on the decrease of the population in France. In one respect he considered that the feeble natality was perhaps advantageous to the individual existing, as it placed him in better biological conditions, and consequently diminished the chances for him of disease and death. In another point of view, the national point, the decrease of the population due to diminished natality in time of peace, was to be regretted, as it provoked a considerable immigration of foreigners, who, being more economical than the French, make important savings, and consequently drain the country of its legitimate resources. For instance, Italian workmen cross the frontier and engage themselves to do the most laborious work at a much lower price than the Frenchman would consent to accept, and not only live on it, but are able to put by money which is sent off periodically to their own country to purchase a little property in which they may spend their declining years.

Reunion by First Intention.—M. Monod, *à propos* of the discussion upon reunion by first intention in operations on the breast, already held at the Société de Chirurgié, communicated the result of all the operations of this nature he had performed within the last three years. In twenty-four amputations he tried immediate reunion in twenty-three, and in seven cases only was the cicatrisation retarded. He had no death to record, no fever nor any case of erysipelas, consequently he was entirely in favour of immediate reunion.

Hysterectomy.—M. Terrier brought under the notice of his colleagues two cases of hysterectomy (vaginal), one of which was for cancer of the neck of the uterus, and did very well. M. Després pronounced himself sceptical as to the alleged nature of the tumour, and he could not understand how the totality of the organ could be removed *per vaginam*. M. Berger said that abroad surgeons have commenced to look with distrust on total ablation of womb for cancer, for the affected glands are more difficult to seize and extirpate in this region than in the axilla. M. Polaillon considered that it was not at all necessary to have recourse to an operation so grave, as cancer was generally limited to the os. In reply M. Terrier, although admitting the justice of some of the remarks, thought that the operation might be legitimately tried, on account of the extreme gravity of the affection.

Abolition of the Title of Officier de Santé.—Dr. Chevandier, deputy, has laid on the table of the Chamber a Bill for the Abolition of the Medical degree known as Officier de Santé, in order that there might be no longer but one medical title, that of doctor, in the Republic. If he succeeds in getting the Bill carried, he will have conferred a boon on the profession in general, and on the existing Officier de Santé in particular, who are, for the most part, looked down on by the doctors, although the professional education is, with one exception, exactly the same, the only difference being that of the thèse which is not asked of the O.S. French medical men are very jealous of any foreign intrusion, and when even well qualified men come from abroad to practice, and who for convenience sake take out the diplôme of the official in order to legalise their practice, they are treated with very little *esprit de corps*. Dr. Chevandier provides for the existing Officier de Santè in his Bill, by allowing him to go in for the doctorate by passing a clinical examination and the thèse. It is needless to add that all will avail themselves of the privilege and so be relieved of a vexatious position. All foreign medical men will be allowed the same privileges.

Craniotomy.—A curious question submitted by the Archbishop of Lyons to the Society of the Holy Inquisition, has just been decided by that body. It was to this effect, "Is craniotomy an operation which could receive the sanction of the church, or in other words, given a woman in child-birth who is found to be unable to bring forth from causes derived from a peculiarity in her own formation or that of the child, and that it be evident that one life must be sacrificed for the other, which life should be spared?" The Society was unanimous in pronouncing in favour of that of the child.

A terrible conflagration occurred at the Philadelphia Pauper Lunatic Asylum last Friday, by which twenty lives were sacrificed. It appears that these were all confined in the refractory cells, and when the fire broke out their chance of escape was cut off. The remainder of the unfortunate inmates are believed to have been saved, as they are being daily found scattered all over the surrounding country.

Special Articles.

THE PREVENTION OF CHOLERA.

Surgeon-General J. M. Cuningham, Sanitary Commissioner with the Government of India, urges upon the attention of the profession and of health officers, the utter futility of quarantine and cordon regulations for the arrest of cholera. It requires, he observes, very little knowledge of what has occurred to realise not only that no benefit has accrued from such action, but that an incalculable amount of harm has been done by it. Indeed, it is not too much to say that the mischief directly due to cholera, great as it is, has been a mere nothing compared with the mischief which has been due to quarantine and cordons, and other restrictive measures, which have been carried out in hope of preventing the extension of the disease. Such measures are all based on the commonly-accepted theories, and for them the supporters of these theories, however much they may repudiate all share in the matter, are wholly responsible.

The policy of the Government of India is to reject all theories as a basis of practical sanitary work. They must be guided by their large experience, and this experience teaches in the most unmistakeable language that, in dealing with cholera, theories cannot be taken as a guide for any useful action on the part of the State; that by improvements in the condition of localities a vast amount of good may be done, but that any attempt to carry the doctrine of contagion into practice does no good, and is productive of much harm, not only because it involves oppression, but also because it vastly aggravates all the evils it is intended to prevent. These are the only sound principles which can be followed by the State, in any action taken for the prevention of cholera, and we must look forward with confidence to the day when all nations will realise the truth of them.

"But," observes the *Bombay Gazette*, "in order that such sound teaching as Dr. Cuningham's may even be listened to in Continental Europe, it will be necessary to banish from India once and for all the notion that this country is the permanent and peculiar home of cholera, whence, and whence alone, it is propagated to the ends of the earth. A mere glance at the proposition will show how dependent it is upon a succession of proofs, the failure of any of which completely invalidates it. And yet there is no point in the whole controversy about cholera which is more persistently taken for granted than this." The practical outcome of Dr. Cuningham's recommendations, may be summed up in the familiar, though as yet very imperfectly realised precept, "sanitas sanitatum omnia sanitas." Sanitary improvements, and sanitary improvements alone, embrace the whole action which a Government can take in order to prevent cholera. Dr. Cuningham rightly cautions us, we believe, in spite of the undoubted protection that a pure water-supply has afforded to Bombay—against a too exclusive reliance upon that particular measure of sanitary improvement.

"Sanitary improvements," he says, "are to be directed not to remedy one evil only, and leave all the other evils unremedied; but to remove every evil as far as possible. Pure air, pure water, pure soil, good and sufficient food, proper clothing, and suitable healthy employment for both mind and body, these are the great requisites for resisting the cause or combination of causes which produce cholera. The avoidance of overcrowding is just as important as the provision of pure water, good drainage, and good conservancy are essential, just as it is essential that the people shall be well housed." Nor is it in the great towns alone that the work must be carried on. There is much to be learnt and more to be done in the matter of sanitation even in the most advanced of the cities of India, while the sanitation of the smaller towns and villages is even a more urgent question, inasmuch as the greater epidemics of cholera have usually commenced in the villages, and thence spread over wide areas.

With regard to cholera prevention in England, we observe, with considerable satisfaction, that six additional medical experts have been added to the staff of the Local Government Board, to assist in carrying out a well organised plan of meeting any invasion of cholera into this country, and lay down well considered rules for meeting any emergency.

BRIEF NOTES FROM AMERICAN PRACTICE.

[from our exchanges.]

Chancre of the Eyelid Produced by Inoculation through a Contused Wound.—Dr. Arthur Van Harlingen, Professor of Diseases of the Skin in the Philadelphia Polyclinic, publishes a case in the *Polyclinic*, in which this accident had occurred. The patient, W. G——, æt. 26, consulted Dr. Harlingen for a lesion of the left lower eyelid, with the following history:—On the 15th of May, seven weeks previously, he had a drunken altercation with a friend; in the course of it he received a contused wound at the lower edge of the left orbit. To relieve the swelling, a puncture was made by means of a penknife, and the friend insisted upon sucking the wound to prevent inflammation. The wound healed rapidly, and was well within a week. June 7th, two weeks later, the patient noticed a small elongated crust upon the eyelid, which began to puff up and thickened "as if a lump had formed in the lid," as the patient described it. Gradually an open sore appeared at the point of puncture. Shortly after, he noticed a swelling in front of the left ear. There was general constitutional disturbance. A typical chancroid sore formed upon the lid, with secondary affection of the glandular system about the ear and neck. The inguinal glands were slightly enlarged. There was left epididymitis, and a slight discharge from the urethra. The patient denied having the clap for seven years previously. The mouth and the skin were unaffected. Dr. Harlingen saw the man who was thought to be the source of infection. He found him suffering from syphilis in its most marked and contagious stage. He had six months previously contracted a chancre on the genitalia, which had been followed by a generalised eruption, and recently by "sore mouth." His body and limbs were covered with a papulo-squamous syphiloderm, fading in some places, and evidently relapsing in others, while the buccal mucous membrane, and one side of the tongue, were almost covered with mucous patches. In Dr. Harlingen's case a papular syphilitic eruption appeared at a later stage. He thinks that the enlargement of the pre-auricular ganglion is the symptom most to be relied upon in making a diagnosis when any doubt exists as to the nature of the sore on the eyelid. "Neale's Digest" is silent upon the occurrence of chancres upon the eyelids, so that it may be presumed it is not an accident of frequent occurrence; the possibility must therefore be borne in mind. Mr. James E. Adams, of the London Hospital, noted a case of chancre of the mucous membrane of the upper lid, with marked adenopathy of three weeks' duration, in the "Transactions of the Ophthalmological Society, 1883." Mr. S. Snell, of Sheffield, records a case of hard chancre at the inner canthus in the same volume of "Transactions;" in Mr. Snell's case, the pre-auricular and sub-maxillary induration were well marked. Wherry records a case on conjunctiva in the "Transactions" for 1882. Dr. Harlingen's case is an interesting addition to the literature of the subject.

Pelletierine in the Treatment of Tapeworm.—Dr. H. Welfert, of Cincinnati, reports in the *Cincinnati Lancet and Clinic* the particulars of seven cases, in which this drug was used with complete success in securing the expulsion of the whole worm. The cases were all treated alike. The following was the method observed:—Food was omitted for one day; the same evening, castor oil or a saline cathartic was given; on the following morning a dose of pelletierine was administered, followed half an hour later by a dose of compound tr. of jalap. If nausea and vomiting occurred, these symptoms were arrested by the use of ice and lemon juice. Milk is allowable where it is desirable to avoid total abstinence. Dizziness or vertigo was noticed in all the cases, coming on within five to thirty minutes after taking the remedy, lasting from one to four hours. The dizziness diminishes as soon as the cathartic begins to act. In no case was the medicine

prescribed, unless the presence of the worm was assured. In the cases reported, the worm was expelled within two hours and fifteen minutes after the medicine had been taken. In only one of these cases, was there failure to secure the expulsion of the head. This case was that of a lady to whom Dr. Welfert was not allowed himself to give the dose, and he learned that on each occasion of taking it, part of the medicine was brought back by vomiting. If failure to secure the expulsion of the head occurs, three or four months must be allowed to elapse before trying again. Dr. Welfert speaks highly of the tannate of pelleterine. In Martindale's and Wescott's "Extra Pharmacopœia," the dose of this preparation is given as 8 grs., and in this work, as an extract from the *Practitioner*, xxiv., p. 134, it is claimed that this dose causes neither colic or headache.

Coca in Atrophy of the Retina.—Dr. Ewing Marshall, resident physician at the Louisville City Hospital, noticed, when administering drachm doses of coca every two hours to a patient suffering from delirium tremens, that a marked improvement took place in his sight, which was much impaired from the excessive use of tobacco and spirits. Dr. Marshall hopes that the profession will give the drug a more extended trial in eye troubles characterised by impairment of vision, and especially in that affection which is called by the Germans atrophy of the retina. In the case under notice, the coca was continued; he had been previously taking strychnia for his impaired vision, but a much more rapid improvement was found to take place under the influence of the coca.

A Case of Successful Nephrectomy.—The notes of this case appear in the *Pacific Medical and Surgical Journal and Western Lancet*, December, 1884. The patient, R. W., æt. 34, a charcoal-burner, came under Mr. H. Morris' care in the Middlesex Hospital, San Francisco, suffering from the usual symptoms of stone in the right kidney. An exploratory operation was undertaken after admission, a thorough examination of the kidney being made, both digitally, and with a fine sharp exploring needle, but with no result, no stone being discovered. The operation seemed to be followed by relief. The patient was discharged in three weeks much improved. On resuming work lumbar pains and hæmaturia again appeared, and he was re-admitted into hospital. Mr. Morris again operated, cutting down upon the kidney from the loin, the incision being three inches in length, a transverse incision being subsequently made about two inches in length, to secure a sufficiency of room for exploration purposes. Again a most careful examination, both digital and with the needle, was made, but no stone could be detected. Feeling sure that one must be present, Mr. Morris removed the kidney; after removal, a stone weighing 70 grains was found imbedded in one of the calyces in the upper portion of the organ. This stone was of the uric acid variety, jagged and irregular, and covered in places with phosphatic deposit. After the operation the patient did well. The wound was dressed with lint steeped in ol. terebinth, and covered with carbolised gauze and protective dressings; a long drainage tube, placed in the wound, was allowed to pass through the dressings, and to discharge into gauze charpie. There was but little pain, easily allayed by morphia suppositories. Only on the evening of the second day did the thermometer rise, when it reached 101; after this temperature and pulse were fairly normal. The wound healed rapidly without any complication, and the patient left the hospital in ten weeks after operation perfectly well. Since then he has been entirely free from pain, and his urine has been normal in the amount passed, and void of albumen. The case illustrates the power of one kidney taking on the whole renal function and stress of excretive power, for during the last week of the patient's stay in hospital, the urea secreted was normal in amount.

Literary Notes and Gossip.

We are asked to announce that the Manchester *Medical Chronicle*, hitherto published by Mr. Cornish, will in future, be published by Mr. John Heywood, of that city. Another journalistic change is the alteration of title and size of our spirited little contemporary, the *Students' Journal*, which, in future, will be known as *The Hospital Gazette and Students' Journal*.

* * *

The new list of Fellows and Members of the Royal College of Physicians has just made its appearance, and interest is especially awakened in it, on account of the failure last year to carry the names sent up for additions to the Fellowship. Taught by ignoble experience, the College will doubtless on the present occasion act on a more liberal interpretation of its charter, and save those of its Members who may be aspiring to the honour of Fellowship the heartburnings which last year's unfortunate fiasco occasioned.

* * *

The Editor of the *Quarterly Journal of Microscopy and Natural Science* asks us to announce in this column that that journal will in future be published by Messrs. Baillière, Tindall, & Cox. Hitherto, it has been in charge of one of the leading microscope makers, but the Postal Microscopical Society, of which this is the official organ, having increased so much of late, it has necessitated the transference of the publication to a recognised house

* * *

The senior editor of *Braithwaite's Retrospect*, though personally unknown to all save a few living practitioners, was at any rate nominally familiar to every English-speaking member of the profession, the forty-five years' existence of the *Retrospect* having ensured his being something more than an abstraction. The late Dr. William Braithwaite commenced the publication of his well-known half-yearly volumes in 1840, so that no fewer than ninety of them are now to be obtained. In the labour of producing this useful compendium of progress he has for long past received the assistance of his son, by whom it is to be hoped its publication will henceforth be continued.

* * *

A discussion is in progress in one of the American journals concerning the authorship of the "Ode to a Skeleton," the composition of which has been imputed to the late Professor Darling, of New York. One story gives it that the poem, a most beautiful one, was left beside a skeleton in the Royal College of Surgeons of England; while another source of information asserts it to have been discovered in the skull of a young girl; now it is affirmed that Darling's poem and the one referred to above are entirely separate productions. In another way, too, trouble has arisen over the death of the Professor, the disposition of his property being about to become the subject of proceedings in an American court of law.

* * *

Those exceedingly practical clinical lectures on "Diseases of Children" delivered at the Hospital for Sick Children, by Dr. Robert J. Lee, and which subsequently appeared in the columns of this journal, have now been issued by the author in book form, and will doubtless command a ready sale. Another book (fourth edition), the substance of which originally appeared in this journal, has also been issued during the past few days—viz., Dr. Prosser James's "Lessons in Laryngoscopy." Others might be quoted, such as Lombe Atthill's "Diseases of Women," as having run through several editions after appearing in the columns of the *Medical Press*—evidences sufficient of the practical nature of our contents.

* * *

Gossip reaches us from the States that "An American System of Practical Medicine" is in active preparation, and may be expected during the coming spring. The design is for a work of five volumes imperial octavo, each containing about 1,000 pages, at twenty-five shillings per volume, to appear at intervals of about four months. Dr. Pepper, of Philadelphia, an author of considerable repute in this country, is named as principal Editor of the System, and Messrs. Lea, Son & Co. are the publishers. Whisper has it that the work is the outcome of an attempt to depose "Reynold's System of Medicine" from its position in America.

THAT fortune smiles on some authors and casts shadows on the efforts of others is as true in medicine as in fiction. We were reminded of this fact a day or two since on receiving from the publishers a copy of the second edition of Macnaughton Jones's "Diseases of Women and Uterine Therapeutics," accompanied by a note to the effect that the first edition of one thousand copies had sold out in six weeks, and that the book had for some months been out of print in consequence. Notwithstanding so unequivocal a success—one that an author might fairly consider entitled him to rest from further labours on a second edition—Dr. Jones has nevertheless completely revised it, and has added chapters which will, in our opinion, make the book more than ever the most acceptable handbook to practitioners and students in the English language.

* * *

AN announcement is made in the last number of the American *Archives of Medicine* by the editor, Dr. Seguin (well known to our readers as the author of some valuable and suggestive papers on "Methods of Diagnosis in Nervous Diseases," *Med. Press.*, Oct., 1882), that experience has taught him that the verdict of the times is in favour of weekly, as against monthly, medical journals, and that, henceforth, the *Archives* will cease to appear. We regret this failure of such an excellently conducted monthly, as the *Archives* always contained valuable matter put before its readers in an attractive form; but our *confrère* has only learnt what many to their cost have before acknowledged, and adds another to their testimony. The profession like the public insist upon having the news they are interested in "fresh and fresh," which is impossible with a monthly. Doubtless at some future period, even weeklies will be considered slow, and daily medicals become the *mot d'ordre*.

* * *

NOTWITHSTANDING the foregoing announcement, another monthly makes a first appearance, nothing daunted by many previous failures, this time on surgical lines. The first number of the new venture is before us, also hailing from the other side of the Atlantic, and like most literary bantlings, *Annals of Surgery* promises well. Whether it will be more fortunate than its predecessors time only can show, but this much may safely be said that the editorial and publishing departments have been placed in very capable and energetic hands in this country, and that a staff of some of the best known and experienced surgical writers has been enlisted on its behalf. The new venture has our warmest sympathy, and we trust will meet with success.

* * *

A MELANCHOLY wail reaches us from the editor of *The South African Medical Journal*, which forcibly illustrates the difficulties which beset the foundation of literary enterprises. It is the editor's first Annus Medicus in journalism, and it has proved a heavy loss; he frankly admits the failure, and considers those for whom he caters so disinterestedly should be ashamed of his confession. Some of the most extensive districts, he says, are only represented by one subscriber, and the entire Colony of Natal by only three. On account of this paucity of support he intends in future to appeal to a wider constituency, and to change the title, which shall embrace medicine, veterinary surgery, dentistry, and pharmacy. Seriously we sympathise with our irate *confrère* and would console him with the assurance that his experience is what most of us have gone through—ours fortunately nearly half a century ago. The change of title may, however, land him where the proverbial personage between two stools found himself.

* * *

THE *Medical Annual*, published first in 1884, by Mr. Henry Kimpton, now appears for the second time, and is in many respects improved as compared with its issue for last year. The usefulness of the work has been sufficiently tested to ensure its being welcomed among those who have already made acquaintance with it, the large amount of information it contains making it a valuable accessory to the study of the practitioner. Unlike "Cassell's Year-Book," the *Annual* is not a *résumé* of treatment, but under the title of "The Year's Work" a very complete and succinct account of the improvements effected in medicine, surgery, and therapeutics is presented. A full list of the books of the year is included in the volume, and a copious gazetteer, while among the more important special features are notes on bandages, an index of doses, and a guide to medical education. With the aid of this book and the "Year-Book of Treatment" together, no member of the profession should have difficulty in making himself thoroughly familiar with the history medical of the year gone past.

* * *

THE "Year-Book of Treatment" appears to have met with a success but rarely achieved by a work of its kind on first issue. Already it is announced that three large editions have been called for, and one naturally looks with some degree of anticipation for the special excellence which has evoked so unusual a degree of appreciation. The cause, however, of the signal favour with which the work has been welcomed is probably to be found in the long list of well-known names to be found in the list of contributors to the work, each division being written by a different hand. In some few instances there seems to have been a somewhat hurried review of the work of the year on the part of the authors, but on the whole the volume is a fairly complete epitome of the improvements effected in treatment during 1884. Special interest will attach to the section on "The Acute Infectious Diseases," to which the name of the late Dr. Mahomed is appended, and which was probably almost the last piece of work he accomplished. It would be imprudent to make any particular reference to special articles, but among the more generally important, mention may be made of the chapters dealing with general surgery, diseases of the stomach, surgical diseases of children, and others. The book will not improbably be found more useful as it becomes more familiar, and in any case its effect cannot but be beneficial on practitioners.

* * *

AMONG current Directories issued at this season of the year is one of considerable interest to the medical profession, viz., the "Indian and Colonial Directory for 1885," now before us, from Messrs. G. Street & Co., of Cornhill, London. For those contemplating residence in our Indian Empire we believe this is the only guide in which the populations, railways, commercial houses, professional residents, hotels, hospitals, &c., are given in detail. In addition to the trade returns, tariffs, &c., the present volume contains full particulars (with rates and times of transit) of the steam and other communications with the various places treated of, wherever anything like a regular mode of conveyance or correspondence exists; and the average time of transit by sailing vessels is also given. The latitude and longitude are given of nearly all the towns; also the distances from this country. Maps are also given of all the principal countries of which particulars are furnished in the letterpress. These have been specially revised for the work, with the view to show the relative positions of the chief towns, without confusing the maps with a host of names of unimportant villages and stations. To facilitate reference the names of the chief towns, the principal products of the different countries, and similar information, are alphabetically arranged; indeed, every conceivable class of information likely to be required by professional, official, or commercial men is given in such a way as to be easily accessible to all.

* * *

NEW BOOKS AND NEW EDITIONS.—The following have been received for review since the publication of our monthly list, January 21st:—Bodily Deformities and their Treatment, by H. A. Reeves, F.R.C.S.E. Practical Manual of Diseases of Women (2nd edit.), by H. Macnaughton Jones, M.D. Charley Kingston's Aunt, by Pen Oliver. Aids to the Analysis of Foods and Drugs, by Aubrey Husband, M.B., F.R.C.S. Louis Pasteur, His Life and Labours, translated by Lady Claud Hamilton. Lectures on Diseases of Children, by Robert J. Lee, M.D.Cantab. Dental Surgery, by A. W. Barrett, M.B. Renal and Urinary Affections, by W. Howship Dickinson, M.D., F.R.C.P. The Curability of Pulmonary Phthisis, by S. Jacoud, translated by M. Lubbock, M.D. Topographical and Sectional Anatomy of the Female Pelvis, by D. Berry Hart, M.D. Transactions of the Liverpool Medical Institution, vol. viii. Transactions of the Hospitals Association. The Archives of Medicine. Annals of Surgery.

Registered for Transmission Abroad.

The Medical Press and Circular

Is published every Wednesday morning. Price 5d. Post free, 5½d.

Post Free to Annual Subscribers . . . £1 2 6
„ If Paid in Advance 1 1 0

Post-office Orders and Cheques to be drawn in favour of—
A. A. Tindall, 20 King William Street, Strand, London, W.C.
A. H. Jacob, 3 Molesworth Street, Dublin.

Agents for Scotland:—
Maclachlan and Stewart, South Bridge, Edinburgh.
A. and W. Stenhouse, Hillhead, Glasgow.

Sole Agent for the Continent:—
John F. Jones, 31 Bis, Rue du Faubourg Montmartre, Paris.

ADVERTISEMENT SCALE—Whole Page, £5 0s. 0d. Half Page £2 10s. 0d.; Quarter Page, £1 15s. 0d.; One-eighth Page, 12s. 6d.

Small Announcements of Practices, Assistancies, Vacancies, Books &c., of Seven lines or under, 4s. per insertion; 6d. per line beyond

Considerable reductions are made from the foregoing Scale when orders are given for a series of insertions. Letters in this department should be addressed to the Publishers.

Subscriptions for France are received by Messrs. Baillière, Rue Hautefeuille, Paris—post free in advance, £1 3s. 6d. per annum.

Subscriptions for Russia are received by Messrs. Rajchman and Frendler, 18 Senatoren Street, Warsaw—post free £1 5s. 0d. per annum.

Subscriptions for the United States are received in New York by Messrs. Willmer and Rogers; Philadelphia, by Dr. Brinton: post free in advance, 5½ dollars (£1 3s. 6d.) per annum; or direct from the Offices in this country for the same amount, if remitted by International Post-Office Order.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 18, 1885.

THE EXTENSION OF THE FIELD OF SURGERY.

Performing the first duty devolving upon him as President of the Clinical Society of London, Mr. Bryant delivered the customary address on Friday last, and in another part of our present issue its full text will be found. No exception can possibly be taken, either to the matter or to the manner of the monitions that it contains; the advice it tenders is sound and suitable, and if followed in a proper spirit it cannot fail to be productive of substantial benefit to all concerned; while, should the suggestions for renewed discussion of the unsettled points referred to by Mr. Bryant be heartily carried out, there will be added to our stock of knowledge an appreciable increment of useful information which is, at present, confined to the few who are able to speak with authority on subjects which have engaged their special attention. There is, however, one topic touched on by Mr. Bryant with light but judicious firmness, which may very profitably be subjected to further consideration. We refer to that portion of the address wherein the relations subsisting between physicians and surgeons receive attention. These relations have in the recent past assumed an importance directly consequent on the increasing precision attained in methods of diagnosis, and this more especially in connection with those regions of the body containing the deep-seated organs, which from their remote situation were formerly regarded as inaccessible to the methods of surgery. Operations such as would have been regarded, not so very long ago, as wicked even in conception, can now, thanks to the genius and skill of men like Lister, Wells, and Tait, be carried out with a degree of safety and success almost marvellous; and this being so, there arises the greater necessity why conditions calling for procedures of this description should be diagnosed at the earliest possible moment, for none will now be found to maintain that, given the existence of a dangerous internal malady, its source ought not to be removed at the first favourable opportunity. From the circumstances of such cases of disease it follows that the physician is the one who is primarily consulted with a view to their treatment; and also, from the same circumstances it likewise seems that the experience of practical surgeons is oftener competent to distinguish at the outset the absolute signs of changes which call imperatively for quick remedial interference. Nor is this admission in any way calculated to derogate from the dignity of the physician's calling, since it only puts into words the spirit of intimate inter-dependence existing between the two great branches of the profession, on which teachers and text-books are ever and again wont to insist. It is perhaps not too much to urge that the recognition of this truth is itself daily tending to widen the limits within which remedial medicine is active for good. The nature of the experience constantly being gained by surgeons especially fits them to be the assistants of their medical brethren, if not in actual diagnosis, at any rate in determining the course advisable to be pursued in individual cases of disease involving internal organs; and the carefully modest, but at the same time unassailably truthful, statement of this relation by Mr. Bryant is not the least important or valuable part of the address already mentioned.

We need not here enter into any detailed description of the nature of those occasions which Mr. Bryant must have had in his mind as the ones calling for the co-operation of the surgeon prior to his being called on to exercise his manipulative skill. They will readily occur to every practitioner, and we do not hesitate to affirm that there is a very general agreement in the profession as to the advantages to be derived from promoting the extension of the field of surgery in the direction indicated. The more promptly and the more completely it is unreservedly held that physical diagnosis can only be accurately established in the light of *every* kind of practical experience, the more certainly shall we approach towards that state of ideal perfection in treatment and prognosis which it is the aim of every intelligent member of the profession to hasten by all the means at his command.

THE SOUDAN EXPEDITION.

While reinforcements are being despatched in all haste with a view to further military operations in the Soudan, it is well to glance at a few points in connection with the Expedition generally which have more especially a

medical relation. The great body of the force now leaving England is destined for Suakim—that port having been selected as a base; there the largest medical establishments, including hospital, stores, equipment, and *personnel* will be collected; in the roads, hospital ships will be moored, and thence the sick, the wounded, and the invalids will be sent to England in well-fitted and well-provided vessels.

According to present plans of the campaign in the Soudan, a strong post is to be left at Metemmeh, but the greater portion of the army now to the south of Korti is to occupy Berber, after that place has been taken. The route across the Bayuda desert will then be abandoned, except that a post may perhaps be maintained at the Gakdul Wells in communication with Korti. Between Metemmeh and Berber communication may perhaps be practicable by means of the two steamers left undestroyed; but it does not, so far, appear that for some time to come there will be means of egress from Berber, either southward by river or desert, or by land route to Suakim, as the "rebels" have to be first subdued, and afterwards a line of railway laid down from the latter place.

Thus it will become necessary to have isolated hospitals at Metemmeh, Gakdul, and Berber, from each of which places it is safe to conclude that for a considerable time it will be difficult, if not quite impossible, to remove sick or wounded should the plan indicated above be followed, and military operations with the combined forces from the directions of Korti and of Suakim be postponed until after next hot season. While, therefore, there is time, equipment, provisions, and all other necessaries will, no doubt, be pushed forward to those places, and a sufficient number of medical staff officers and men detailed to meet the needs of the troops so isolated.

It is this prospect of having several isolated hospitals that gives a peculiar importance to the account recently sent home by one of the newspaper correspondents who unhappily were among the killed at Gubat—namely, that on opening cases of provisions under the head of "groceries," the contents were in some instances found to be so severely damaged as to be unfit for use. These provisions were stated to have been "trade packed." No doubt the damage to them was the cause of much inconvenience to the men whose arduous march across the Bayuda desert brought them to gallantly-won victory near Metemmeh; but the circumstance might be still more serious were articles of food upon which our troops occupying isolated positions may have to depend for sustenance to turn out similarly deteriorated.

It is satisfactory to see that orders have been issued by the Secretary of State for War that all the biscuits for the use of the troops now proceeding to the Soudan are to be made and baked at one of the Admiralty victualling yards. Great care will also, no doubt, be taken with regard to tinned and other preserved provisions being sent to the desert—all the greater care because of the misadventure above alluded to. But with all the care that can be given to the subject, the "experiment" has yet to be tried of how far "preserved provisions" alone and unaided are capable of maintaining troops in health and vigour. It is by no means an ascertained fact that they have ever done so for any length of time; there are even some who, judging from their own personal experience, declare that they do not; but, at all events, it is especially desirable that, whenever and wherever practicable, fresh food in the shape of beef, mutton, and vegetables should be issued to them.

With regard to the diseases from which our troops in the Soudan are most likely to suffer, fever in its several forms, from heat apoplexy down through heat fever, ardent fever, simple continued fever, to febricula, may be looked for to give the great majority of cases. The causes of all such attacks may readily be discovered in the influences and conditions to which our soldiers on service must necessarily be exposed, including high temperature, alternations of temperature, fatigue, crowding, and so on; and it will be well to recognise the combined influence of these several factors of causation instead of concentrating attention solely upon one—and it only a theoretical cause—namely, water.

The next most important class of affections to be anticipated are those of the intestinal canal from inflammatory dysentery down to simple diarrhœa, due to some of the circumstances already mentioned, together with that of impure water. No doubt the effect of the latter can to some extent at least be moderated by the simple process of filtering it through a piece of flannel, or a pocket-handkerchief, in the absence of anything more elaborate; it may also be useful, whenever that can be done, to add a small quantity of vinegar to it, a practice followed by Napoleon's soldiers in Egypt in the early years of this century.

It is a satisfaction to know, as a result of previous expeditions, that under such conditions as our soldiers in the Soudan are likely to be, cases of wounds do remarkably well; in fact, often far better than in elaborately established hospitals. In the latter, when crowded with men severely wounded, and continuously occupied in that way, it is simply impossible to avert "hospital diseases," whereas in sheds, and other shelter-places of primitive arrangement, diseases of the nature indicated need not be dreaded.

MEDICAL REFORM PROSPECTS.

IN continuation of our remarks on this subject in our impression of last week, we are in a position to inform our readers that it is the intention of the Government to re-introduce the Medical Act Amendment Bill on lines similar to those of last year, and we have good grounds for believing that many of the amendments which were put down on the paper last Session will be either incorporated in the Bill when introduced into the Lords, or taken over as they stand and put forward by the President of the Council on behalf of the Government. This is just as it ought to be, since a careful perusal of the amendment paper will show to any sensible man who really understands what is urgently required in the direction of Medical Reform that many of the suggestions which were put forward are of great value. It was, of course, obvious to all that some of the amendments were simply nonsense, and were put down evidently without any serious object whatever. Again,

many are inserted as a matter of course by a few individuals whose only *rôle* is child-like obstruction to all legislation. Then we had the direct and undisguised opposition of the threatened corporations in their struggle for a continuance of their much-abused privileges. Finally, we had to deal with about sixty amendments which went direct to the matter in hand. It is a pity that departmental perception was unable to discriminate last Session between the true and the false, between the useful and the worthless of the suggested alterations. We regret that Mr. Mundella was misinformed and practically led by the nose when, as it seems to us, he accepted as truth the statements of those who told him that the amendment paper was flooded only by the licensing authorities. Mr. Mundella could have easily learned what must have been well known to some at least of his bad advisers, viz., that the practical and useful amendments on the paper emanated from a quarter in which is found the most energetic and determined opposition to the continuance, as licensing authorities, of any of the present diploma-giving bodies, that most of these amendments were but *additions* to the Bill as it appeared, which additions were but reproductions of the oft-expressed opinions of the majority of (we might almost say of all) that portion of the medical profession which has shown any interest in medical reform with respect to such points as unqualified practitioners and unqualified assistants in charge of branch practices, illicit midwifery practice, bogus diplomas obtained *in absentia*, the registration of foreign and Colonial diplomas, &c., all which matters are but superficially and clumsily treated in the Bill as introduced into the Commons last Session. Not a few of the amendments to which we are now referring were but corrections of faulty details and rectifications of ungrammatical and other erroneous modes of expression. Had a little more clearness of diction been aimed at, some of the amendments would never have been heard of. On this point we are bound to say that, apart altogether from the subject-matter dealt with, the Bill of last Session was about as glaring a piece of weak and clumsy draughtsmanship as it has ever been our bad fortune to come across. Mr. Mundella and those short-sighted advisers who cannot see beyond the very restricted range of their triangular mission—which they maintain was limited to the aiming at (1) Direct representation of the profession in the Medical Council; (2) A one-portal examination for each division of the kingdom; and (3) Some petty tinkering up of the Register—might have known full well that, had the sound amendments which we have here mentioned been accepted *en masse* the Government (presuming always it was really anxious to pass the Bill, and this, by-the-way, was in some places much doubted at the time), by means of a little energetic forcing, backed up by its obedient majority, and assisted in every division by over *forty* assured votes from the opposite side of the House, could have triumphantly carried through a usefully and an efficiently amended Bill in the very teeth of all the opponents whom the collected and combined hostility of all the licensing bodies could have set up.

Notes on Current Topics.

The Lettsomian Lectures on Digestion.

In the masterly series of lectures on diseases of digestion delivered before the Medical Society of London by Dr. Lauder Brunton, and published in our columns, their distinguished author has put forward so much that is original, both in thought and practice, that it is difficult to apply criticism to work so valuable in itself, and so full of practical suggestions for those who will be guided by its teachings. In recent times the subject of digestive disorders has received no inconsiderable share of attention from prominent authorities in the profession, and it needs only to recall the labours in this direction of Dr. W. Roberts of Manchester, Dr. Ewald, Dr. J. Milner Fothergill, and Dr. Clifford Allbutt to indicate how serious must have been the task of supplementing the observations and practice of such well-recognised instructors. No higher praise, therefore, can be accorded to the lectures just delivered by Dr. Brunton than is contained in the assertion that they add to the improved knowledge already given over to be the general property of the profession by those whose names have been mentioned. Throughout the whole of his discourses, Dr. Brunton has appeared to keep in mind the fact that his words would have an important influence in directing the action of a very large number of medical practitioners; and it is satisfactory that on more than one moot point his utterances are definite and precise. Particularly is this the case on the question of administering alcohol; and the plain, practical, straightforward statement of opinion expressed towards the end of the third lecture could not have been pronounced at a more opportune moment, nor, we would add, by anyone more likely to command the respectful attention of profession and laity alike. At a time when hysterical declamation is being directed against one of the most powerful therapeutic agents at our command, it is indeed a desirable thing to be fortified in our assured opinion of its essential service in disease, by the voice of one whom no one can decry, and whose authority it is vain to contest. In respect also to the use of alcohol in ordinary states of health, we venture to trust that all thinking medical men will unanimously agree with the conclusions so aptly illustrated by the Lettsomian lecturer. We could gladly spend a considerable time in the grateful duty of analysing the contents of Dr. Brunton's latest contributions to the literature of medicine, but with the actual lectures before them our readers will better glean from them the pearls of thought and advice they contain than by perusing any amount of comment on them.

University Degrees for Medical Students.

A general meeting of the Metropolitan Counties Branch of the British Medical Association will be held at the Royal School of Mines, Jermyn Street, on Friday, 6th March next, at which there will come up for consideration a report on the subject of University Degrees in Medicine for London Students. This question is daily acquiring increased importance from the attention given to it, and also from the evident decrease in the number

of students annually entering at metropolitan schools. The report above referred to, which has now been issued, contains ample indications of the serious injury resulting from the absence of a degree-granting corporation in London. It cannot be said that the so-called London University is in any sense a source whence medical students as a body can hope to obtain the title of Doctor, for the nature of the examinations to be passed prior to those on medical subjects is so entirely removed from that of the usual subjects of study that none but those with time to spend in cramming up special knowledge of no further utility after examination can afford to entertain the idea of graduating in London. Some remedy must of necessity be found for this state of things; and whether it be in the direction of reforming the existing examinations or in the creation of a real teaching University it is an urgent requirement in the near future.

Brandy as a Restorative for Fish.

AN interesting series of experiments have lately been conducted by the Secretary of the National Fish Culture Association at South Kensington, with a view to testing the powers of enduring high temperatures possessed by fish, and, further, to determine the efficacy of brandy as a restorative to exhausted fish. As regards tolerance of heat, a specially constructed apparatus being employed for the purposes of the experiment, it was found that none of the fish exhibited symptoms of fading vitality until the thermometer recorded 82 deg., when a perch became prostrated, other fish became evidently affected by the warmth in the following order:—Roach, 82½ degs.; salmon, 83 degs.; minnow, 85 degs.; gudgeon, 85½ degs.; dace, 86 degs.; common tench, 88 degs.; golden tench, 88 degs.; carp, 91 degs. Each fish was next removed from the water, and after being given a small dose of brandy, was replaced in the tank from which it was originally taken. The next day every one of the fish experimented on, except the dace, which succumbed, were found swimming about in the enjoyment of thorough and undisturbed health; and the result of the trials they had undergone was not in any way to injure them.

The Meaning of Scrofula.

"HOPE springs eternal in the human breast," and Mr. Pick is clearly one of the most hopeful of human beings. At any rate, it would be difficult to explain on other grounds the exact meaning of the terms of a short speech in which he seconded a vote of thanks to Mr. Bryant for the address of the latter to the Clinical Society on Friday last. Mr. Pick expressed the opinion that it would be an excellent arrangement if the secretaries of the Society could fix a special evening on which to debate the subject of scrofula, "with a view to settling once for all what this term really means." So laudable an undertaking will probably meet with the most general approval, but it may safely be affirmed that not many persons are likely to share Mr. Pick's generous belief in the capacity of even the Clinical Society to settle within an hour and a-half a problem which has constantly agitated surgery for innumerable years. This plan of discussing special questions is in itself an excellent one, inasmuch as it affords opportunity for disseminating views and opinions which might not otherwise find publication easily; but it is only in the rarest instances that it succeeds in settling moot questions to the satisfaction of everybody. Whenever more than one explanation of a particular condition is possible there will always be opposite theories to demolish; and concerning scrofula, there is probably as much uncertainty, if not more, in the minds of different observers than is the case with almost any other disease. We warmly echo the wish for a special discussion on the subject, but we would also urge that no one shall delude himself into believing that it will result in anything more definite or satisfactory than was the case with—say, Charcot's joint disease.

Fresh Air for Londoners.

IT is not often that the cry for fresh air is so promptly responded to as has been the case following Mr. Cantlie's recent remarkable lecture on the degeneration of Londoners. At a meeting of the Court of Common Council, held last week, a letter from the Earl Stanhope, chairman of the Ecclesiastical Commissioners, was read, offering to appropriate, for the perpetual use and enjoyment of the inhabitants of the metropolis, Gravel-Pit Wood, at Highgate, comprising sixty-nine acres, and thirty acres of land at Kilburn, forming a portion of the site occupied in 1879 by the Royal Agricultural Show. The offer is made by the Commissioners on condition that the Corporation shall obtain Parliamentary sanction for the Ecclesiastical Commissioners to make the proposed appropriation, and shall undertake to lay out and maintain these two spaces as parks in perpetuity. The letter was received with cheers, and was referred to the Coal, Corn, and Finance Committee to consider and report, and there can, of course, be no question as to the acceptation of an offer as munificent as it is vital to the interests of hundreds of thousands of the inhabitants of London. The greater the number of open spaces offering facilities for healthy recreation, the more numerous the opportunities enjoyed for obtaining air charged with some degree of freshness, and the more the denizens of poorer London are encouraged to avail themselves of such benefits, so much the more successfully will preventive medicine contend against the forces of death and disease in our midst.

The Pathogenesis of Epilepsy.

As the result of his experimental investigations (previously referred to in these columns) into the subject of the pathogenesis of epilepsy, Dr. P. Rosenbach, of St. Petersburg (*Virchow's Archiv*), arrives at the following conclusions:—1. The attacks of epilepsy that are produced in dogs by electrical stimulation of the brain are the results of an irritation of the cortical centres, and afford, according to the conditions of stimulation, the greatest similarity to the so-called cortical or to idiopathic epilepsy of the human subject. 2. No essential difference, pathogenically considered, exists between the so-called cortical and idiopathic epilepsy, but still, inasmuch as the former is a symptom and a result of an organic cerebral affection, and in its clinical course is not

identical with the latter, it must be differentiated as organic from idiopathic (functional) epilepsy. 3. The convulsive attacks of idiopathic epilepsy as well as attacks of *petit mal*, are effects of morbid excitation of the cerebral cortex. 4. The diversities of the clinical phenomena of epilepsy are due to diversity of the kind and the degree of extent of the pathological cortical excitation that originates the attack. 5. The theory that places the point of origin of the epileptic attack in the centres of the medulla oblongata and pons varolii is not in accord with the clinical symptoms of the disease, and is not based on satisfactorily secure facts.

Government Precautions against Cholera.

The Local Government Board have now completed the necessary arrangement for a thorough and systematic inspection of all the coast and inland towns, with the view of being prepared for eventualities, should cholera reach our shores, as is highly probable during the approaching spring and summer. Having previously announced the names of those appointed for these important duties, it affords us pleasure to add that the list was completed last week by the selection of the Editor of the Sanitary Department of this journal, who is now officially engaged with his colleagues on the task assigned.

Sodium Ethylate in Lupus.

At the meeting of the Medical Society of London, on the 8th inst., Mr. Startin showed several cases of lupus vulgaris which had been completely cured by the application of sodium ethylate. It will be remembered that Dr. B. W. Richardson drew attention to the value of this substance in the treatment of mucous polypi nasi in an early number of the *Asclepiad*, and it has now been employed with considerable success in a large number of cases of disease. In one of Mr. Startin's cases the lupus growth had involved the alæ of the nose and the adjacent cheeks to a considerable extent. Another case exhibited at the same time was almost entirely cured by erosion and careful scooping out of all the lupus tissue, only two operations having been required to effect the result.

The Hunterian Oration.

On Saturday last the Hunterian Oration for the present year was delivered at the Royal College of Surgeons of England by Prof. John Marshall, F.R.S., and the occasion was signalised by a slight departure from the ordinary rule observed by Hunterian orators of confining themselves within narrow limits of reference to the life and work of the great surgeon whose labours are thus commemorated. Mr. Marshall considered the mental attitude which "the Founder of Scientific Surgery" would probably assume towards the active work and salient opinions of our times, and declared that the revelations of microscopical research and the growth of a new department of anatomy, histology, would have delighted Hunter, and his acquiescence in the truth of a modified cell-theory of the formation of tissues, and in the doctrine of the protoplasmic origin of animal and vegetable life, could be easily imagined. Not only as a physiologist, but as a pathologist, Hunter was a great vivisector. and it might be taken for granted that he would rank himself with those who now claim the right of man for beneficial purposes, or even in the pursuit of knowledge to attempt to discover the processes of animal life by tests and trials on living animals. While averte to unnecessary repeated experiments, his large views of the unity of the "principle of life" and of the community of organisation and of action throughout the whole animal kingdom would lead him to disregard the objections of those who insist on the uselessness of experiments on animals so far as concerns their application to man. During the delivery of the oration Professor Marshall was frequently applauded.

The Proposed Amalgamation of Dublin Hospitals.

It is greatly to be regretted that the policy of some public critics is so dominated by party considerations, and their minds so full of the one idea, that they inevitably overlook the merits or demerits of any proposal if it happens to emanate from any one who is not of their "party." In this spirit we regret to observe the two Conservative newspapers in Dublin have dealt with the philanthropic and wholly disinterested proposal of Lord Spencer to amalgamate certain of the Dublin hospitals. That the writers in these papers are innocent of the facts, and uninformed on the working of the existing system, is obvious from their criticisms, in which, indeed, they do not make any attempt to argue out the merits of the proposal, but confine themselves to the stereotyped sneer which serves all their purposes in dealing with any suggestion from the opposite "party."

This view of Lord Spencer's proposal is simply contemptible, for neither he nor his Government have any interest in the matter, except to apply the public charity so as to produce the largest benefit to the sick poor of Dublin, and if he consulted his own comfort he would leave the bickerings of Liberal and Tory hospital managers to settle themselves.

As to the advantages of the proposed amalgamation in the interest of the sick poor, there is, we believe, no second opinion in the profession. A substantial annual public grant is now being wasted in maintaining institutions which have been long since out of date and out of place, and in paying an army of expensive and perfectly useless officials, to whose maintenance, and not to the sick poor, the greater part of the grant is devoted. That this is so anyone who looks at the figures in the Report of the Dublin Hospitals Board can satisfy himself. That the proposed amalgamation would provide an effectual remedy is not seriously disputed, and as we have great confidence in Lord Spencer's firmness of purpose, we have no reasonable doubt that he will go straight to its realisation, regardless of the opposition of a few respectable gentlemen of the Queen Anne period. They do not seem to know much or care very much about the sick poor, and it could not be reasonably expected that they would like being disestablished as Hospital Governors, but their opposition ought not to prevent so beneficial a scheme being carried into speedy effect.

WE learn that Surgeon-General Oliver Barnett has been selected to proceed with the Soudan Expedition in command of the Medical Staff and Army Hospital Corps.

THE Volunteer Medical Association, which is principally composed of hospital students, have placed a bearer company at the disposal of H.M. Government for service in the Soudan.

DR. MORTIMER GRANVILLE complains that a prescription of his for gout has been wrongly copied from a contemporary into the public journals, drachms being substituted for ounces, and that he has reason to believe that much harm is being occasioned thereby. Dr. Granville rightly observes that such a proceeding is irregular, and we should imagine any journal thus acting was intentionally playing into the hands of quacks.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

GLASGOW.—THE PUBLIC HEALTH.—At a meeting of the Glasgow Town Council, held on the 9th inst., the medical officer of health reported that during the previous fortnight there were 664 deaths registered, as compared with 699 in the fortnight preceding—a decrease of 35, representing a death-rate of 33 per 1,000 living in place of 35. In the corresponding fortnight of 1884 the death-rate was 10 per 1,000 less. Of this difference 5½ was accounted for by the excess of mortality from diseases of the lungs in the past fortnight; the remainder was distributed about equally over other classified causes. Of the total deaths, 45 per cent. in place of 48 were of children under five years of age. The number of deaths from diseases of the lungs was 266 in place of 279, a decrease of 13, representing a death-rate of 13 in place of 14 per 1,000 living, and constituting the same proportion of the total deaths—viz., 40 per cent. The number of deaths from infectious diseases of children was 58 in place of 63—viz., 29 from measles, 17 from whooping-cough, and 12 from scarlet fever. A case of small-pox was registered, the first which has been found in the city since July last. The patient is a fireman in a steamship, unvaccinated, and a very severe case.

GLASGOW DEATH-RATE.—The mortality in Glasgow for the week ending with Saturday, the 7th inst., was at the rate of 30 per 1,000 per annum, as compared with 34 in the previous week, and 27, 30, and 28 for the corresponding periods of 1884, 1883, and 1882 respectively.

EDINBURGH.—HEALTH OF THE CITY.—For the week ending with Saturday, the 7th inst., the mortality in Edinburgh was 91, and the death-rate 19 per 1,000, There were 11 deaths under 1 year and 34 above 60, of which 5 were above 80 years. Diseases of the chest accounted for at least 50 deaths, and zymotic causes for 14, of which 2 were due to fever, 3 to diphtheria, 1 to scarlatina, 7 to whooping-cough, and 1 to erysipelas. The intimations for the week comprised—fever 15, diphtheria 5, scarlatina 39, and measles 8.

ACTION TO RECOVER MEDICAL FEES.—In the Small Debt Court of Linlithgow, on the 13th inst., proof was heard in an action at the instance of Dr. Bently, Kirkliston, against one of the workers at the Forth Bridge, for the sum of £5 2s. for attendance on defender's children. The defender explained that he was a member of a "club," into which he paid a weekly subscription, and for which he was entitled to medical attendance, either for himself or for his family. About the month of February last year one of his sons was laid down with a fever, and was attended by Dr. Hunter, who was the medical officer of the club. His boy, however, gradually got worse, and he called in the pursuer, who at once said that Dr. Hunter was not giving the boy the proper treatment. He (the defender) then said that if Dr. Bently would give him a certificate to that effect he would allow the pursuer to treat the case, and he would be able to get the money to pay him from the club. The pursuer denied having promised such a certificate, and at the close of the proof the Sheriff granted decree for the sum sued for with Court expenses.

Correspondence.

HOW LONG ARE SCARLATINAL PATIENTS INFECTIOUS?

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The experience of the London Fever Hospital will, I think, throw some light upon this question. Briefly it is this: the shorter their stay in hospital the more frequently did patients upon their discharge infect others. In the early history of that institution patients were let out when convalescent from the acute attack just as if it had been—say, bronchitis. Experience led to a gradual lengthening of the period of seclusion in the interests of the public, until it stood at about three weeks in 1873, when the late Dr. Mahomed, whose untimely death we all deplore, became resident medical officer. Dr. Mahomed often told me that he was soon convinced that even this period was too short, and he instituted a method by which a fortnight after their discharge patients informed him if scarlatina had followed in their wake. Too frequently had it done so; and in many cases which he was able to follow up closely these patients were simply feeling, and not suffering from any complication. As a consequence he gradually advanced the period of isolation to five or six weeks.

Mr. Shirley Murphy, who succeeded Dr. Mahomed, made a minimum of six weeks' stay in hospital, and yet I believe he found infection to result from about 1 per cent. of his patients.

In 1879 I became resident medical officer, having previously had experience of the customs of the place; and I was soon led to formulate the rule that the duration of desquamation should be the measure of isolation, except in cases in which there was a recent discharge, such as an otorrhœa. Over 2,000 cases of scarlatina passed through the wards in my time, and in not more than half-a-dozen instances (in all of which had the stay in hospital exceeded six weeks) were complaints ever made that the discharged had originated the disease elsewhere. All these complaints upon examination proved worthless, save one in which a slight recent otorrhœa had been overlooked. Very many cases in which desquamation had undoubtedly been completed have I discharged short of six weeks, and with no ill results whatever.

Sir, we must have some *practical* guide to the length of isolation necessary in these cases. The foregoing experience, if not absolutely conclusive, is at all events more extensive and exact than any that has yet been advanced upon the free and easy side. I am convinced that our best, our *only practical* guide, is the *completion* of desquamation. It is useless to talk about *weeks*. The *beginning* of any complication of scarlatina may, I think, be taken as evidence that the poison still exists in an active form, and capable of damaging not only the patient himself, but also anyone who may happen to come into contact with him. Again, as a rule (I know not a single exception), it holds good that desquamation once over, no complication of scarlatina ever *begins*. But, Sir, desquamation must be allowed to follow its natural course. The ripe fruit will fall in due season—the epithelium will also be shed when ripe. Let it become

ripe, else, should art intervene to hasten its shedding, that which will so easily and quickly replace it will in its turn succumb to the power lurking within, and be moulded by it according to its tendencies.

Space prevents me dealing with the disinfection of the excreta, &c. In a well-appointed and ventilated hospital in which diseases are properly classified, it is unnecessary, except as a matter of pleasantness; and if carbolic acid be used either to impregnate the air, or with oil to anoint the patient, the kidneys sadly taxed within the first 3—4 weeks, will run a risk of being irritated and becoming diseased.

In the interests of our calling, as well as of our patients, let us meet the public, who bear the cost of our sanitary system, with no great discrepancies in our action; let us gain clear notions of what is necessary, and above all, let us be as simple as possible in details. Our mission is to succour our fellow-creatures in their trouble, and not unnecessarily to hamper or alarm them.

I am, &c.,

W. Tonge-Smith.

Ladbroke Grove, London, W.,
February 14th, 1885.

P.S.—From personal knowledge I can vouch for the fact that second desquamations are perfectly harmless. Let me add that, though usual, the feet do not always peel last.

SANITARY ORGANISATION IN IRELAND IN ITS MEDICAL ASPECT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—When writing the Inaugural Address for the Subsection of State Medicine of the Academy of Medicine in Ireland, I had not the advantage of consulting Dr. J. Byrne Power's paper on "The Public Health of Kingstown," referred to in that address, of which you have kindly published an instalment in your "Irish Poor-law Intelligence" for February 11th, 1885. Dr. Byrne Power has since given me a copy of his paper, and on reading it carefully I find that his offence was not that "he animadverted on the neglect of some resident owners of property, *who happened to be also members of the local sanitary authority*" (this he did not do), but that he spoke in plain and unsparing terms of the decadence, poverty, and insanitary condition of the once flourishing township of Kingstown. By inserting this correction you will much oblige

Yours faithfully,

J. W. Moore, M.D.

40 Fitzwilliam Square West,
Dublin, Feb. 16, 1885.

Literature.

WEST ON DISEASES OF INFANCY. (*a*)

The seventh edition of this standard work on infantile diseases, in addition to its many intrinsic merits, carries with it the weighty recommendation that it is the digest of the results of more than six-and-thirty years of patient and earnest work, work chiefly in connection with the Hospital for Sick Children, of which the author was the founder, and in which he laboured till the termination of his period of office in 1875, when, as he touchingly tells us "I lost alike the opportunity of learning and the joy of daily life among the little ones that I love."

The classification of infantile diseases adopted by Dr. West is simple and comprehensive. He treats in succession of diseases of the nervous system, of the respiratory and circulatory, and of the digestive systems with their appendages, and lastly he devotes his concluding chapters to the consideration of fevers, having led up to this important group of diseases, dangerous, perhaps chiefly from their complications, by the careful and exhaustive manner in which, when dealing with affections of the brain, lungs, and bowels, he has already familiarised his readers with the principles on which such complications may be recognised and successfully combated.

The fact that a book has reached its seventh edition to a certain extent disarms, or rather anticipates criticism. This much, however, may be said, that to those who have made themselves acquainted with the former editions no words of recommendation are necessary; while to those who have not been so fortunate it may be promised that they will find in the pages of the present volume stores of matured information, the result of careful thought and ripe experience, the whole being pleasantly conveyed to them in the author's easy, graceful, and scholarly style.

We dare only express two regrets:—first at the absence of illustrations which would materially emphasize certain portions of the work; and secondly, that notwithstanding Dr. West's modest disclaimer that "the study of the cutaneous diseases should be carried on under a more skilful guide than he could prove himself," he had not embodied in his admirable "Lectures" some chapters on Dermatology.

(*a*) "Lectures on the Diseases of Infancy and Childhood." By Charles West, M.D. Longmans, Green, & Co. 1884.

Medical News.

Vital Statistics.—The deaths registered last week in the principal towns of the United Kingdom corresponded to an annual rate of 21·8 per 1,000 of their aggregate population, and corresponded to the following annual rates per 1,000:—Birkenhead 15, Birmingham 24, Blackburn 16, Bolton 23, Bradford 19, Brighton 25, Bristol 30, Cardiff 24, Derby 19, Dublin 36, Edinburgh 20, Glasgow 30, Halifax 20, Huddersfield 19, Hull 21, Leeds 20, Leicester 23, Liverpool 25, London 20, Manchester 29, Newcastle-on-Tyne 22, Norwich 27, Nottingham 21, Oldham 21, Plymouth 21, Portsmouth 20, Preston 32, Salford 16, Sheffield 16, Sunderland 26, Wolverhampton 25. The highest annual death-rates from diseases of the zymotic class in these towns were—From whooping-cough, 2·4 in Bristol and 2·6 in Preston; from measles, 3·2 in Cardiff and 5·0 in Sunderland; from scarlet fever, 1·2 in Sunderland and 2·0 in Wolverhampton; and from "fever," 1·1 in Hull and in Cardiff, 1·4 in Plymouth, and 1·7 in Norwich. The 43 deaths from diphtheria included 19 in London, 3 each in Edinburgh, Liverpool, and Birmingham, and 2 each in Dublin, Manchester, and Newcastle-on-Tyne. Small-pox caused 63 deaths in London and in its outer ring of suburban districts, 3 in Birmingham, and 1 each in Glasgow, Liverpool, and Cardiff.

Notices to Correspondents.

TO OUR CONTRIBUTORS.

The following accepted contributions have been received, and are hereby acknowledged, with thanks Each communication will be inserted as far as possible in the order received:—

Atkin, Chas., F.R.C.S. (Sheffield), On Natural Drainage in Otorrhœa.

Davies, E. J. (Liverpool), Antipyrin in Puerperal Pyrexia.

Duggan, J., L.K.Q.C.P. (Turloughmore), On Cholera Morbus, its Prevention and Treatment.

Dyson, Wm., B.A., M.D. Lond. (Sheffield), Case of Embolism of Left Middle Cerebral Artery.

Ebstein, Prof. W. (Göttingen), The Nature and Treatment of Gout (*continued.*)

Finny, J. M., M.D., F.K.Q.C.P. (Dublin), Age in relation to the Diagnosis of Disease.

Gordon, Surgeon-General, C.B., M.D., Note on the History of Medicine and of Medical Opinion from the Earliest Times.

Goyder, David, M.D. (Bradford), On the Motions of the Brain (illustrated).

Gunn, C., M.D., M.K.Q.C.P. (Dublin), Cases in the Accident Ward of Jervis Street Hospital.

Gwynne, C. N., M.B. T.C.D., M.D. (Sheffield), The Treatment of Empyema, with especial reference to the disease in children.

Martin, J. W., M.D., The Dangers attending the Hypodermic Injection of Morphia.

Meldon, Austin, F.R.C.S.I., L.K.Q.C.P. (Dublin), Cases in the Accident Ward of Jervis Street Hospital.

Morris, Hy., F.R.C.S. (London), Two Cases of Diffuse Lipoma.

Myrtle, A. S., M.D. (Harrogate), Case of Sweating to Death.

Potter, J. B., M.D., F.R.C.P. (Westminster Hospital), Case of Uræmia, with fatal result.

Swanzy, H. R., F.R.C.S.I. (Dublin), On the Transplantation of Skin Flaps without Pedicle for the Cure of Cicatricial Ectropion.

Tizzoni, Prof. (Bologna), Pathological Physiology of the Supra-renal Capsule.

Unna, Prof. G. P. (Hamburg), The Skin Diseases of the Lower Extremities caused by Obstructed Circulation.

Vintras, A., M.D. (Hôpital Français à Londres), A Case of Limited Paralysis and Anæsthesia.

TO OUR SUBSCRIBERS.

THE publishers would esteem it a favour and as greatly facilitating their labours if those subscribers who have not yet forwarded the subscriptions now due would kindly do so at their earliest convenience. In this they will be glad also if the customary rule is observed of sending the amounts to the offices in London, Dublin, or Edinburgh, according to the division of the United Kingdom in which the subscriber's residence is situated.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 29 strings for holding each volume of the *Medical Press and Circular* may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean and flat after it has passed through the post.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

DR. ROBINSON.—At the present time no definite expression of opinion on the subject would be justified; and it will be most likely to bring about the desired result when it is supported by such evidence as still remains uncollected.

DR. HARLICH.—Your question is a very surprising one. It is inconceivable that it should be addressed to us in good faith, and under any circumstances whatever it could only be answered in the negative.

MR. CONSTANTINE.—Later on in the year, when our space is less occupied with reports of Society proceedings than at present, the proposed papers might be found suitable. Just now we could not give them room.

F. J. T.—There appears to be no favourable opening for English practitioners in the Australian towns, but there is a considerable amount of evidence tending to show that those who are willing to go into the country districts will find plentiful opportunities of securing remunerative practice.

DR. CORNISH.—The notice was contributed by a gentleman who is thoroughly familiar with the subject, and has had ample opportunities of establishing the truth of all for which he holds himself responsible. We shall be happy to transmit any letter you may wish him to receive.

MR. MORGAN.—Your surmise is a very shrewd one, and is fully borne out by more recent occurrences. There is no question of the certainty of the statement. It has been entirely confirmed.

THE COMBINATION OF MALT EXTRACT WITH COD-LIVER OIL.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—The remarks contained in your last impression on "New Remedies" in reference to malt extracts induce me to call attention to the facility with which cod-liver oil may be administered when combined with malt extract to children or to persons who only assimilate the oil alone with difficulty. I have lately been using extensively such a combination prepared by Messrs Burroughs, Wellcome & Co., who very generously sent a large supply for the gratuitous use of the patients at this hospital, and find that children who could not be persuaded to take the ordinary oil take this mixture readily, and rapidly improve in condition. Further, in adults the nausea and disagreeable reminiscences which so often follow the ingestion of the crude oil, even when every attention is paid to the period of administration and the quantity taken, are avoided, and the digestion has not been interfered with.

I am, Sir, yours, &c.,
ALFRED S. GUBB, M.R.C.S., L.R.C.P.Lond.

Hôpital Français, Leicester Square, London.

MR. LEDWARD.—Manna is an excellent medicine for administration to children troubled with constipation, and it may be given with syrup flavoured with carraway water. Five grains of the manna would be a usual dose in average cases, thrice daily.

DR. O. C.—At the present stage of the discussion, and particularly as the matter has already been very fully treated in our columns, it seems scarcely desirable to print an article so decidedly expressive of opinion as the one you have forwarded. This will account to you for its non-appearance.

MR. WILLIAMSON.—We cannot undertake any responsibility in the matter. We have already expressed the only opinion it is possible for us to hold.

THE CASE OF DR. DAVID BRADLEY.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I have pleasure in informing you that I have been able to secure 166 signatures of practitioners resident in Birmingham to a memorial to be presented to the Home Secretary in favour of a reconsideration of the verdict in Dr Bradley's case. At the Birmingham Midland Counties Branch of the British Medical Association, the following resolution was proposed by myself, seconded by Dr. E. B. Whitcombe, Superintendent of the Borough Asylum, and unanimously carried:—"That this meeting, having heard a statement of the case of Dr. David Bradley, recently convicted of felonious assault at the Leicester Assizes, desires to express its opinion that this case is eminently one in which a reconsideration of the verdict of the jury is demanded. This opinion is based upon a consideration of the following facts:—First, that the complainant has been admittedly the subject of epileptic fits since childhood; secondly, that such persons are specially liable to be subject to erotic delusions during and after seizure. It is, therefore, of the utmost importance that the corroborative evidence in such a case should be decisive, whereas in the case of Dr. Bradley it seems to be singularly defective."

I am, Sir, yours, &c.,
7 The Crescent, Birmingham, LAWSON TAIT.
Feb. 16th, 1885.

DR. PEARSE (Plymouth).—The subject shall be considered.

DR. STEINWITZ (Berlin).—The subscription terms are the same to all parts of the Continent—viz., twenty-three shillings and sixpence per annum, post free. These terms are printed immediately before leading articles in every number of this journal.

ETIQUETTE.—*Litera Scripta manet.*

AN AUTHOR.—All that is publicly known on the subject is stated in our "Literary Notes and Gossip" column, present number.

Meetings of the Societies.

WEDNESDAY, FEBRUARY 18TH.

HOSPITALS ASSOCIATION.—At 8 p.m., Dr. P. Murray Braidwood, Hospital Ships.

THURSDAY, FEBRUARY 19TH.

ROYAL INSTITUTION.—At 3 p.m., Prof. Dewar, The New Chemistry.

HARVEIAN SOCIETY OF LONDON.—At 8.30 p.m., Mr. J. H. Morgan, On the Operative Procedures in Cases of Cleft Palate, and their Effects upon the Voice.—Dr. C. Theodore Williams, Cases of Emphysema treated by the Compressed Air Bath.

FRIDAY, FEBRUARY 20TH.

SOCIETY OF MEDICAL OFFICERS OF HEALTH.—At 7.30 p.m., Mr. Wm. Weaver, Sewer Ventilation and House Sanitation.

ROYAL INSTITUTION.—At 9 p.m., Dr. W. Huggins, Solar Corona.

SATURDAY, FEBRUARY 21ST.

ROYAL INSTITUTION—At 3 p.m., Mr. G. Johnstone Stoney, The Scale on which Nature works, &c.

Vacancies.

Belmullet Union, Knocknalower Dispensary District.—Medical Officer. Salary, £110, and fees. Election Feb. 23. (See advt.)

Birmingham General Hospital.—Assistant Physician. Salary, £100 per annum. Applications, with testimonials, to the House Governor, on or before Feb. 28.

Devonport Royal Albert Hospital.—Resident Medical Officer. Salary, £200 per annum, with board and lodging. Applications to the Hon Sec.

Navan Union, Navan Dispensary.—Medical Officer. Salary, £130, with the usual fees, &c. Election Feb. 25. (See advt.)

University College, London.—Professorship of Surgery and Surgeon to the Hospital. Applications at the College on or before March 3.

York County Hospital.—Honorary Physician. Applications to the Secretary, on or before March 7.

Appointments

BLUMER, W. P., F.R.C.S.E., Honorary Surgeon to the Sunderland and North Durham Eye Infirmary.

CARTER, E. G., M.R.C.S. & L.R.C.P., House Physician to the Bradford Infirmary.

CASSAL, C. E., F.I.C., F.C.S., Public Analyst for the Parish of Kensington.

COLLIER, W., M.A., M.B.Cantab., Physician to the Radcliffe Infirmary, Oxford.

EVANS, O., M.R.C.S., L.S.A.Lond., Medical Officer for the Llanrwst District and Workhouse, Llanrwst Union.

GALLIMORE, T. A., L.R.C.P. Ed., F.R.C.S. Ed., Medical Officer for the Lymm District of the Altrincham Union.

GALTON, J. S., L.R.C.S.I., L.K.Q.C.P.I., House Surgeon to the Doncaster Infirmary.

HARLE, W. J. V., M.R.C.S., L.S.A.Lond., Resident Dispensary Surgeon to the Bradford Infirmary.

ROBERTSON, G. J., M.B., Surgeon to the Oldham Infirmary.

WHEATLY, A. W., M.B., B.Sc.C.Dur., M.R.C.S., Assistant Surgeon to the Western Ophthalmic Hospital.

Births.

COLLINS.—Feb. 13, at Benedict Road, Brixton, the wife of Henry B. Collins, Surgeon R.N. (retired), of a son.

MCWATTERS.—Feb. 12, at 21 High West Street, Dorchester, the wife of Surgeon-Major W. McWatters, M.S., of a son.

SMYTH.—Feb. 12, at Holly Lodge, Brookley, S.E., the wife of F. Sydney Smyth, L.R.C.P., F.R.C.S.Ed., of a son, stillborn.

Marriages.

BRADBURY—GWATKIN.—Feb. 12, at Holy Trinity Church, Twickenham, J. B. Bradbury, M.D., of Cambridge, to Jane, elder daughter of the late Rev. E. Gwatkin, B.D., formerly Vicar of Barrow-on-Soar, Leicestershire.

Deaths.

DAVIDSON.—Feb. 3, at Sandown, Isle of Wight, W. A. Davidson, M. formerly Surgeon 65th Regiment, aged 54.

NIVISON.—Feb. 10, at 161 Ledbury Road, London, W., Thomas Renny Strachan Nivison, M.D., aged 42.

O'LEARY.—Feb. 3, at Bath, Thomas Connor O'Leary, M.B., Surgeon-General (retired), aged 63.

SPACKMAN.—Feb. 13, at Penn Fields, Wolverhampton, the wife of William Spackman, M.D., aged 57.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 25, 1885.

CONTENTS.

ORIGINAL COMMUNICATIONS.

The Motion of the Brain. By David Goyder, M.D., President of the Bradford Medico-Chirurgical Society, Hon. Medical Officer to the Bradford General Infirmary 157

On the Transplantation of Skin Flaps without Pedicle for the Cure of Cicatricial Ectropion. By H. R. Swanzy, A.M., M.B., F.R.C.S.I., Surgeon to the National Eye and Ear Infirmary; and Ophthalmic Surgeon to the Adelaide Hospital, Dublin 161

Case of Sweating to Death. By Andrew Scott Myrtle, M.D., Consulting Physician to the Harrogate Bath Hospital 164

CLINICAL RECORDS.

Sheffield Public Hospital—Case of Thoracic Aneurism. Under the care of Dr. W. Porter, Physician to the Hospital 165

An Interesting Case of Abdominal Contusion, followed by Rupture of the Bowel and Death. By Lewis M. Atlee, Philadelphia 166

PAGE

TRANSACTIONS OF SOCIETIES.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY—

Peri-Hepatitis causing Stricture of the Bile and Pancreas Ducts and Cystic Enlargement of Pancreas 166

Post-Puerperal Treatment 166

A case of Charcot's Joint Disease 167

Thoracic Aneurism 167

Treatment of Phthisis 167

BRADFORD MEDICO-CHIRURGICAL SOCIETY—

The Determination of Sex before Birth 168

Education—its Physiological Aspects .. 168

ABERNETHIAN SOCIETY—

Injuries in and about the Knee-Joint .. 168

FRANCE

Decrease of Population 169

Antipyrine 169

SANITARY DEPARTMENT.

The Thirteenth Annual Report of the English Local Government Board 169

LEADING ARTICLES.

THE DWELLINGS OF THE POOR 170

MEDICAL DEGREES FOR METROPOLITAN STUDENTS 171

GASTRIC ABLUTIONS 172

PAGE

NOTES ON CURRENT TOPICS.

Sweating to Death 172

The Fees of General Medical Councillors 173

The Rubber Bandage for Synovitis 173

Certificates of Proficiency in Vaccination 173

Denham Testimonial and Address 173

A New Lying-in Hospital for Dublin 174

Army Medical Department 174

The Case of Dr. Bradley 174

A New Septic Monad 174

Vivisection in Germany 175

The Imperial Health Office, Berlin 175

General Sir Herbert Stewart, &c. 175

SCOTLAND.

Edinburgh University 176

Action against a Doctor 176

Health of Edinburgh 176

Glasgow Death-Rate, &c. 176

CORRESPONDENCE.

How long are Scarlatinal Patients Infectious? 177

The Alpine Winter Cure, &c. 177

Literature 178

Medical News 179

Pass Lists 179

NOTICES TO CORRESPONDENTS 180

Original Communications.

THE MOTION OF THE BRAIN.

By DAVID GOYDER, M.D.,

President of the Bradford Medico-Chirurgical Society, Hon. Medical Officer to the Bradford General Infirmary.

ALL motion affords evidence of an acting force and of a thing acted upon. The absence of motion implies inertness or death. The motion observed in the unorganised bodies of the universe with their centripetal and centrifugal directions, and the attractive and repulsive tendencies of their particles, implies a force or forces acting upon them from above; while the motions exhibited by organised bodies, from their birth to their dissolution, implies a force acting from within and securing their orgin, growth, and perpetuation through countless generations. We assume that all motion has for its origin the Divine love, wisdom, and power of the Creator, which act as Life on the one hand, or force on the other, according to the plane of their operation in creation. Passing from the motion exhibited by unorganised nature, and of organised bodies outside ourselves, the consideration of either of which does not concern us to-night; we at once proceed to those movements observed in the human body during life: and here, as medical observers, the first thing that strikes us is the comparative mobility of the various structures which are built, or superimposed, upon each other. The lowest or basal system, the Bony, is the hardest, the most immovable in itself, but so constructed as to support the rest, and be acted upon by them. Next the Muscular, clothing the bony, is soft, flexible, contractile, and eminently fitted to secure the simplest or most complicated movements of voluntary direction. Next, the Vascular, which from its central, ever moving, heart shoots outwards by lessening channels to permeate every tissue down to the substance of the bone itself, and this moreover contains a florid or purple stream, elaborated to a high degree with organised living forms and secretions, destined for the nourishment and repair of every bodily mass and molecule. Higher yet we have the Nervous system, which pervades and influences the whole.

Now each of these systems, bony, muscular, and nervous presents an ascending degree of organisation and mobility, the mobility increasing with the ascent. The bony is only capable of action under the contraction of the pliant muscular, while the vascular penetrates both and contains besides the living fluid which it is intended to circulate. Then comes the nervous, which surrounds and dominates all, giving stimulus and direction to every part. But it must be further noted that this last system, the nervous, with its great central organs, the cerebrum, cerebellum, and their subsiding ganglia (which all more or less intercommunicate), descends upon the three lower systems by innumerable fibres, and that the fibres are evident channels for the conveyance of some higher fluid or influence generated at the nervous centres, else how could voluntary action of the body upon the world take place, or nutrition of the bodily organs be secured? And if the circulation of the nourishing blood demands the incessant action of a propulsive heart, does not the lightning quickness of motion and sensation demand an upheaval and subsidence of the great nervous centres to receive and set in action the subtle fluid which pervades them. But bodily motion is of two kinds, involuntary as well as voluntary: both these, it will be at once admitted, are under nervous government. The involuntary movements involve the elaboration of the materials required for the growth and repair of the human economy as well as the removal from it of effete particles. In these processes every organ and molecule of the fabric presents a scene of incessant activity; from the hair and nails, the skin with its glands, the cellular tissue, the bones, muscles, the viscera, the vascular structures, the special organs of sense, up to the nervous masses and their nerves, all are in motion from birth to death. The same is true of the wonderful secretions and actions of special organs, the heart, the lungs, the stomach, liver, pancreas, intestines, kidneys, and the rest. But whether bodily motion be voluntary or involuntary, somatic or

molecular, it is wholly and entirely under cerebral or nervous domination, take that away and every organ, viscus and tissue would cease to act, and revert back into its primitive inorganic elements. We are thus brought face to face with the potent and indispensable influence of the nervous system, cephalic, and sympathetic. Yet with this indubitable and overmastering fact before us, and possessed of the knowledge that growth and formation, without the presence of nervous influence is impossible, we yet find that the great mass of modern physiologists deny to the cerebro-spinal and sympathetic systems, with their ganglia and nerves, any special motion or activity of their own, and assign to them a merely passive or brooding influence upon the structures over which they nevertheless govern and preside. From this grave error the medical world is only just beginning to emerge.

That the cephalic nervous masses possessed a motion of their own was admitted by the older anatomists from ancient times down to the middle or end of the 18th century, though the nature and extent of the motion was ill-defined and imperfectly ascertained. Amongst those who held this view were Colombo, Bartholin, Ridley, Vieussens, Wepfer, Baglivi, Pacchioni, Fantoni, and Bellini. To these names we must add that of Swedenborg, who brought to bear in his treatise on the Brain not only contemporary anatomical and physiological knowledge, but his own researches, and superadded to them a new method of investigation founded upon mathematical laws, and the doctrines of form, order, series, and degrees: by these means he deduced the existence of a definite cerebral motion, and placed it upon a scientific basis, which modern investigators have, by experimental research, since demonstrated and confirmed. The neglect or disbelief of this motion by the generality of modern writers on physiology, seems to have originated in the experiments of Bourgougnon and Donders, who supposed they had proven the brain's passivity because it was placed in a cavity closed to the influence of the external air; hence nothing is mentioned of a cerebral motion in the works of Todd and Bowman, Carpenter, Foster, Draper, Flint, Herman, or Ferrier. Not that they categorically deny such a motion, but they simply do not seem to know anything about it.

The views of Bourgougnon and Donders, however, have since undergone a searching examination and refutation at the hands of Richet, Luschka Vaillard, François Frank and Mosso, and Vaillard summing up the result of their experiments and arguments, concludes as follows: "The reality of the motion of the brain in the ossified cranium is henceforth established," adding that it alternately influences, and is influenced by, the cerebro-spinal fluid, which is capable of displacement.

What, then, is the nature of this alleged motion?—what the proofs of its existence?—and what purposes does it subserve in the economy? First, then, we ask, what is its nature, or in what does it consist? It consists in a rhythmical or successive rise and fall, or expansion and subsidence of the whole mass of the brain; in which motion all its ganglia participate, including that of the central ganglionic portions of the spinal cord. This property of expansion and subsidence Swedenborg alleges to reside only in the cellular or cineritious nervous structure, and not in the white or tubular nervous matter, or in the nerves; this and these possess the property of conductivity only. As a whole muscle contracts and subsides by virtue of the contraction of its individual cells, so the brain expands and subsides by virtue of the expansion and resiling of *its* individual cells, that being true of the whole which is true of its parts. Where the greatest mass of cellular structure exists, there the motion will be most evident, and as this condition obtains in the cerebral convolutions, the greatest proofs of the motion should be furnished by them.

Some of the older anatomists attributed the motion of the brain to the cardiac impulse. Every medical observer is familiar with the throbbing of the fontanelle in the infant, and though it is certain that no artery of any size lies directly under this fontanelle, which indeed is in the direct track of the superior longitudinal sinus, yet the integument beats synchronously with the heart's contractions. The view of the older anatomists was that the force of the internal carotids and vertebrals, with their branches and distribution through the cerebral mass, produced this general and successive upheaval, but this opinion failed to explain the fact that, under the influence of emotion or pain, the fontanelle rises far above its usual height, expanding and falling, not with the heart beats (though these could be clearly seen or felt upon it), but with the respirations, continuing synchronously with inspiration and expiration while the pain or emotion lasted. This double motion, respiratory as well as cardiac, has been explained by recent experiment.

Now it is impossible for me, in the short period of this address, to go systematically through the experiments of Drs. Franck, Mosso, and others of the graphic school, who have by their investigations set at rest the true character and origin of these movements. I must content myself with a general statement of the result of the experiments, and refer members to the work of Swedenborg as edited and annotated by Dr. Tafel,(*a*) which brings the investigation of the subject down to the present hour. A copy of this work lies in the Bradford Infirmary Library for the consultation of the members of this Society.

The experiments in investigation of the subject were conducted upon the brains of animals, and specially on those of men and women who, by accident or disease, had been deprived of a portion of the skull, leaving the dura mater or brain so exposed as to be capable of manipulation or application by suitable instruments. These consisted mainly, but not solely, of clock-work levers adjusted after the method of the sphygmograph, the horizontal lever conveying the movements by a pen to a movable paper register. In most of these experiments an instrument like the sphygmograph, but called a pneumograph, was also employed to register the number and character of the respirations, for there exists a remarkable relation between the motion of the brain and that of the lungs. The results obtained from the instrument carefully adjusted to the exposed dura mater established the fact that this membrane possessed a double motion —one synchronous with that of the heart and the other with that of the lungs. That with the heart may be represented as a continuous series of short undulations, equal, as the case may be, to from 60 to 80 to the minute, thus—

while that with the lungs was equal to from 16 to 20 undulations to the minute, thus—

but the movement was of course compound, giving rise, so to speak, to a figure like a ripple on a larger wave, thus—

The larger undulations or waves representing the motion of the brain with its expansion and subsidence, the rise

(*a*) "Swedenborg on the Brain." Edited by Dr. Tafel. London J. Speirs.

and fall being synchronous with the chest motion as indicated by the pneumograph, the smaller ripple indicating the motion of the heart.

Now, on considering the fact of this compound motion, the question may naturally arise, if the larger waves are synchronous with the acts of respiration, does not that indicate that the brain movement is produced by the action of the lungs? But examination proves that this is *not* the case—first, because there is no adequate channel by which the lung force can be transmitted to the brain; second, because respiration itself, like all other bodily acts, can be shown to be dependent on nervous influence for its initiament; and thirdly, because it is not an orderly sequence for the motion of the higher organ to be dependent upon the lower. The evidence of experiment goes to prove that the brain motion is inherent in itself, and that while influencing the lower organs, it has, as it were, the power of lessening or prolonging its own motion as occasion requires; for example, let the following wave line represent the motion of the *lungs*, as indicated by the pneumograph,

and the following wave line indicate the motion of the brain (deprived for the sake of illustration of the ripple motion of the dura mater). The waves are each bounded

by two horizontal lines, to show their extent, and are crossed each by two perpendicular lines. Now at the moment at which the perpendicular line crosses the brain waves, the experimenter has requested the patient to perform a simple mental operation, that of an arithmetical calculation. Immediately the patient begins to think the brain wave begins to rise, and continues to rise during the succeeding waves, and at the point where the second perpendicular line crosses the waves the mental operation has been finished, and the waves return to their normal size; but during the whole mental operation the chest or lung waves have continued exactly the same, and only after the operation has terminated does this chest wave descend a little below the horizontal line. Here the brain motion is clearly shown to be independent of respiration, and furthermore it is shown that the lung motion (like a sigh of relief after the mental exertion is over) is dependent upon the resultant brain exertion. This decisive experiment only goes to prove what all observers will admit, that bodily actions, of the voluntary order, follow upon affectional or mental causes.

But before proceeding further let me state certain points which have been determined by examination and experiment (for the details of which I refer you to the work already mentioned), and which assist the statement that the motion of the brain is its own *per se*, and inherent in its own proper structure and formation. It has been said that the double motion of the dura mater represents the motion of the brain plus the motion of the heart. The motions are different as to time, the heart-beats being as a ripple on the brain-wave. Now, by no effort of the heart-beats (if it be contended that the pulsive efforts produce the brain motion) could the brain move less frequently than from 70 to 80 times to the minute, nor by any combination of those beats, and yet it has been shown that it moves only 18 times to the minute. The ripple motion—if I may be allowed so to call it—is purely confined to the dura mater, and the reason for this becomes clear when it is remembered that its blood supply does not come from the *internal* carotids and vertebrals, but from the external carotids, &c., thus *before* the former vessels enter the cranium. Moreover, the blood supply of the dura mater enters the skull by different routes to the former, and pursues its course as the arteria meningea media, &c., upon the outer surface of the dura, and between it and the tablea vitrea which it deeply channels, so that if the outer layer, so to speak, of the dura mater could be removed it would carry with it these vessels, and the pulsatile, or ripple, motion would cease, and leave only the larger wave motion of the brain itself. Again, as it regards the blood supply of the brain proper and the cerebellum it has been ascertained that as the internal carotid and vertebral arteries enter the cranium, they are not only subjected to unusual tortuosities, evidently intended to break the force of the heart's contractions, but they become divested of their muscular coatings, and are then subjected to the general conditions and pressure of the cranial contents, all which tend to deprive the blood of its accustomed pulsatile motion, and bring it under the influence of the slower upheaval and subsidence of the brain masses; in which equable flow and ebb, it is evident the blood in the various sinuses must participate. Nor does the blood come again under the sway of the heart's contractions until it is emptied into the jugular veins by the respective currents flowing thither through the transverse and petrosal sinuses at the base of the skull. The brain is thus left free to exercise its important functions and fulfil its own proper animations without the rapid and disturbing influence of the heart's contractions, only thus could deliberate volition, and calm reflection, which are its highest characteristics, be adequately secured.

There is no doubt, upon due consideration, that the position of the brain in the cranial cavity lends the highest support to the possibility of its animatory motion. Poised as the great portion of its mass is upon the tentorium cerebelli, the anterior attachments of which are fixed in front of the sella turcica, and balanced by the falx cerebri between its attachments to the crista galli of the ethmoid in front, the mesial line of the frontal, parietal, and occipital above, and the tentorium behind, a certain space exists between its surfaces and the dura mater above, and its ventricles within, which permits of the required expansion and subsidence. We should thus expect that the motion would commence from its resting place on the orbital plates about the crista galli process, and spread from this as a pole, towards its upper and outer periphery and the tentorium. In this motion it would displace the sub-arachnoid fluid, which suffuses its surface, from the sulci into the larger sub-arachnoid spaces, and send it eddying into the vertebral cavity, where it would find an exit through the processes of endothelium lining the spinal nerves as these pass out through their openings in the holes of conjunction of the spinal bones to their various destinations. As the brain subsided, or fell back, the course of the current of the sub-arachnoid fluid would be reversed. Nor is it unlikely that the resiliency of the folds of the dura mater (for it possesses elastic tissue) would afford an assisting impulse to the brain's return.

It is a natural inference that the mere pressure and presence of the convolutions of the brain, leave their impress upon the vitreous table of the skull so plainly as not to be mistaken, but is it not a more natural and probable inference that the continued and successive rise and fall of the brain should be the proper and definite cause of such impressions? At least we may justly infer this of the superior or parietal portions of the vitreous table, for the natural position of the human body is the erect one, and in this normal condition, gravity alone would keep the upper surface of the brain from the superimposed skull. Yet if the brain rises and falls, the almost innumerable succession of these motions should surely be adequate to the production of such impressions, especially when we consider the rapid erosion which an aneurism will produce upon the thickest bodies of the vertebral or other bones. But it may be said the bones in their growth and fixation adapt themselves to their surroundings or contents, doubtless when touching other structures they do. But who will say that the superior

cerebral convolutions are always touching the cranial walls? This, however, by the way.

Coming now to the purposes which this cerebral motion subserves in the human economy, it may be remarked that everyone upon consideration will admit the powerful influence of the brain upon respiration, circulation, and action generally. The question may be asked, is this influence possible *without* a cerebral motion? or is it possible without a something moved *by* the brain and sent by its systole along the nerves to their extremities, a something which constitutes them the vehicles of motor influence, and of sensory impressions? Surely the nerves are tubes; what do they hold or convey? Some German physiologists contend for an electric or magnetic fluid, which in its passage from the nerve cells polarises the molecules of the nerve pulp and excites the muscles to contraction, a similar but reverse current carrying sensation *to* the nerve cells, the brain interpreting the sensation as a perception to the mind. Electricity or not, an influence adequate to the production of motor power *does* pass from brain to muscle, and of sensation from periphery to centre, and medium or fluid of some kind there must be, or these would be impossible. Given certain facts and phenomena, a reasonable hypothesis explaining these is a rational method of procedure, and Swedenborg in his work on the brain formulates a special view, in which I coincide, because it fits into the facts and phenomena. His view is that the motion of the brain exists, and *one* at least of its purposes is to circulate a fluid within, and by its nerves, which shall at once render the body universally conscious, give life and motion to all its fluids and tissues, and constitute the medium for the transmission of the volitions of the will to the body in its action upon, and for the reception and conveyance of sensations from, the external world. He thus constitutes the nervous system as the central living conscious acting structure of the human body, and not a passive, brooding, and individually inactive series of organs; makes the brain truly "the dome of thought, the palace of the soul," and asserts the cerebellum, apart from its other functions, to be the great presider over, animator and regulator of, all the vegetative and involuntary functions of the human organism.

Whatever may be the exact constitution of the nervous fluid which the cerebrum and cerebellum respectively generate and circulate, is not yet determined, but we may be content with the belief that it has an existence, and that the body, as well in disease, as in health, gives evidence of its existence. That it is subtle and penetrating, now staid and measured in its effects, now quick, almost lightning like in the rapidity and directness of its action, it needs only to watch the dramatisation in human conduct and events, of the thoughts, sentiments, and passions of men, to prove abundantly. Passion, born of the feelings, descends upon the heart, lungs, and muscles with rushing violence, and fires them into tumultuous action according to its intensity. On the other hand, calm speculative thought, slows the pulse, fixes, or renders almost inert the muscles, and reduces respiration till it becomes almost tacit.

Between these two extremes the character of the volition, emotion, or thought, in endless variety produces corresponding effects upon the heart, lungs, and bodily motions. The mind so to speak, playing through the special senses upon the face and features so as to effigy its own states, and render them clearly apprehensible to others. Is there no *influence, nothing* acting generally to produce such striking results?

But while the motion of the brain may be primarily concerned in circulating a fluid from within its cortical cells, along the pulp of the nervous fibrils to their extreme distribution; it is also, as I have said, concerned in the circulation of the so-called sub-arachnoid fluid outside its corticals and fibrils. The direction of the flow, as I have already described, and I now repeat, being through the sulci of the convolutions into the larger sub-arachnoid spaces, thence along the outside of the spinal cord, and through the foramen of Majendie to its inside; the purposes of circulation being the segregation of the nerve cells and fibrils, the provision of an intermedium between them, and primarily to serve as a protective to the whole nervous system. The fact of the possibility of this circulation has been proved by means of coloured injections, which can be made to penetrate all the brain surfaces, except the spaces of the lateral and third ventricles and their foramina or passages. This circulation of the sub-arachnoid fluid is rendered the more facile, from the circumstance that the motion of the lungs (in which both chest and abdomen participate) alternates with that of the brain. Ecker shows that, when the brain rises the lungs expire, and the sub-arachnoid fluid displaced from the cranium descends into the spinal cavity, and passes by the perineural sheathes into the spinal nerves, as these escape into the chest and abdomen; on the other hand, as the brain subsides, space is left for the reflux of the sub-arachnoid fluid to pass back into the cranial cavity, and into the spaces and sulci of the brain convolutions.

As it regards the circulation of the subtle fluid *within* the nerves however, a distinction is to be drawn between that proceeding from the brain proper or cerebrum, and that proceeding from the cerebellum. Leaving out, for the present, the consideration of the function of the restiform bodies, and the resultant posterior tract of the spinal cord, it may be said that, beside the admitted fact of the co-ördinating power of the cerebellum over the muscles, Swedenborg traces a direct connection between it and the sympathetic system of ganglia and nerves. This connection being secured through the large trunks of that system in the neck as well as at other parts; by this connection the cerebellum exercises the important function of inspiring the whole sympathetic system with its nervous fluid; and while assigning to the cerebrum the control of voluntary motion and sensation, he asserts that the cerebellum is the great presider over the involuntary organs *through* the sympathetic, and that thus the nutrition and growth of the whole organism is secured; moreover, while the cerebrum is more or less quiescent in its motive and circulatory functions during sleep, he says that the cerebellum like the heart never sleeps, but continues in incessant action in accordance with the requirements of nutrition, repair, and waste. This view of Swedenborg, formed, let it be remembered more than 140 years ago, has found a remarkable and striking confirmation in the researches of Professor Luciani, alluded to in a leading article of the *Brit. Med. Journ.*, of December 6th, 1884. In testing the functions of the cerebellum Luciani carefully exposed and ablated the cerebellum without killing the animal he operated upon, which animal for all practical purposes recovered after healing of the cerebral surfaces: but what was the ultimate result of the removal of the cerebellum? I quote as follows:—"During the four or five months over which the second period extended, no alterations were perceptible in the health and general behaviour of the animal. It then began to manifest singular trophic changes, local and general, though remaining under the same external conditions as before. Thus we find noted that persistent suppurative otitis, catarrhal conjunctivitis, cutaneous and articulatory inflammations declared themselves. How far deficient innervation may account for such *circumscribed* pathological processes remains to be proved by further experience. The most *striking* symptom, however, *was a rapidly progressive denutrition, culminating in a peculiar marasmus, or general dystrophy*, which suggested a possible casual relation between it and the absence of the cerebellum."

To my mind the word "casual" here would be better replaced by "direct" relation between the denutrition and marasmus, and the ablated cerebellum.

In bringing this imperfect address to a conclusion, let me add a few words as to the negative evidence of a cerebral and distributory nervous circulation from certain diseased conditions. So long as the nervous system continues intact, uninvaded by disease and uninjured by

accident, its functions are carried on with regularity and perfection, but suppose, in the case of later life, a diseased or atheromatous artery bursts under excitement upon the brain, at once the function of every portion of the brain thus pressed upon ceases, and paralysis, more or less complete, ensues to those parts which the invaded brain area supplies with nerves. Why does the function cease and the paralysis ensue? Is it not that, not only the suffused tissue suffers injury, but that the pressure renders cerebral motion impossible at the part, and stops the circulation of nervous fluid along the nerves, which are otherwise perfectly intact. Should absorption of the clot gradually take place, then the motion and circulation being partially restored, sensation or motion of the paralysed limbs returns in proportion.

Or again: Suppose that from some abnormal condition of the convolutions and corpora striata, the nervous fluid is pent up in the cortical cells? A time sooner or later arrives when it so increases that it can be no longer restrained, but flashing forth it convulses the body with the frightful spasms and contortions of what is called "the nervous storm of epilepsy." Do these phenomena give no evidence of a circulation of nervous fluid?

Again:—What inference can we draw from the uncontrollable and irregular muscular spasms of chorea, but that some functional or organic condition of the cells of the brain periphery or the corpus striatum prevents the even flow of some nervous fluid, and permits only of its interrupted and involuntary discharge upon the muscles.

Again:—In ordinary conditions of the superficial nerves, their function is effected with ease, comfort, and perfect freedom from pain, but let those nerves be irritated or inflamed by cold, let pressure from without or effusion from within their theca, lessen the calibre of the axis, cylinder, or pulp of their nerve fibrils, and you have produced in a resultant neuralgia, the most startling and agonising pain which human nature can possibly endure. How can you account for the frightful plucking, darting, lancinating agonies of the sufferer, except by believing that they are due to the interruption to the free passage of some medium or fluid, which afterwards flashes along the inflamed nerve? Again:—The crises and lightning pains which accompany sclerosis of the spinal cord during the progress of locomotor ataxy, are wholly unintelligible except in the light of the existence of a nervous fluid which the hardened nervous tissue delays, till it forces a torturing passage through and beyond the obstruction. Lastly, take the familiar illustration of occasional pressure on the branches of the great sciatic nerve when sitting cross legged: after a time the limb becomes benumbed; but, remove the pressure, and quickly sensation is restored, attended with a tingling and prickling sensation, unquestionably indicative of the restoration of the circulation of some medium or fluid to the very extremities of the nerve fibres.

Some months ago I read a note before this Society and the Yorkshire branch of the British Medical Association, on a peculiar retinal light observed during closure of the eyes. This light has a ryhthmical appearance and disappearance, more or less synchronous with the acts of respiration. The note was published in the *Medical Press and Circular*, June 1884, where those who desire may consult it. To my mind this light furnishes a direct and positive evidence of the existence of the motion of the brain, and the circulation by it of a subtle nervous fluid. The act of circulation becoming *visible* in consequence of the expansion of the nervous retina and its special capability of receiving and transmitting impressions of light. Finally, gentlemen, this fact of the motion of the brain, and the existence and circulation of a nervous fluid throughout the whole extent of the nervous distribution opens a new field of investigation to the cerebral physiologist, it renders the action of the nervous system in and upon the human body, consistent and intelligible, it furnishes a key to the phenomena of nervous pathology and apart from the higher functions which man exercises as a voluntary and sensational being, it provides an answer to the question why the human body is the universally conscious organism we feel it to be.

ON THE TRANSPLANTATION OF SKIN FLAPS WITHOUT PEDICLE FOR THE CURE OF CICATRICIAL ECTROPION.

By H. R. SWANZY, A.M., M.B., F.R.C.S.I.
Surgeon to the National Eye and Ear Infirmary; and Ophthalmic Surgeon to the Adelaide Hospital, Dublin.

The transplantation of skin flaps, without pedicle, from distant parts of the body for the relief of cicatricial ectropion, known as Wolfe's method, is one with which the members of the section at large are already acquainted, so that it is needless for me to point out the advantages it possesses over other methods of dealing with these cases. However, in connection with the exhibition of four eyelids (in three patients) operated on in this way, I may be permitted briefly to draw the attention of the section to the procedure—the more so as there are some points in it which I think deserve greater attention than they have generally received.

My own experience of the method is of recent date, and the total number of my operations is seven. These seven operations have been performed in four patients, of whom you see three here to-night. The early accounts of the results of these operations were not to me sufficiently attractive to induce me to abandon the old plans in its favour, and it was not until forced by the circumstances of a case that I employed it. Now, having found it a most satisfactory proceeding, I much regret that I postponed its trial so long. I believe, also, that it will yet be a more perfect method than at present.

Before briefly narrating my own cases it may be convenient to recapitulate the steps of the operation. They, probably, vary somewhat with the operator, but are, in general, as follows:—Let us suppose the upper eyelid to be everted in consequence of cicatricial contraction of its skin, so that the free margin of the lid has become incorporated—as is often the case—with the eyebrow, and the conjunctival surface of the lid has become exposed. To remedy this condition an incision is made through the skin above the position of the adherent ciliary margin, and extending, not only the whole length of the latter, but some 5 mm. further at either end. The eyelid is now dissected down, and reduced to its normal position. By this means a round or oval bleeding surface of about 5 cm. diameter is produced. The margin of the lid is secured to the margin of the lower lid, or to the cheek, by two or three points of suture. The dimensions of the wounded surface are then measured, and its size, with the addition of one-third in every diameter, is marked out with pen and ink on the skin of the inner surface of the forearm, or other selected place. The portion of skin thus mapped out is dissected off with as little of the subcutaneous connective tissue and fat as possible, care being taken not to contuse the flap. Immediately on its removal the flap will be found to have shrunken to two-thirds of the size which was marked out on the arm, and hence the reason for having made that area one-third larger than the wounded surface which is to be covered. The flap is now laid, with its epidermic surface below, on a warm plate, and every morsel of subcutaneous connective tissue and fat is carefully removed with a curved scissors, so that only true skin and epidermis is left in the flap. While the flap is being prepared, the wounded surface on the eyelid has remained exposed to the air, in order that all oozing of blood from it may be arrested, and by the time the flap is ready for application the wounded surface of the eyelid will be found with a well-known glazed appearance. If there should still be a slight bleeding, the

surgeon must wait until it ceases. The flap is then applied to the wounded surface, and is retained in its position by interrupted sutures around its margins, care being taken above all things, that there be no stretching of the flap, while, also, its margin should not extend beyond the margin of the wounded surface. When fixed in its place the flap presents a ghastly white appearance. The dressing is applied, and kept in position by a roller bandage round the head calculated to give merely a gentle pressure on the eyelid. Such an operation, when the surgeon himself prepares both the eyelid and the flap, as I prefer to do, occupies from 1½ to 1¾ hours.

The dressings are not removed for four or five days. If all have gone well the white appearance of the flap will then be found altered to a pale pink, while union will seem to have taken place around the margins. If the various parts of the flap be touched they will be felt to be firm and adherent to the surface underneath. At some of the points of suture a slight suppuration, or it may be a slight sloughing, is very apt to be present.

But a portion of the flap may be found to be gangrenous. Sloughing of even a third or more of the flap may take place, and still a very fair therapeutic result be ultimately attained.

Five or six days after the operation, in most cases, the epidermis of the flap becomes loose and soon peels off, leaving the highly vascularised rete Malpighii exposed, and presenting the *appearance* of a healthy granulating surface. This very soon begins to have a cuticle formed on it, and it finally becomes healed all over in the course of a fortnight or three weeks.

If things would now remain *in statu quo* both patient and surgeon would, as a rule, be content, but, unfortunately, a change soon commences which must always be calculated on—namely, a shrinking of the flap. This shrinking goes on very slowly, and does not attain its utmost limit for many months, by which time the flap will sometimes be found to be reduced to a hard lump of apparently cicatricial tissue, such as is seen in the lower lid of the old man (exhibited). This, however, in most cases, is sufficient for the purpose for which the operation was undertaken.

With regard to my own cases:—The *First Operation* was performed early in the year 1883, on the upper eyelid of a man, which was ectropionised from a burn. No plastic operation with use of flaps from the face would have been possible. I was assisted by Dr. Franks, who dissected the skin flap from the forearm while I prepared the eyelid. The flap was secured in its place with a continuous fine wire suture, and dressed with gold-beaters' skin and carbolised oil on lint. About one-third of the inner end of the flap sloughed. The epidermis peeled off. There was a good therapeutical result so long as the case remained under observation, which, however, was not for more than two or three months.

The *Second Operation* was on the old man (æt. 65), whom you saw outside. His under lid of the left eye was turned out in consequence of a burn, and had been operated on by the President of this Section (Prof. Bennett), at Sir Patrick Dun's Hospital a short while before by Mr. Wharton Jones, V.Y. operation, as well as I could make out from the cicatrices. Knowing the operator, I can safely presume that that operation, as such, was complete in every detail, and yet the ectropion returned. The man then came under my care at the National Eye and Ear Infirmary, and, on the 27th of last February (1884), I transplanted a portion of skin from his left forearm to the eyelid. The eyelid was dissected up as far as it was possible, so that the free margin reached far above the position it should normally occupy, and was sutured above the eyebrow on the forehead. In this way a very extensive wounded surface was produced. It measured about 5·25 cm. by 2·35 cm.

The area marked out on the arm measured 7 cm. by 6 cm. There were a dozen silk sutures used in securing the flap in its new position. The dressing consisted of gold-beaters' skin and carbolised oil on lint. The result was that a small portion of the flap at the inner end sloughed; there was some suppuration at several of the points of suture; and the epidermis peeled off. At present the eyeball is fairly protected, and the patient himself is much pleased with the result; but, at the inner end of the lid, where the sloughing took place, there is a hiatus, which leaves the caruncle exposed and is the cause of much tearing. I propose admitting him to hospital again to endeavour to relieve this. The flap attained its utmost degree of shrinking four or five months after the operation, and since then remains as you have seen it. It now measures 2½ cm. by 6 mm., and hence the shrinking has been to the extent of about 55 per cent. of its original size when transplanted, but this includes the part which sloughed.

The *Third Operation* was on the girl, æt. 19, whom you have seen without. Her nose, all her eyelids, the whole of her forehead, and the front part of her scalp, had been burnt by her falling into the fire in an epileptic fit in April, 1883, about ten months before her admission to hospital. When I first saw her, her forehead was a continuous granulating surface, and each of the four eyelids, but more particularly the upper lids were everted, so that the eyes could not be closed. Having, by a lengthened treatment of skin-grafting after Reverdin's method, nearly brought the forehead to healing, I transplanted skin from her left forearm to her left upper eyelid for cure of its ectropion. The plan I tried here was rather that of Stellwag and de Wecker than of Wolfe. In it the flap is not applied in one piece to the eyelid, but is cut up into four or five morsels, which are laid on the wounded surface so as to cover it completely, their edges touching. The advantages claimed for this method are, that these small flaps adapt themselves more readily to any unevenness of the wounded surface; that they require no sutures; and, that if one or two of them should slough, the existence of the remaining ones is not jeopardised, as is the cause where a small portion of the larger flap mortifies. The dressing employed was the gold-beater's skin next the flaps and carbolised oil on lint over that. On removing the dressing on the fourth day all the flaps of skin were found loose and sloughing, and bathed in pus. The wounded surface of the lid granulated, and in spite of much skin grafting, it finally contracted to such an extent as almost to nullify any result from the operation.

The *Fourth Operation* was on the woman, æt. 45, whom I have shown you. She was operated on on the 18th of April last. Her right under lid was everted from a burn to such a degree, that its ciliary margin was found adherent to the cheek low down. The lid was dissected up very completely, so that when reflected its free margin came in relation with the skin above the eyebrow, and covered up the eye and upper eyelid, and I fastened it to the skin of the forehead by means of three points of suture. The wounded surface was consequently a very extensive one. It measured 3·25 cm. by 3·5 cm., and the portion of skin mapped out on the right forearm was rather more than one-third larger. The flap was fastened in its new position in one piece by a dozen interrupted silk sutures around its margin. The dressing consisted of simple vaseline at first, and afterwards of vaseline with boracic acid, spread on lint, and over that cotton-wool with a roller bandage. On removal of the dressings on the fourth day the flap was found adherent all over and around its margins, while there was a little suppuration at some, only, of the points of suture. The sutures were removed, and the case progressed without drawback of any kind. The epidermis did not peel off, and consequently there was no exposure of the rete Malpighii, and no highly vascularised granulating condition of it; and owing, I believe, to these circumstances the subsequent shrinking of the flap was much less than in the case of the old man. The complete shrinking was attained in from three to four months. The flap

measured then, as it measures now, 2·75 cm. by 2·5 cm. the shrinking, therefore, having been only about 35 per cent. of the size of the flap when first applied. The appearance of the flap now is very superior to that in the old man, for it is not very different in colour from the skin of the cheek, and to the touch it is soft and pliable, and not hard and gristly. Therapeutically, the result is good also, except that the lid stands out from the eye a little; a defect which a simple operation could remedy.

The *Fifth Operation* was performed on the right upper eyelid of the girl exhibited, on whose left upper eyelid I had already unsuccessfully operated. This operation was done on the 30th April last, the flap being transplanted in one place from the right forearm and secured with about a dozen catgut ligatures. I took pains here, also, to produce as large a wounded surface as possible, so that the free margin of the lid reached down over the under lid, and was fastened to the cheek without the slightest tension. The dressing used at first was simple vaseline on lint. On the fourth day, on removing the dressings all the sutures were found to be dissolved or to have loosened their hold, and the flaps had become slightly shifted over the underlying surface. Its colour was bad; there was some discharge; and I had little hope of a good result. After one or two more dressings it was evident that the whole flap was necrosed. The wounded surface of the lid granulated, was treated with skin grafts, and finally shrank to much its former condition with similar degree of ectropion. I referred the failure in this case to the sutures being of catgut, which did not hold long enough to prevent shifting until union would take place. This patient was sent home to the country soon afterwards for three months. She returned at the end of October, and on the 17th of November, three months ago, I operated again on her right upper eyelid, making my

Sixth Operation.—The eyelid, of which the free margin, with all its eyelashes preserved, was incorporated with the eyebrow, was dissected down to the utmost degree possible, so that it quite overlapped the underlid. The free margin was as usual fastened to the cheek. The wounded surface measured 5 cm. by 3 cm. The flap taken from the inside of the right forearm was one-third larger before being dissected off. I employed a great number of fine silk sutures—26 in all—at a distance of about 3 mm. from each other all the way round the flap to keep it in its place. The dressing consisted of carbolised oil on lint immediately over the flap, and cotton-wool and a roller bandage. On removing the dressings on the fourth day the flap was found to be looking well, except at one spot about as big as a threepenny-bit near the inner end, which was of a purple hue and slightly raised. The dressing with carbolised oil was renewed every day, The slough became more pronounced, but did not extend further over the flaps. A little suppuration took place at nearly all the points of suture, most of which latter I removed on sixth day. Many of these little points of suppuration, especially along the upper margin of the flap, became confluent, so that a line of suppuration was there formed. On the seventh or eighth day the epidermis peeled off, and the underlying rete Malpighii became exposed in its highly vascularised condition. In the course of a few days more this surface began to be covered with a new cuticle, and the slough, having come away from the necrosed spot, it too, cicatrised over. You have seen the present condition of the lid. Although there may still be some further shrinking, I look forward to a good therapeutical result here.

Seventh Operation.—On the 19th of last month (about five weeks ago) the left upper eyelid of the same patient was operated on for the second time. When the lid had been dissected down and its margin secured to the cheek the raw surface was found to measure 5 cm. by 3 cm., and I traced out a portion of integument on the arm measuring 7·5 cm. by 4·5 cm. for transplantation. In dissecting down the lid a small arterial branch was divided at the upper and outer orbital margin, but the bleeding was easily arrested by torsion. In the course of this dissection an accident occurred twice which I had not before experienced, although I had always feared it might occur—namely, a button-holing of the eyelid. I made one button-hole about 8 mm. in diameter near the upper and outer margin of the wounded surface, through which some orbital fat protruded, and another smaller hole in the lower and outer quarter of the wounded surface, opening to the conjunctival surface. I do not think these two accidents were due to want of care on my part, but I regard them as almost unavoidable, in consequence of the thinness of the applied surfaces, which I was endeavouring in this case to separate. These button-holes do not seem in the sequel to have interfered seriously with the result of the proceeding. Sixteen fine platinum wire sutures were employed to secure the flap in its new position, and the eyelid was dressed with sero-sublimate gauze moistened in a solution of corrosive sublimate of the strength of 1 in 2,000.

Dec. 24th (fifth day).—First dressing. The whole epidermis was found peeling off, and there were two or three small purplish spots near the lower margin of the lid, in the centre of it. There was no suppuration at the sutures. There was some slight purulent discharge coming from under the epidermis. The silk sutures fastening the lid to the cheek and six of the wire sutures have been removed. Dressed with sero-sublimate ointment.

26th (seventh day).—The purplish spots had not extended. At the inner corner of the flap, where, owing to a depression in the wounded surface, corresponding to the sulcus at the inner canthus, it was not closely applied, there is a considerable amount of purulent matter. The remaining wire sutures were removed, and the eyelid was dressed dry with sero-sublimate powder.

A few days later, some luxuriant granulations having sprung up at the inner angle, and one near the centre of the flap, probably where one of the button-holes was situated, these were touched with solid nitrate of silver. A new cuticle formed on the transplanted flap in the course of a few days, and the granulating points healed over. The complete result, as you have seen, is fairly satisfactory, although there has already been a good deal of shrinking, and I fear there will be more. Should this go too far it will be necessary to do a supplementary transplantation.

In addition to the points generally regarded as important for the success of the operation, I would point out the following:—1st. It is desirable that the wounded surface on the eyelid should be made as extensive as possible, the dissection for the purpose of reducing the lid into position being carried to the farthest possible limit. The plan usually recommended is to carry this dissection only so far as to bring the free margin of the eyelid being operated on into contact with the free margin of its fellow; but, as the members will have observed, I have gone so far with the dissection in many cases, that the free margin of the lid was fastened on the forehead or on the cheek, as it happened to be the under or upper lid, without any tension whatever. The reason for forming an eyelid so very much too large in the first instance is that the inevitable shrinking may not ultimately reduce the eyelid to less, or much less, than its proper dimensions. If, in the first instance, the eyelid be made but little larger than normal, the shrinking of the flap must necessarily reduce it later on to much less than its normal size. I am not aware that this point has been before brought forward.

2ndly, with regard to the sutures. There can be no doubt it would be much better if these could be done without, as they nearly always cause some suppuration. In his first operation Wolfe used no sutures, but dissected up the margin of the skin round the wounded surface and slipped the edge of the flap under this, as a watch-glass is put into its frame. He seems of late to

have returned to this practice. I have not as yet any experience of it. I would not again use catgut ligatures, as they seem not to hold long enough to perform the office required of them; nor would I again use a very large number of sutures, even of fine silk, because they give rise to a continuous line of suppuration around the margin, and, moreover, so many are really quite unnecessary. I thought the fine platinum wire sutures caused less suppuration than the silk. If sutures are used I fancy the best plan will be to apply only so many fine silk sutures as are just sufficient to keep the flap fixed accurately in its place.

3rdly, with regard to the dressing. I believe it to be a mistake to use carbolic acid in any form in connection with the proceeding, and I say this although I have used it in all my cases but the last. I do not in the least share Dr. Wolfe's (*a*) remarkable opinion that the "so-called antisepticism," as he terms it, has no place in ophthalmic surgery, but I do think that carbolic acid is unsuited to the method of which we are now treating as being apt to irritate the delicate skin flap, and I feel pretty sure it increases the liability to peeling off of the epidermis. The dressings and lotions should be antiseptic, but quite unirritating. Boracic acid and sero-sublimate dressings are very suitable.

Finally, I am inclined to think that where the operation is so successful that the epidermis has not peeled off the shrinking is slight in comparison with the cases where it does come away, and the subjacent rete Malpighii has to throw out a new cuticle.

CASE OF SWEATING TO DEATH.

By ANDREW SCOTT MYRTLE, M.D.
Consulting Physician to the Harrogate Bath Hospital.

MR. W., a hale, active, intelligent man, æt. 77, was in the full enjoyment of health on February 14th, 1882, the next day he complained of flying pains in right hip, thigh, and foot, for which he kept his bed. I saw him on the 16th, the pains were increased on slightest movement, there was no fever and all the functions were performed regularly, for three weeks he remained much in the same state, and found complete relief from occasional does of salicylate of soda (10 grains). About the 8th of March he called my attention to the sodden condition of his skin, I found him perspiring freely, and looked on this new feature as a natural sequent to an attack of subacute rheumatism; the pains were neither better nor worse, but could always be relieved by the salicylate, he perspired at intervals most copiously till the 18th, the pains left him entirely about that date, His condition then was, appetite moderate, tongue clean. pulse and temperature normal, felt quite well in every way but for the perspirations, urine natural in quantity and character, no thirst, had once in the twenty-four hours a sense of chilliness sometimes amounting to slight rigor, especially if the bed clothes got off him. I put him on arsenic, cinchona, and sulphuric acid during the day, and quinine and belladonna at bedtime, ordered his body to be rubbed with warm towels, sponged with strong solution of salt with eau de Cologne and vinegar once a day, and his wet underclothing to be changed when practicable.

On the 22nd the sweating I thought was somewhat diminished, when he fancied the arsenic disagreed with him, I gave it up. The perspirations came on in a most peculiar way, suddenly every duct opened and the sweat poured out, this would go on for ten minutes or ten hours, but invariably stopped as suddenly as it began, everything on and about him was simply saturated. Thinking there were indications of an aguish nature about him, I now gave him Warburg's tincture in full doses, and continued the quinine and belladonna at night.

On 24th still no change, his urine I examined carefully with following result: Sp. gr. 1020, reaction fairly acid, no trace of albumen or glucose, usual urates in normal quantity, urea 2·43 per cent., after standing for twenty-four hours some fine crystals of oxalate of lime were found, but we may consider the urine healthy in all respects, and it continued so till death, and what is more remarkable, with all the loss of fluid by the skin the secretion of the kidneys was never affected in quantity.

About the 26th the sweat became most offensive, giving the same heavy smell as that given off by a horse after a smart gallop on a hot day. Oddly enough his son was attacked with all the symptoms of hay fever when he entered the room, just as he is affected on going into a stable or hay field, this smell was given off only occasionally and chiefly during early morning. I had some of this sweat collected for analysis but could make out nothing by it.

On the 27th I called Mr. Wheelhouse in consultation. On hearing the history of the case, he felt at first inclined to look on the sweating as an effort of nature to rid the system of some effete matter by the skin, but on further consideration he adopted the view which I had held for some time that the perspiration was unlike any form of sweating we had ever seen, that it in reality was the disease we had to combat, and that it originated in paresis of the terminal branches of nerve filaments which supply the sweat glands and ducts and control their functions, and that this paralysis had been caused by exposure to cold and hot air currents in his workshop. Mr. Wheelhouse then suggested the exhibition of ergotine, basing this line of treatment on the fact that as ergotine acted as a specific on the vaso motor nerves, controlling the capillaries in cases of passive hæmorrhage, it might exert the same influence on the sweat glands and ducts through their nerve supply. I was pleased with his idea, and gave 3 grains of ergotine at 3 p.m. and the same at 11 p.m. Shortly after 12 I was sent for on account of what was said to be a slight convulsion. I found the patient bathed in perspiration, face very pale, features pinched, surface of the body cold, heart's action irregular, feeble, respirations hurried, in fact he looked dying. I gave brandy with ammonia, applied hot bottles to extremities, and synapisms to chest and nape of neck, and in an hour he recovered. Next morning the effects of the ergotine had passed off as far as its toxological action went, but it showed no power as a therapeutic on the condition of the skin. During the following twenty-four hours I made the nurses keep an accurate record of the fits of perspiration. Between 8 a.m. on the 28th and 8 a.m. on the 29th fifteen distinct bursts of perspiration were observed, lasting for from a few minutes to a couple of hours, the patient could tell the approach and cessation of each attack, and during the interval after the sweat had been wiped off, the skin, although soft and sodden, was not wet, during the fit dry it as often as you could it was no sooner wiped dry than the sweat was seen standing upon it.

On the 31st Dr. Dreschfeld, of Manchester, was called in, I merely gave him a general outline of the case, but did not say one word as to my view regarding its pathology. I left him to examine for himself and draw his independent conclusions. The first remark he made was "this is a most singular and interesting case, I have never seen one like it, and don't think I ever heard or read of a similar one." The only thing he found out which was not in keeping with a perfectly sound physique, was a slight mitral bruit, but as that had existed for over twenty years to my knowledge just as he found it, no importance could be attached to it. Mr. W. told Dr. Dreschfeld that there was nothing the matter with him, that he felt as fit and capable in mind and body as ever he did. During our consultation Dr. Dreschfeld expressed a wish to be allowed to give his opinion as to the cause of the sweating without being

(*a*) *Centralbl. f. d. Prakt. Augenheilkunde*, January, 1880.

informed as to the views of Mr. Wheelhouse or myself. He then said, "I believe the mischief is in the sweat nerve centre, and the sweating and aguish attacks are due to an alternate paralysis and irritation of that centre, and that this condition arises from the presence of rheumatic poison in the blood." I then told him that I had fixed on paresis of the terminal nerve filaments which preside over the healthy function of the sweat glands and ducts, that these filaments had become weakened by exposure to alternate heats and chills to which the patient had exposed himself for months in his open workshop, and that he had never been quite himself since he had fainted after having stood over some workmen for hours whilst a cold current of air had swept past him. It was satisfactory to find that we were pulling at the same rope although at different ends, we both looked on the symptoms as having a neurotic origin. Dr. Dreschfeld suggested a trial of atropia, giving him a fiftieth of a grain morning and evening, the surface of the body was also dusted with salicylic acid and starch. In an hour after the administration of the atropia the very same symptoms were developed as we had after the ergotine, only intensified, the patient nearly died, on rallying, the sweating went on just the same.

On April the 5th I got Mr. Wheelhouse again to see him and asked Mr. Jessop to accompany him, went over all symptoms, Mr. Wheelhouse still sticking to his ergotine as the proper remedy, and Mr. Jessop looking on the sweating as similar to that of advanced phthisis, advised a trial of quinine tinct. and belladonna. I having witnessed the effects of ergotine, and as the patient had taken quinine and belladonna every night, proposed we should return to arsenic, knowing that of all remedies it possessed the greatest power over the cutaneous nerves in cases of abnormal or diseased conditions of the skin, and to this we agreed. He had 5 min. of liq. arsenicalis with his Warburg's tincture twice a day, in forty-eight hours the perspirations ceased and kept away for twenty-four hours, then they recurred slightly —during the following week, the skin felt warm and dry, there was very little active perspiration, and I thought a cure would be effected, when back the sweats came worse than ever. All this time we had no constitutional disturbance, the pulse 72, tongue clean, temperature 98·2, bowels regular, urine natural. He said he felt as well as ever he did, his mind was as clear, the only thing that troubled him was he could not assume the erect posture without feeling faint, to look at him lying in bed he appeared fresh and ruddy, just as he did when in health.

After the exhibition of the arsenic the strong horsey smell disappeared for weeks, and only returned at rare intervals. About the 13th the arsenic again caused so much dryness in mouth and throat with inflammation of conjunctiva I had to discontinue it, and substituted eucalyptus in combination with the Warburg, as his nights were very restless I also gave him morphia at bedtime.

On April 25th I took the opportunity which our branch meeting afforded of asking Mr. Arthur Jackson to see the patient with me, he overhauled him thoroughly, but beyond the sweating could find nothing wrong. Mr. W. assured him he was quite well and felt up to anything. I asked Mr. Jackson if he had ever seen such a case, but he had not. He had never heard of such an one and could suggest nothing. The day Mr. Jackson saw him he spat a little blood, but there was no sign of lung mischief, and as he had been on his back ten weeks we thought it likely to arise from some temporary local congestion.

During the whole month of May there was little or no change in the symptoms, the perspirations were as frequent, as great and erratic as ever. Towards the end of the month his strength began to fail, and his breathing occasionally became laboured, still he took his food, felt comfortable, performed all his functions, and passed good nights.

On June the 15th he sank from exhaustion, perspiring to the end. Before death he was as clear in his mind as ever he was.

At the first I looked on the case as one of rheumatism, and this view was strengthened by the remarkable action of the salicylate of soda, then when the rheumatic pains left, and the shivering and slight rigors took their place, I thought we might have some malarial mischief, but the powerlessness of the most reliable remedies in affording any relief, drove me from this ground; and so I arrived at the conclusion that the fault lay in the nervous system, and knowing that for years he had been working in an open shed at a gas-engine, exposing himself to draughts of every range of temperature, I fixed on the peripheral cutaneous nerves as the seat of his troubles. Dr. Dreschfeld knowing nothing of his private history, at once fixed on the sweat nerve centre as the cause of his perspirations and rigors. After all I still adhere to my own opinion. The surface of the body was often exposed to heats and chills, and I think the terminal nerve filaments were much more likely to become paralysed thereby than any of the nerve centres. I have called this a case of "Sweating to Death," because, in the first place, it describes the real nature of the case, and in the second I have a decided objection to coining a new scientific name for a form of disease which may never be met with again.

Clinical Records.

SHEFFIELD PUBLIC HOSPITAL.

Case of Thoracic Aneurism.

Under the care of Dr. W. Porter, Physician to the Hospital.

B. G——, æt. 48, an engineman, came under Dr. Porter's care at the Sheffield Public Hospital and Dispensary on the 11th of December last. He complained of pains behind the sternum, in the left shoulder, and down the left arm, and also of attacks of palpitation and dyspnœa on exertion. He had been suffering for two or three years, but had only experienced the pain in the left shoulder and arm about three or four months. On examining the chest, a pulsating, expansile tumour was detected coming to the surface between the third and fourth costal cartilages at the *left* border of the sternum. A distinct thrill could be felt over the tumour, though it was extremely tender to the touch. The area of cardiac dulness was much increased, and the heart's apex displaced downwards and outwards, beating two inches below and one inch outside the left nipple. Auscultation over the tumour revealed a loud, rough, double murmur, which was audible also to the left of the vertebral column behind. The systolic murmur was not conducted into the carotids. There was considerable cardiac hypertrophy and high arterial tension, but no inequality between the pulses of opposite sides, or of the upper and lower limbs. There were no marked signs of venous embarrassment or other pressure symptoms. The patient had a troublesome cough, and the respiratory murmur was deficient over the left lung, at the base of which some dulness and moist *râles* were detected. There were no facts pointing to syphilis in the patient's personal or family history, but an interesting circumstance in the case was that fifteen years ago the patient had received a severe injury to his head by the fall of a trap-door, and that a scarf-pin he was wearing at the time was driven into his chest for at least an inch and a-half. The patient had had a good deal of heavy lifting to do at his work. The treatment that had been adopted in the first instance was absolute rest in bed, careful dieting, iodide of potassium, and digitalis, and morphia pills; but the patient's anxiety about domestic affairs induced him to leave the hospital before sufficient time had elapsed to test the efficacy of the treatment, and he was then attending as an out-patient.

Commenting on this case, Dr. Porter alluded to the un-

usual situation of the aneurism to the left of the sternum. He concluded that it was a sacculated aneurism springing from the concavity of the ascending arch. In that situation aneurism of the pulmonary artery had been met with, though that condition was very rare. Earlier and more serious interference with the pulmonary circulation, dyspnœa, pulmonary embolism, &c., as well as great engorgement of the systemic veins, and right side of the heart, cyanosis, dropsy, &c., would then have been prominent features in the case. Chronic cardiac aneurism, affecting either the left auricle or ventricle, had also been described in that situation, and there were no special symptoms which characterised it, but it was said to be attended generally by dilatation in excess of hypertrophy, signs of cardiac failure, cyanosis, dropsy, &c

AN INTERESTING CASE OF ABDOMINAL CONTUSION, FOLLOWED BY RUPTURE OF THE BOWEL AND DEATH.

By LEWIS W. ATLEE, Philadelphia.

DR. LEWIS W. ATLEE, of Philadelphia, reports the case of a patient, æt. 47, a strong, robust, American country blacksmith, who sustained a severe blow from the recoil of a "kicking" gun in the right iliac region, which was followed by symptoms of shock, peritonitis, and also of enteritis, most probably due to continuity of structure. For ten days he seemed to be doing well. On the tenth day, having occasion to get up to stool, whilst returning from the commode, his feet became entangled in the blanket covering him, causing him to fall to the ground. Symptoms of collapse at once set in, rupture of the bowel was diagnosed, and death ensued two hours after the fall.

At the post-mortem a large jagged-edged hole, large enough to admit the tips of four fingers, was found in the intestine, lying to the right of the median line, midway between the umbilicus and the pubis. No external mark of injury was discovered; the usual post-mortem appearances of peritonitis were found.

Dr. Atlee emphasises the necessity for never making light of abdominal contusions, no matter from what cause they arise, by reference to a monograph on the subject by Alfred Poland, published in the "Guy's Hospital Reports" for 1858, 3rd series, vol. iv., entitled, "A Collection of Several Cases of Contusions of the Abdomen accompanied with Injury to the Stomach and Intestines," in which Mr. Poland says, "A strike, kick, or fall on the abdomen, a passage of a wheel over it, or a jamb between two opposing bodies, &c., &c., must never be thought lightly of, and must always be regarded with suspicion, and treated in a careful and judicious manner. Many a trivial blow in this region has resulted in unexpected and sudden death, although life has sometimes been prolonged for a short time in agony and suffering, terminating in collapse and death. This can readily be accounted for when we consider the numerous and vital structures contained in the abdomen; and also that these structures are enclosed within soft elastic parietes, capable of great distension, while, although readily able to resist shock and extreme violence without injury to themselves, yet may allow the force to be transmitted and expended on the contents with dire effect, without an external mark."

If immediately after the injury the abdomen becomes tense and tympanitic, it is a sure symptom that the bowel has been ruptured and allowed the air to escape. Dr. Atlee commends in these cases, as the most appropriate treatment, perfect rest on the back, nothing but ice to suck by the mouth, and opium to allay pain and the peristaltic action of the intestines. Leeches may be put on during the inflammatory stage with benefit. No food should pass the lips until the fifth day; all food and stimulants necessary should be given in enemas. Warm fomentations are grateful to the sufferers. Blisters he believes to be hurtful. He advocates cutting into the abdominal cavity, and suturing of the torn bowel, as a measure likely to save many valuable lives which otherwise must be lost.

DR. SWEETING, Medical Superintendent of the South-Western District Fever Hospital, is engaged in an investigation of the causes of the prevalence at Normanton and other places in Yorkshire of scarlet fever, diphtheria, and enteric fever, on behalf of the Local Government Board.

Transactions of Societies.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

FEBRUARY 12TH, 1885.

Mr. W. A. GARRARD, President, in the chair.

PERI-HEPATITIS CAUSING STRICTURE OF BILE AND PANCREAS DUCTS AND CYSTIC ENLARGEMENT OF PANCREAS.

Dr. BANHAM exhibited a specimen showing strictures of the cystic and common bile ducts. The pancreatic duct opened into the diseased portion of the common bile duct, so that both the pancreatic and biliary secretions had been shut off from the duodenum, with the effect of causing considerable cystic enlargement of the pancreas (the organ being fully twice its normal size) and dilatation of the hepatic ducts. The liver was enlarged and indented, and there were marked evidences of old attacks of peri-hepatitis. Notes of the case were given. The chief symptoms had been jaundice, distressing itching of skin and rapid emaciation. The morbid conditions were supposed to be due to syphilis.

The PRESIDENT asked Dr. Banham if he was able positively to exclude from the diagnosis impacted calculus, and how? His being able to do so being an important point in relation to the question of an operation for the removal of a stone if present. He also wished to ask Dr. Bannam's opinion as to the cause of the stricture.

Dr. BANHAM, in reply, said that he was led to exclude the idea of calculus, from the woman never having had pain, shivering, or any of the usual symptoms of gall-stone. Before the woman's death he thought the case presented the features of general malignant disease of the liver. He now thinks, though there is no positive history to that effect, that the stricture was due to syphilitic inflammation.

POST-PUERPERAL TREATMENT.

Mr. BALDWIN, in the course of some very interesting remarks upon this subject, gave the Society the benefit of his experience in the treatment of 234 cases, with a meat diet from the very first day, His attention was drawn to the question of diet for such cases, by one which he was called upon to treat when a student, in which there was trouble, some diarrhœa, accompanied at the same time by hard lumps difficult to get away, and which he believed to be agglomerations of oatmeal, the result of the old gruel and slop line of treatment. Flatulence and stomachic disturbances were also experienced. A repetition of these troubles in other cases induced him to adopt ordinary diet from the outset, and up to the present with a success which he believes amply justifies his adhering to it. Out of the 234 cases of which he has kept a record, and which were in no sense selected cases, he has had only five in which the temperature went up beyond 100°. In one case there was a lighting up of old pelvic mischief, but this he does not think was due to the diet. He believes that a meat diet increases the metabolism of the tissues, and favours involution.

The PRESIDENT, whilst regarding Mr. Baldwin's communication as an important and interesting one, could not help thinking that it was well to adhere to the "good old rule," to wait three or four days until the bowels had acted, and the milk flow was established, before beginning a meat diet.

Mr. JONATHAN BARBER advocated giving beef tea and milk from the outset, followed up by meat in a few days.

Mr. BROWNING believed that some cases required solid sleep rather than solid food after labour, and that other cases experienced so little difficulty during labour, that they did well under any treatment. He wished to know Mr. Baldwin's experience with regard to suturing ruptured perinæum. He quoted an amusing case in which a brother practitioner had inserted a suture into, as he thought, a recent rupture, only to find a little later that the injury was of some twelve months standing. The medical man was clever enough, however, to persuade the patient and friends that what he had done would render future labour all the easier.

Dr. DYSON wished to know what was the gain from the meat diet? Could the patients get up earlier than under the old treatment? He narrated his experience of one case when

a student, a poor half-starved woman to whom he gave a chop immediately after labour and who died. He was charged and very nearly convicted of malpraxis on the head of it. Fortunately there was one of the coroner's jury who, on hearing that the woman had had a chop, said "why that is nothing, my wife always has a rump steak the day she was confined." This testimony turned the scale in Dr. Dyson's favour.

Dr. Martin supported Mr. Barber's views in giving beef tea, milk, eggs, and light puddings the first few days until the water, bowels, milk, and temperature are all in good working order.

Mr. Baldwin, in reply, maintained that the act of parturition was a normal one, and that it cannot be regarded in any way as affording a parallel to a traumatised person. He, therefore, thought the meat diet was perfectly justified. As regards suturing the perinæum, the rule he lays down is to suture wherever the rent is over an inch in length. The cases he has done have been most satisfactory in their results. His method is to wring a sponge out in very hot water, wipe away all secretions, and then insert the sutures.

A CASE OF CHARCOT'S JOINT DISEASE.

Mr. C. Atkin showed a case of Charcot's joint disease occurring in a joiner, æt. 37. There was no history of injury or syphilis, though gonorrhœa and suppurating buboes were acknowledged to. He applied at the infirmary last July with a painless hydrops articuli of about five months duration, and was admitted under the care of Dr. Arthur Jackson. The state of the joint was considered peculiar at the time, and, owing to the condition of the apices of the lungs, was set down as being most probably tubercular. He had no ataxy at this time or any other bodily ailment. Attending occasionally as an out-patient nothing peculiar was noticed in his gait, &c., till a month ago, when attention was directed to the irregularity of his pupils and the Argyll-Robertson phenomenon. His present condition was shortly this, he has all the common symptoms of locomotor ataxy, including increased frequency of micturition, salivation, and occipital pain. The right pupil is twice as large as the left, and neither react at all to light, the right disc is much paler than the left, though v. $\frac{20}{20}$ ja. 1; field and perception of colours normal. The left knee-joint admits of antero-posterior and lateral movement, similar changes, though of a less degree, are to be found in the right; this condition has come on during the patient's stay in bed, he asserting that it (the right knee) was all right, as far as he knew, when he came in. Mr. Atkin compared this case with the one he brought before the Society two years ago, and considered that they both conclusively disproved the traumatic or friction theory; in this case, as above stated, the arthropathy preceded the ataxy; in the first one the joint disease came on whilst the patient was lying prostrated in bed with a typical nerve cylone.

Mr. T. Barber mentioned the fact that in one case of Charcot's disease which had been under his care, and to which Mr. Atkin had made allusion in the course of his remarks, well-marked symptoms of locomotor ataxy had existed for ten years.

Dr. Dyson asked if, in the case which had been presented to the Society that evening, the patient had been thoroughly tested with reference to ataxic symptoms upon his admission to the infirmary? He also wished to know if, in this case, Mr. Atkins considered that there was no disease of the lateral and posterior spinal columns?

Dr. Banham made some remarks upon the differences between Charcot's disease and chronic rheumatic arthritis. The first presents a rapid onset of the peculiar symptoms, the changes in chronic rheumatic arthritis being slow. Dislocation usual in the first, very uncommon in the latter. Very little muscular wasting in Charcot's, the contrary being usual in arthritis.

Dr. Hunt said that he met frequently with cases of locomotor ataxy in the Sheffield Union Hospital, to which he is attached, but, that he had never met with a case of Charcot's disease.

Mr. Atkin, in reply, said that the patient had been thoroughly tested as regards his ataxic symptoms, the case from the outset being looked upon as interesting. He also said that lesion of the cord is not always found, though its not being so, may be due to defects or shortcomings in the means for detecting it.

THORACIC ANEURISM.

Dr. Porter showed a patient with this affection, and read the notes of the case. It will be found at page 165.

TREATMENT OF PHTHISIS.

Dr. Hunt read a paper on this subject, in which he supported the bacilli theory of this disease, making the difference between inflammatory phthisis and true tuberculosis depend upon the presence or absence of this organism. He maintained that it is a disease of modern life, dependent upon the advance of civilisation, also that it flourishes more in mild than cold climates. He had carefully tried all the leading lines of treatment recommended for it, but on the whole, with such poor success that he had but very little faith in the efficacy of any. After an extensive experience with inhalations he failed to find that any benefit had been derived from it. He had also tried pills composed of petroleum, cubebs, sulphur and chinconidine; these he thought had done some little good, but their success had been by no means decisive. He gave iodoform in twelve cases, three were benefited, three could not take it; six cases went from bad to worse. The preparations of hypophosphites of lime appeared to give the best results of the various remedies tried. He dwelt strongly upon the cold climate treatment of phthisis as the most likely to prove beneficial. Dr. Hunt closed his paper with the expression of his opinion, that in the future treatment of phthisis, surgical treatment would be more frequently resorted to than it has been in the past, and drainage of lung cavities be as frequently practised as the drainage of abscess of the hip is now.

The President expressed himself as an unbeliever in the bacilli theory, and consequently had little faith in treatment by inhalation.

Mr. Browning mentioned the fact that, upon the last occasion when he had the pleasure of hearing Dr. Hunt speaking upon this subject, he was loud in his praise of terebine inhalation, and thought it might be instructive to have the two views presented side by side to the Society as an example of complete change of mind.

Mr. Baldwin looked upon inhalation as a very beneficia, palliative measure, but he believed it must be carried out not by respirators, &c., but by medicated rooms. In some of the cases so treated he had obtained surprisingly good results, the cough greatly relieved and the appetite much improved.

Dr. Banham had seen inhalations of service in cases of bronchiectasis, and thought that Mr. Hunt's remarks upon a former case referred to the treatment of bronchiectasis.

Dr. Dyson did not take so despondent a view of the curability of phthisis as Mr. Hunt. He had seen four cases in which there could be no question as far as symptoms warranted a diagnosis, as to the true nature of the disease present, and that in a very pronounced form, in which perfect recovery took place. It would be now difficult to detect any mischief whatever. He belived in either the high altitude or marine air treatments. Some of the cases alluded to spent some time in the Davos Platz district; the others went a long voyage to Australia and back, in both cases the results were most successful, He hoped the time might come when patients might be treated at home by means of artificially produced cold rarefied air, to which kind of air he believed the benefit derived from residence in high altitudes is due. He expressed himself strongly as to the necessity for commencing the treatment in phthisical cases by attention to the gastro-catarrhal symptoms which are so constantly met with before proceeding to the use of tonics, &c. He had seen with Mr. Baldwin the cases treated by means of medication of the air of the rooms the patient lived in, and was very strongly impressed with the results obtained in relieving cough and improving the appetite.

BRADFORD MEDICO-CHIRURGICAL SOCIETY.

Tuesday, February 3rd, 1885.

David Goyder, M.D., President, in the Chair.

SPECIMENS.

Mr. McGee showed a microscopical specimen of the urine with peculiar deposits.

Mr. Wilmot showed a pathological specimen for Mr.

Spence—a tumour, which was removed on Friday, January 30th, from the right labium of a child 3 years and 11 months old. At the time of birth there was a swelling about the size of a pea, which grew slowly at first, but during the last nine months has grown very rapidly. The child has always been healthy and strong, and suffered little or no pain unless the tumour was knocked or pressed, which gave acute pain. The tumour was freely movable, excepting at the lower part, where it was slightly attached to the ramus of the pubes. The skin on the anterior surface was adherent. An enlarged inguinal gland was removed at the same time. Upon section, the tumour appeared to consist mainly of fibrous tissue.

THE DETERMINATION OF SEX BEFORE BIRTH.

Dr. RABAGLIATI then read an interesting, albeit speculative, paper on the above subject, which he prefaced by remarking that the attempt to predict the sex of child before birth was not new. Since the discovery made by Merzor, of Geneva, in 1818, that the heart-sounds of the fœtus could be heard, several observers have worked at the subject. Frankenhaüser seems to have first stated that there was a difference in general in the fœtal pulse-rate for the two sexes, and he said that the male fœtal pulse-rate averaged 124, against 144 in the female. Steinbach stated the difference as 131 for males and 138 for females. Frankenhaüser correctly predicted the sex of every one of fifty cases he examined, while Steinbach was correct in forty-five out of fifty-seven. The success of the latter (79 per cent. nearly) is much more near that which I have been able to obtain than is that of Frankenhaüser, whose experience must, I think, have been exceptional. In three of the cases in which I predicted girls, but in which boys came (two of them curiously in the same mother), the pulse-rates were in two cases 148 and in one 149 respectively. Had Frankenhaüser happened to have attended these three among his fifty, three at least of his anticipations would have been incorrect. It is worthy of note that, although Merzor's discovery was announced in 1818, Ramsbotham, writing in 1844, makes no reference to the *rate* of the fœtal heart, though he seems often to have listened for and heard it actually (p. 286-7). Hutson, of New York (1872), was correct in seven cases in which he attempted to predict the sex. Devillers and Cumming, of Edinburgh, while agreeing that the female fœtal rate is generally more rapid than the male, attribute the difference rather to the differences in the size and powerful development of the children than to sex. Cumming goes the length of saying that, if well developed, the female may have a slower pulse-rate than the male. On his and Devillier's theory a high fœtal pulse-rate tends to be associated with a poorly developed child rather than with the accident of the female sex. In one case which came under my observation I correctly predicted the sex of a female child which when she came into the world weighed 12lbs. In this case the fœtal rate thirteen days before birth was 150. This case, therefore, lends no countenance to Dr. Cumming's theory. On the other hand, I have oftener been wrong in predicting girls than in predicting boys. Of three such cases, two were by no means puny children, while one was exceedingly so, being born, so far as could be made out, at 207 days in place of 280, or ten and a-half weeks too soon. A fourth case, in which a girl was predicted, but in which a boy arrived, was a rather large child when born, although he is now (at twenty-two months old) a flabby yet still large child, who has had one or two severe attacks of eczema of the skin of the ear. In only one case have I predicted a boy when a girl arrived. In this case the child was an average one—certainly not above average. My experience, therefore, does not exactly confirm Dr. Cumming's theory in the view either that boys with a pulse-rate above 140 are very puny, or that girls with a rate of 128-130 are very well developed. The observations of which I can find record, although I have an impression that I have attempted to predict the sex in more cases, refer to eighteen cases. I know that in one or two others I made a prediction of sex, but the mothers being confined in other parts of the country, I have not learned the results. Of these eighteen cases, I was correct in thirteen and wrong in five—*i.e.*, correct in 72 per cent., and wrong in 28 per cent. In four of those where I was wrong the predictions were for girls, and in only one did I expect a boy when a girl arrived. Of the thirteen correct anticipations, ten were for boys and three for girls. The sum of my experience leads me to feel much safer in predicting boys than in predicting girls; and if the fœtal pulse-rate is anywhere about 128 or 130, or even 134 or 136, I confidently expect a boy. If, on the other hand, it is above 140, I say, "The probabilities are you will have a girl, but it is not at all certain." But one or two cautions must be borne in mind. First, the fœtal pulse-rate is not always the same. In a case I examined frequently, I found rates of 140 (once when I said the sex was doubtful) and once it was 144, while all the other times it was under 140. This led me to predict a boy, which came at last, and weighed 12lbs., so that his rapid pulse on the one occasion did not make him a puny child, as Dr. Cumming's theory would have led us to expect. An interesting point in this case, as in at least one other in my list, was the discovery it led me to make, that the fœtus-in-utero does not always remain in one position, but shifts about. On examining at one time I found the fœtal heart in a line drawn from the umbilicus to the right Poupart's ligament, but when I examined on the next occasion it was in the corresponding position on the left side. How often the position may have changed there is no means of determining. In the end the presentation at birth was left-occipito-anterior. Of course, there is no reason why the fœtus-in-utero should not pivot on its head, but it was a surprise to me to find that it certainly did so. I have made the observation in at least one other case. Dr. Rabagliati then gave particulars of the eighteen cases, with the rates of the fœtal hearts and the time before birth, the result being that, as stated in the paper, he was correct in thirteen cases, and wrong in five. The observations were usually made in the last month of pregnancy, but in some cases as early as the beginning of the seventh month.

The PRESIDENT trusted that members with experience would be able to illustrate Dr. Rabagliati's observations. It appeared to him that the subject was at present merely speculative, and it would require very extended observation and a large number of cases to decide the question of sex before birth. Dr. Rabagliati's active mind led him to investigate subjects of doubtful character in the hope of throwing fresh light upon them.

The following also took part in the discussion:—Mr. W. G. Burnie, Dr. Hime, Dr. Whalley, and Mr. McGee.

Dr. FOSTER then read a paper on

EDUCATION—ITS PHYSIOLOGICAL ASPECTS,

which we hope to publish in full in an early number.

The reading of this paper, followed by a brief discussion, concluded the meeting.

ABERNETHIAN SOCIETY.

AT the sixteenth meeting of this Society, held on Thursday, February 12th, Mr. F. C. WALLIS read a paper on

INJURIES IN AND ABOUT THE KNEE-JOINT.

Speaking of inflamed "bursa patellæ," he advocated early and free incisions, suggesting that better results were obtained thus, than by waiting until fluctuation could be felt, also that it was better to make two lateral incisions, one at the extreme limit of either side of the cavity, as well as one down the centre, better drainage, and better results generally being thus obtained. In chronically enlarged bursæ, he gave his experience of having successfully tapped with an ordinary trochar bursæ containing a large amount of fluid. Concerning synovial effusions, Mr. Wallis said that they could be diagnosed from blood effusions by the rapid appearance of these latter, effusions of synovial fluid taking much longer. In cases of original injuries which had become chronic, he related cases which had derived great benefit by wearing a Thomas' knee-splint for some time, thus giving the joint almost perfect rest. He then passed on to speak of fractures of the lower end of the femur, and into the joint. Here, again, cases were related where at first absolute rest with cooling lotions were advocated for some days, until the effusion had somewhat subsided, they were then put up, in some cases, on a double-incline plane splint; in others the American anterior splint was used with great advantage. The various methods of operating on loose cartilages in the knee-joint were then discussed, and a case related in which an undoubted loose cartilage had been absorbed when the limb had been kept at rest for some time. The paper was concluded by discussing the various methods of treating fractured patella.

References were made to various papers, statistics, and discussions concerning the operation of wiring the patella, and drawing conclusions from these, Mr. Wallis gave his opinion that the means did not justify the end as regards this operation.

A good discussion followed the paper.

France.

[FROM OUR OWN CORRESPONDENT]

Decrease of Population.—At the Académié de Médecine M. Lunier, who recently made a communication upon this subject, has formed the following conclusions: 1. That the necessary legal dispositions should be taken by the authorities to facilitate marriages, to grant a bounty to parents having more than two children, and to authorise the research of the paternity of illegitimate children. 2. To reestablish the turnstile for mothers who wish to abandon their infants, and to extend the protection of the State to children morally abandoned. M. le Fort did not think the picture was as black as it was painted by the majority of his colleagues. In 1872 the population was over 35 millions, and now it exceeds 37 millions. Since 1872 the children have increased by one-tenth in families; but on the other hand illegitimate children have increased in most alarming proportions, and the mortality amongst these children is much higher than amongst the legitimate offspring. The reflections of M. le Fort are easily understood when the inequality of the law touching parental responsibility is considered. If a man wishes to deny a child of which he is the father, he can do so, unless, of course, the mother be his legitimate wife. Consequently the woman who has allowed herself to be seduced by the promise of marriage has no redress, and has to bear alone the burden of her fault. It is not astonishing that she should look upon her infant as the cause of her unfortunate position, and she tries to get rid of it in the best way she can. Frequently it is strangled, more frequently still it is allowed to die quietly from diarrhœa, purposely brought on by bad nourishment, and yet again, and this is most often the case, handed over to a nurse who carries it off and takes care of it for a trifling sum, much too insignificant to repay her for any trouble she may take, and unless the child is proof against all the carelessness shown it, it succumbs at the end of a month or two to the great relief of all parties concerned, This baby farming is carried on on a great scale in France. It is computed that over 20,000 children leave Paris annually for the provinces, but half that number never return alive. Rich and poor alike have recourse to this system, which is supposed to be effectually controlled by legislation, but the law is a dead letter, or nearly so. When the father of an illegitimate offspring will be made to share the responsibility of the parentship there will be less illegitimate children, and consequently fewer cases of infanticide, really or morally.

Antipyrine.—At the Société de Therapeutique a discussion arose on the merits and elements of antipyrine. According to M. Féréol this preparation had lowered considerably the temperature in different acute affections, such as pleurisy and pneumonia. M. Huchard said that in his hands it produced profuse perspirations, and he considered it a specific for the fever which accompanies phthisis. He gave it in doses of 10 to 15 grains in the 24 hours.

A very grave affair has occurred in the Vaucluse department between two medical men. It appears that the two *confrères* were sworn enemies for a long while back, neither of them missing any opportunity for showing his ill-feeling towards the other, and it was well known in the country that a feud existed between Dr. A. and Dr. B. A few days ago Dr. A. received, anonymously, a present of four thrushes, and without suspecting anything, had them roasted and served up for dinner. It so happened that he did not partake of them, but his wife eat one and soon afterwards she was seized with dizziness, delirium, and finally sank into a comatose state, from which she was aroused. The cook partook of another on the following day, and was taken with the same symptoms, so that suspicion of poisoning was soon evoked, and the remainder of the birds were examined, when it was discovered that they were poisoned by belladonna, and the symptoms furnished by the victims exactly coincided with that assertion. Public rumour pointed out Dr. B. as the culprit, and he was arrested, and the unfortunate incident is being investigated.

Sanitary Department.

THE THIRTEENTH ANNUAL REPORT OF THE ENGLISH LOCAL GOVERNMENT BOARD.

[Second Notice.]

Dr. Buchanan next gives an admirably clear account of the scientific investigations which were carried out under the Board's supervision by several well-known and efficient experimenters. First, as to Sanderson's researches on infection and disinfection. It is shown that the chemical products of putrefaction are themselves possessors of the power of killing the minute organisms which cause the process of putrefaction. The most marked of these products are the aromatic compounds, substances high in the scale of organic complexity. And Dr. Klein was therefore instructed to follow up the subject by experimenting with two members of the group, viz, phenyl-propionic and phenyl-acetic acids. He sought to investigate their power to destroy the disease-producing ability of organisms, and did this by first exposing the virus to the action of the supposed disinfectant, and then testing its subsequent action on susceptible animals, the result being eminently satisfactory in both cases. Anthrax bacilli were taken as being the best understood germs with reference to their causation, influence, and also as existing in their two forms of filament and spores according to relation with oxygen. It was ascertained that neither of the above agents had any effect on the virus in its spore form, this being still capable of taking effect when inoculated into guinea-pigs; but, on the other hand, when taken free from spores and treated with the disinfecting agent in successively diminishing quantities, it was found that even the smallest of these had the distinct effect of abolishing the infectivity of the virus, and, further, this abolition of potency corresponded with loss of vitality. Similar results were obtained by experimenting with these disinfectants upon the virus of swine plague. Analogous researches with them upon the bacillus of tubercle were not accompanied with such definite result, as this was found to retain virulence for a longer time, the tubercle germ hence resembling the spore phase of the anthrax organism. Dr. Klein also conducted inquiries into the ability of chlorine to aërially disinfect stables occupied with the victims of swine-plague, and suggestive results of its successful use in this connection were obtained. This is a matter of supreme interest to public health, and brings the matter from the realms of scientific speculation to the broad level of everyday experience. Chlorine is so extensively used in sanitary work that the affording of a firm scientific *rationale* for its use is a *desideratum*. Dr. Buchanan then refers to Klein's work respecting septic and pathogenic organisms, and his disproof (in which we find he is supported by Koch) of Pasteur's assertion as to the attenuation of anthrax by successive cultivations. These we have already fully reported in previous articles in this

journal. Dr. Klein has some interesting facts as to the mutation of micro-organisms by passage through various animal species, a subject novel in conception, and promising to harmonise many of the apparent discrepancies of different skilled observers. In fact, he is very strenuous as to the part which species plays as a factor of inoculation-success. Thus, the rod-like germ of swine-plague, which is capable of cultivation in peptone solution, can after this be communicated to rabbits and guinea-pigs, but not to pigeons, and though fatal to small rodents is accompanied by but slight constitutional disturbance in the pig. Treating now of tubercle, the same pathologist discusses the differences of human and bovine tubercle bacilli, and then proceeds to show that, first, tubercle cannot be produced by the inoculation of material not containing bacilli, and, secondly, that the presence of bacilli does not precede local deposit, but that on the other hand, the caseation acts as a focus for their multiplication. In conclusion, the medical officer refers to Mr. Dowdeswell's account of "charbon symptomatique," or black-quarter. In the inflammatory swellings of this disease, bacilli exist in abundance, resembling those of anthrax, but larger. It is not yet made out whether they stand in a causative relation to the disease.

REGISTERED FOR TRANSMISSION ABROAD.

The Medical Press and Circular

Is published every Wednesday morning. Price 5d. Post free, 5½d.

POST FREE TO ANNUAL SUBSCRIBERS . . . £1 2 6
„ IF PAID IN ADVANCE 1 1 0

Post-office Orders and Cheques to be drawn in favour of—
A. A. TINDALL, 20 King William Street, Strand, London, W.C.
A. H. JACOB, 3 Molesworth Street, Dublin.

Agents for Scotland:—
MACLACHLAN and STEWART, South Bridge, Edinburgh.
A. and W. STENHOUSE, Hillhead, Glasgow.

Sole Agent for the Continent:—
JOHN F. JONES, 31 Bis, Rue du Faubourg Montmartre, Paris.

ADVERTISEMENT SCALE—Whole Page, £5 0s. 0d. Half Page £2 10s. 0d.; Quarter Page, £1 15s. 0d.; One-eighth Page, 12s. 6d.

Small Announcements of Practices, Assistancies, Vacancies, Books &c., of Seven lines or under, 4s. per insertion; 6d. per line beyond

Considerable reductions are made from the foregoing Scale when orders are given for a series of insertions. Letters in this department should be addressed to the Publishers.

SUBSCRIPTIONS FOR FRANCE are received by Messrs. BAILLIERE, Rue Hautefeuille, Paris—post free in advance, £1 2s. 6d. per annum.

SUBSCRIPTIONS FOR RUSSIA are received by Messrs. RAJCHMAN and FRENDLER, 18 Senatoren Street, Warsaw—post free £1 5s. 0d. per annum.

SUBSCRIPTIONS FOR THE UNITED STATES are received in New York by Messrs. WILLMER and ROGERS; Philadelphia, by Dr. BRINTON: post free in advance, 5½ dollars (£1 2s. 6d.) per annum; or direct from the Offices in this country for the same amount, if remitted by International Post-Office Order.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 25, 1885.

THE DWELLINGS OF THE POOR.

THE Royal Commission appointed last year to inquire into the condition of the dwellings of the working classes and of which H.R.H. the Prince of Wales is one of the members, met on Friday last for the purpose of considering their report; and the *Standard* has published, pending the issue of the official document, a *résumé* of the conclusions arrived at by the Commission. This does not propose immediate radical legislation directed to removing the existing evil, it being clearly proved that the Public Health Act contains provisions which, if faithfully acted on, suffice for meeting most of the difficulties complained of. The fault hitherto has been less with the law than with those who should put it into motion; and unquestionably very many of the buildings now inhabited in the poorer quarters of large towns are so only because those interested in maintaining them are enabled to do so by the laxity of the authorities who ought to demand their removal. It is also, no doubt, a fact that, in the provinces especially, local authorities are unable to determine their duties and powers owing to the extremely confusing array of Acts of Parliament regulating the sanitary control of towns; and an important and most welcome suggestion of the Commission is to consolidate these measures in such a way that henceforth the confusion existing in the past shall be done away with. In this way a clear and concise code will be obtained, guided by the light of which local authorities should henceforth find no difficulty in carrying out the most complete sanitary measures.

The question of compulsory closure of condemned dwellings has naturally received a large amount of attention at the hands of the Commission, and recommendations for limiting the facilities now possessed by owners for opposing orders to clear are made; while the subject of compensation is one which it has been found impossible to offer a definite opinion on. Proposals, however, are made for simplifying the process, and minimising the cost of transferring property, with a view to enabling the working-class population in favourable situations to acquire the dwellings they inhabit. To the same end a mode of payment for property by the way of rent is suggested; and for the purpose of making transfers of property more easy a plan for registering titles in district courts is recommended.

In addition to proposing amendments in the Settled Land Act, with the object of enabling owners to dispose of freehold sites, the Commission will advise that ground landlords of leasehold premises shall have effective control over sanitary improvements; and permission will be asked for the authorities to proceed against the fee-simple owners, or any other of those who hold intermediate interests between the owner and the actual occupier, for sanitary neglect. It is, further, strongly recommended that powers to impose penalties for the non-abatement of nuisances shall be more rigorously and generally applied; that it be made punishable to own property not in a habitable state; and that an owner should be held civilly liable for any death or sickness that may be caused through his neglect, and summary procedure be provided for the recovery of damages in such cases. The Commissioners are likewise in favour of transferring the duty of discovering illegally inhabited cellar-dwellings from the district surveyor to the local sanitary authority. The residence of medical officers of health should be within the limits of their respective districts. The Report does not go so far as to advise that private practice should be positively forbidden to medical officers of

health, but it is the opinion of the Commissioners that it should be discouraged as much as possible. Not only is an increase in the number of inspectors recommended, but also a more careful selection, so that these officers may be efficient and acquainted with the character of their duties. More ample provision it is urged should be made for mortuaries, so that dead bodies should not be a source of contagion, and the prisons of Pentonville, Coldbath Fields, and Millbank should be cleared away to provide sites for workmen's dwellings. Railway companies should be required to re-house persons displaced by demolitions, and should also be precluded from using the dwellings so substituted for any other purpose, without the consent of the local authority. Finally, the Commissioners throw out some suggestions to the Board of Trade for extending the services of workmen's trains; and powers are sought on behalf of the local authorities to supervise gipsies and dwellers in vans and tents, and to apply the provisions of the Health Act to localities visited by hop-pickers.

It will thus be seen that a series of most important and valuable improvements may be expected to follow from the issue of the Report of the Commission; and should only a few of the changes indicated above, and especially of the latter-mentioned, be ones initiated as a result of the labours just terminated, a very large amount of unquestionable benefit will be the result.

MEDICAL DEGREES FOR METROPOLITAN STUDENTS.

The meeting of the Metropolitan Counties Branch of the British Medical Association, which is arranged for March 6, at the Royal School of Mines is likely to affirm the conclusions arrived at by the sub-committee appointed to consider the whole question of the needs of London as regards a teaching university. These conclusions are formulated in the six following suggestions made by the special committee after collecting and considering a large amount of evidence, and which it is intended to lay before the Senate of the University of London:—

1. The medical schools of London should be adequately represented in the Senate of the University, the members for the schools being elected by the schools.
2. All students save those who have already matriculated at other universities, might be required to pass the Matriculation Examination of the University of London previous to entering at the London schools.
3. The Matriculation Examination might be modified, so as to cover such a range of knowledge as might reasonably be expected from boys on leaving public schools, without compelling them to resort to the most objectionable system of "cramming."
4. The severity of the Preliminary Scientific Examination might be considerably diminished.
5. The Preliminary Scientific Examination might be held at least twice a year.
6. Students should be permitted to present themselves for examination at any periodical examination after matriculation.

These recommendations are very good as far as they go; but for the purpose of bringing about such a change as that ostensibly aimed at by the committee in question, they are altogether inadequate; changes that effect only alterations in the periodicity of existing tests, without materially modifying the whole scheme under which the M.B. Lond. is conferred, must necessarily fail to fulfil the objects held in view. It must never be forgotten in discussing this now burning question, that what alone can be a satisfactory solution of the problem is an arrangement whereby students of medicine in London shall be enabled to obtain the legal title of Doctor of Medicine, with no more serious expenditure of money and intellect than is exacted at the present time from candidates for the English conjoint qualification of L.R.C.P., M.R.C.S. Nothing less than that will now meet the needs of the occasion that has been created as the outcome of the popular demand for the Doctorate; and so long as London University or any other qualifying body demands from its candidates the evidence of "crammed" knowledge, so long will metropolitan schools continue to grow annually less popular among commencing students.

Very recently we discussed this question in connection with the reform of the London University, and we may with advantage recall here the outline scheme then proposed. This advised that the University should retain its existing standard of examination in every detail, but that the degree conferred on those who succeeded in passing it should be distinctive of the higher attainments supposed to be demanded at it, and this by changing its title to that of Doctor of the Medical Sciences, "D.M.Sc." This would leave the M.D. degree for distribution to those who sought only to pass an ordinary examination in the science and practice of medicine, and which ought, we contend, to be no more difficult or complicated than the conjoined L.R.C.P. and M.R.C.S., or even no higher than the M.B. of Edinburgh, being in fact a fair average pass examination on the subjects. Such a proceeding on the part of the University would not be in the slightest degree derogatory to its dignity and status; all existing graduates would of course receive the proposed higher title, and henceforth none but those already possessing the modified M.D. ought to admitted to the higher examination.

By thus liberally construing its duty to Medicine and the public the University would become the one popular and desirable portal to qualification in England; and its numbers would be recruited, and its coffers enriched, in a manner that would of necessity very materially increase its influence and prestige. Moreover, it would be right and proper for it to admit to the lower degree without examination all practitioners whose registered qualifications give evidence of attainments not inferior to those demanded from student candidates for the M.D., and this at a reduced fee. Supposing that the latter were fixed at £10 for such graduates—and as they will have paid already for the qualifications they possess, such a sum would not be too little—it is possible that at least ten thousand persons would avail themselves of the privilege; whereby the power of the University would be so much strengthened, and a sum of £100,000 be placed at its immediate disposal. Under such circumstances it might commence its career as an educational institution under the happiest auspices.

We have given this matter the most careful attention

and while we can see but little prospect of any important result accruing from the attempt to create an independent University body, we are convinced that it is in the power of the existing institution to change for the better the whole aspect of modern medical affairs.

GASTRIC ABLUTIONS.

THE admirable series of lectures recently delivered at the College of Physicians, and published in the columns of this journal, by Dr. Lauder Brunton, on the subject of digestion and its unfortunately only too numerous derangements, are likely to awaken a new interest in latter day innovations on the means of relieving these distressing affections which, as Dr. Brunton has so happily explained, have so much to do with our moral as well as physical well-being, or the contrary. Advances have been made both from a surgical and a medical point of view. More important than the surgical procedure is the valuable means of treatment comprised in the washing out of the stomach with medicated solutions, and the substitution for ordinary food of specially prepared ingesta, which may or may not be partially digested. This method of treatment, though by no means unknown in England, is far from generally practised. Its employment is indicated in all cases of dilatation of the stomach, whether resulting from stricture of pylorus, from atony of the muscular layer (as in the chronic gastritis of drunkards) or from functional paralysis of various kinds in all chronic catarrhal conditions. The instrument used is a large glass funnel holding about a quart, with about four feet of flexible india-rubber tubing. The tube being introduced in to the œsophagus is swallowed by the patient, and the funnel containing the liquid is elevated and maintained until the fluid has gravitated into the stomach. It is then lowered, and by its syphon action the fluid returns without any effort on the part of the patient.

If pain be a prominent symptom great relief will be afforded by using chloroform water (saturated aqueous solution of chloroform and plain water, equal parts) to which a little orange flower water may be added. Bismuth may also be used, but in this case a short interval should be allowed before withdrawing the fluid to permit of the deposition of the bismuth on the mucous membrane. The solution most in vogue is a one grain to the ounce of soda bicarb. (or soda sulph., gr. 2 to the ounce if constipation require to be treated). Another favourite formula is a 1 per cent. solution of boracic acid, the antiputrescent properties of which are particularly valuable in these cases of dilatation. An even more satisfactory, though perhaps less agreeable, remedy is a saturated solution of bisulphide of carbon diluted with an equal bulk of water, the odour is in reality very slight, and no bad results have in any case resulted from its use.

The propriety of washing out the stomach where hæmorrhage is a symptom has been the subject of much controversy. It would seem applicable to those cases where slight erosions accompanied by some darkening of vomit exists, but not where the typical round ulcer is suspected with more or less abundant bright red hæmorrhage.

The temperature of the solutions should be about tepid, and the washing should be continued until the return fluid is almost colourless. The operation should not be repeated oftener than once daily, and the proper time for administration is when the stomach is empty, preferably the first thing in the morning.

Very excellent results often follow this mode of treatment after a few days only, but it should not be relinquished immediately the more urgent symptoms subside.

While the tube is in the stomach it may further be utilised for the purpose of introducing one or other of the meat powders which have of late years acquired a prominent place in dietetic treatment in certain forms of dyspepsia. The advantages of using the meat powders as opposed to the minced raw meat once extensively advocated, are—1. The relatively greater nutritive power of meat powder which corresponds to five times its weight of the raw material. 2. Its easier peptonisation from its finely divided condition; and, lastly, the impossibility of introducing tænia, an occurrence shown by observation to be only too common when raw meat is systematically ingested.

These powders may be most readily given mixed with milk, so as to form a perfectly liquid preparation admiting of easy introduction. They may also be given with chocolate or cocoa, or a little port or sherry may be advantageously added.

The best meat powders are often those manufactured at home. In this case the meat should be cut up into small pieces and dried over a water bath and then ground into as fine a powder as possible in an ordinary coffee mill.

Notes on Current Topics.

Sweating to Death.

THE case recorded on another page under the above heading by Dr. Andrew Scott Myrtle, of Harrogate, is probably unique, for not only is the condition it illustrates one hitherto unrecognised by practical physicians, but the result also is inexplicable on physiological as well as pathological principles. The patient literally perspired to death, the final result being doubtless due to the continuous drain on the system, in the same way as persistent suppuration or intractable diarrhœa may induce death through debility; but when this is admitted, we seem as far as ever from an understanding of the processes underlying and giving rise to the phenomena observed. From the excellent history of the case provided by Dr. Myrtle, it is clear that the unfortunate patient was free from constitutional disease of intensity sufficient to account for death, and the most careful consideration of the symptoms as detailed fails to suggest any clue to the effects produced. It is just possible that some light might have been thrown on it by the application of all available tests to the secretion poured out in such excessive amount; but even this seems unlikely in the face of Dr. Myrtle's express statement that his own analysis of the perspiration gave no useful information. Under all the circumstances, it is probable that the theory advanced by the author of the paper, and which ascribes the effects to paralysis of the

cutaneous nerve filaments, correctly interprets the facts. The case is in the highest degree interesting, and Dr. Myrtle has done good service by laying it before the profession so fully as is done in the paper referred to.

The Fees of General Medical Councillors.

The remuneration for services rendered to "the cause of Medical Registration and Education" by the gentlemen who represent the various medical universities and corporations at the Council is not by any means an illiberal set-off to the work they accomplish; indeed, a comparison instituted between the value of the labours accomplished by the members of the Council and the cost to the profession at which the medical parliament conducts its deliberations, might not unnaturally suggest the inquiry whether the principle of equivalence was properly represented in this connection. Thus we find that Irish members of the Council received for the year 1884 sums varying from £161 14s. to £336; gentlemen hailing from Scotland received amounts varying from £155 8s. to £327 12s.; while English members drew—the lowest £95 11s., the highest £178 10s. The total expenditure of the Council for last year reached £7,980 9s. 4d.; and almost involuntarily the query escapes us, *cui bono?* With the prospect of a Medical Acts Amendment Bill once more renewed, the question of the continued existence of the present Medical Council naturally starts again into prominence; and the interesting studies offered by publication of the Council's financial history for the year just concluded, added to reflections on the performances achieved at so costly a rate, suggest that the Council of the future can hardly be a more expensive body to maintain, while it may very possibly be a much more efficient agent of progress, than that it will replace.

The Rubber Bandage for Synovitis.

The son of the late Dr. H. A. Martin has contributed a letter to the New York *Medical Record*, in continuation of the paper read by his father some time ago, on the use of the rubber bandage in application to surgical diseases, other than its employment as a hæmostatic. For a long number of years Dr. Martin had been in the habit of treating synovitis, especially in the knee, by means of the bandage; and by its means confinement to bed and the application of splints are both rendered unnecessary. Effusion into the joint is first removed by means of an aspirating needle, and soft, pliant strapping is applied over it for a distance of three inches above and below the patella, the object of this being to afford relief to the popliteal surface of the limb. The results of the late Dr. Martin's experience of this mode of treatment are thus summed up by his son:—1. In the last twelve years over two hundred cases of synovitis of the knee and its sequelæ have been treated by aspiration with a single strapping of the joint and subsequent use of the bandage. 2. In these cases the knee-joint has been punctured over four hundred times. 3. In all these cases, with the exception of a very few, and these only in the early stages of treatment, the patient was not only permitted, but obliged, to take a daily and considerable amount of walking exercise. 4. In not a single instance has there been failure of absolute and entire cure, requiring in one case seventeen weeks, but in no other more than eleven weeks. 5. Although no antiseptic measure beyond perfect cleanliness of the aspirating needle was employed, in not one instance has any ill symptom followed the operation. When the needle is withdrawn, the puncture is at once covered securely with adhesive plaster.

Certificates of Proficiency in Vaccination.

Our attention has been called to an anomaly and an injustice under which Irish educated practitioners suffer when they settle in English practice. It appears that for the appointment of public vaccinator or deputy vaccinator in England it is requisite to produce a certificate of having been instructed in vaccination, and for this instruction the English Local Government Board recognises a dozen vaccination centres in England, and two or three in Scotland, but none in Ireland, probably because it has never been officially asked to do so. The result of this is that Irish educated practitioners are shut out from the appointment of public vaccinator in England until they have given up their business practice and attended at one of the English or Scotch vaccination centres, which, of course, it is impossible for them in most instances to do.

It would not be reasonable for us to ask that the English Local Government Board should waive its rule in favour of Irish educated practitioners, or should accept unsatisfactory evidence of the required instruction, but there is no reason whatever why the Vaccine Department of the Irish Local Government Board in Dublin and similar centres in Belfast and Cork should not be recognised. We hope that those whose duty it is to supervise Irish teaching, and to look after the interest of Irish students, will take steps to remedy this anomaly.

Denham Testimonial and Address.

The subscription to the testimonial it is proposed to present to Dr. Denham amounts now to nearly £370, and we understand the full list of subscribers is about to be published, and the address prepared for presentation. If there be any of his former pupils and friends who would be sorry that their names should not appear on the address, it will be necessary for them to send their subscriptions, not to exceed two guineas, to some member of the committee, or to the hon. treasurers, Dr. Banks or Dr. Kidd, without delay. We are of opinion that the sum subscribed—though a considerable one considering that the subscription is limited to a small amount, and that Ireland is at present anything but financially prosperous—is by no means a fitting recognition of Dr. Denham's merits, or of the special circumstances under which the testimonial has been organised. We hope to record that at least £500 has been sent to the treasurers before the list closes.

Mr. John William Moore has completed his seven years' term of office as Visiting Physician to the Cork Street Fever Hospital, Dublin, and has been succeeded by Dr Redmond, who has been, in turn, succeeded in the office of temporary physician by Dr. St. George Ashe

A New Lying-In Hospital for Dublin.

A NEW lying-in hospital has been started in Dublin as "The National Lying-In Hospital." It is situated at 32 Holles Street, near Merrion Square, and, from the fact of its occupying a central position in a district which is not provided for by the Rotunda or Coombe Hospitals, is likely to be in such demand that a further extension of the institution will be needed. The new hospital is under the management of a large committee, whose secretary is Mr. Faussett, and the Master is Dr. William Roe, Professor of Midwifery in the Royal College of Surgeons, and for many years connected with the Coombe Hospital. Mr. Esmond, L.R.C.S., has been appointed to be resident assistant to the Master, and further appointments of consulting staff and of an additional assistant master will be made without delay. A dispensary is attached to the hospital for the accommodation of gynecological cases, and it is understood that the institution is, in its purposes and management, entirely unsectarian.

Army Medical Department.

THE collapse of the Army Medical Department in Dublin by reason of the dearth of medical officers—to which we referred last week—has driven the authorities to the expedient of appointing four more civilians recently qualified to fill up the gaps in the military hospitals. The following gentlemen have been temporarily employed—Drs. Penny-Watson, Cowen, Kennedy, and Connor—and they have been so appointed without advertisement and without competition. The total military medical strength of Dublin is now 5, as against usual complement of 18 surgeons, and—in the non-commissioned grade—the scarcity is much greater, two of the principal barracks being left without a single Army Hospital Corps man to take charge of the hospital. If this be the state of affairs to which a little war has reduced the Army Medical Department, it is painful to speculate upon the condition to which the home medical military service would be reduced if the country had a serious campaign on hand.

The Case of Dr. Bradley.

LEST anyone might still entertain doubts as to the guilt of Dr. Bradley, of Brimington, of the crime of rape upon a patient for which he is now suffering an unmerited imprisonment, we publish the following testimonials to his personal qualities and moral character from those who had the amplest opportunity of judging of them:—

Denholm, Bradford, Yorks,
Feb. 9th, 1885.

I have much pleasure in bearing testimony to the high character of Dr. David Bradley, who acted as my assistant and deputy for a year and nine months about five years ago. I had every opportunity of knowing if there had been anything wrong about him in any way; in fact, he was one of the few where no fault could be found, being diligent and attentive to his duties, well received by my patients, and without a single blot on his moral character.

J. JACKSON, F.R.C.S.E.

P.S.—I could not believe such a thing about Bradley. There is not a medical man in Great Britain who might not be accused in the same way any day—yes, many times, any day of his life. If I can do anything more for Bradley I shall be only too glad to assist, as he was one of the best workers I ever had, and as I follow my assistants each alternate day, I am certain to find out if there is anything wrong.

Grove Lodge, Tow Law,
vid Darlington,
Dec. 22nd, 1884.

DEAR SIR,—I regret very much to hear of Dr. Bradley's misfortune. He has been known to me "off and on" for something like sixteen years, and during all that time I can truly assert that his character was far above suspicion. I have always known him as a quiet and rather hard-working man. On two occasions he has acted for me as "Locum Tenens," and gave both me and my patients entire satisfaction. He on those occasions lived in my house, and his conduct was gentlemanly and well ordered. I can hardly bring myself to believe that he would commit such an offence as he has been convicted of. In any movement for his release I will willingly assist, and you can make use of me in any way you think proper.

I am, dear Sir, yours truly,
GEO. JOHNSTONE.

A New Septic Monad.

THE President of the Royal Microscopical Society, Dr. Dallinger, whose researches on the lower organisms, monads and bacteria, have been attended with remarkable results, and with additions to our knowledge equal to the best German achievements in the same branch of science, has just completed the life-history of apparently a new septic monad. He has succeeded in demonstrating not only the varied modes of fission by which in the course of every two or three minutes these creatures double their numbers in the effort to cope with the quantities of decaying albuminoid matter on which they feed and thrive, but also the existence of a true sexual mode of multiplication, resulting in the production of a multitudinous crop of incredibly minute spores or ova, only barely visible with the highest magnifying powers of from 1,500 to 5,000 diameters. These spores have been found to be indestructible by even boiling heat, which seems to account for the guesses at truth formerly promulgated under the term abiogenesis and spontaneous generation. Moreover, Dr. Dallinger's investigations show the great amount of adaptability there is among a wide range of the lower organisms to extremely varied food, as well as other conditions of existence. He has found, as other observers have, that infusorial animals comparatively high in the scale of existence, as paramecium and rotatoria, are capable of thriving in a medium containing merely inorganic salts and tartrate of ammonium. This, he believes, goes far to upset a long-cherished definition of the difference between animals and plants.

The new organism above referred to is lens-shaped, and apparently destitute of internal organs; it measures about the one-thousandth part of an inch in length, and has no fewer than six long, thread-like flagella, or motile organs, each three times longer than its body. Its mode of locomotion is by wave-like leaps, darting down upon its food, and securing particles of split-up decomposed matter. For a long time it was found impossible to make out any sexual form of multiplication, but by un-

wearied industry, and incessant watching for a period of three years, a kind of fusion of two individuals was seen to take place, one of the individuals gradually contracting its flagella, and losing its characteristic shape, became absorbed in the other, which all the while continued swimming about in full vigour. Its motion then became gradually slower, and eventually the body broke up, and spores or ova were seen to be dropping in a continuous stream, each one of which grew up into the likeness of the parent form. Thus, should drying of the fluid take place, a multitudinous supply of the minutest germs, able to resist high temperatures, would become disseminated throughout the atmosphere, each germ being capable at any moment of passing through and reproducing the series of changes already described. Dr. Dallinger agrees with Klein, that the discovery alleged to have been made by Hans Büchner in 1880, of the convertibility of the bacillus anthrax into innocuous bacillus, which it outwardly resembles, cannot be accepted, and is, indeed utterly improbable. Whoever has studied the same field of septic bacteria for a week or more without change of conditions would know the strange complexity of relations that are seen to arise in the commonest forms, and until these are well understood progress is impossible.

Vivisection in Germany.

As is known amongst us, the German Government has treated the medical profession with greater consideration in regard to this subject than our own has done in England. When called upon by fanatics to suppress the method of scientific investigation by research on living animals, an enlightened Government caused inquiries to be made from the Medical Faculties of the various German Universities, and on learning that the method could not be suppressed without loss to science and humanity, that experiments were only made when the information sought, or to be conveyed to students, could only be gained or imparted in this way, and that anæsthetics were always given except in those cases in which they would render the investigation nugatory, it contented itself by leaving the matter as it stood as far as legal enactments were concerned. In order, however, that the wholesome practice hitherto carried out should not be deviated from, and to make it known that the Government takes care of animals, Herr Von Gossler, the Minister for Education, &c., has issued a circular embodying the following directions to professors and tutors:—1. That experiments on the living animal should only be undertaken in the case of important investigation, or for similarly important or educational purposes. 2. In the course of lectures experiments on animals are only to be made use of when they are necessary for the thorough comprehension of the subject. 3. The operative preparations of the animals in case of lectures are to be carried out before the commencement of the demonstration, and in the absence of the audience. 4. Experiments on animals should only be carried out by professors and tutors, or under their responsibility. 5. Experiments that can be carried out on the lower animals without detriment to the result aimed at, should only be performed on such lower animals, and not on those of higher classes. 6. In all cases in which it is not incompatible with the aim of the experiment, the animals must be rendered and kept completely unconscious by means of anæsthetics. It would surely have been more consonant with the supposed wisdom of Parliament to have issued a set of rules somewhat similar to the above, than to have enacted laws that, whatever their intention, have certainly had the effect of almost suppressing in these kingdoms scientific investigations by experiments on living animals. Until our legislators are actuated by a more enlightened spirit, *i.e.*, until a younger generation of more educated legislators takes the place of the present, we must be content to let other nations take the lead in fields that have made the names of Harvey and Hunter immortal.

The Imperial Health Office, Berlin.

Herr Köhler, of the Imperial Office for the Interior, has been appointed Director of the Imperial Health Office, in place of Dr. Struck, who has resigned. It is expected that its basis will be enlarged, and that for the future it will not only carry on the work that has made it so famous in the recent past, but that it will take the initiative in proposing laws relating to medicine, and undertake the duty of carrying out the medical police regulations for the Empire. Considered from this point of view, the appointment is looked upon as a good one.

General Sir Herbert Stewart.

To the general public, buoyed up as it has been by the flattering accounts of General Stewart's condition telegraphed from time to time by Lord Wolseley, the announcement that the heroic defender of Abu Klea had succumbed to the injury he had received, came with unexpected suddenness on Friday last. From the first, however, there can have been but little hope of his recovery entertained by the surgeons in charge of the wounded General; and particularly under the conditions necessarily imposed by the circumstances surrounding the brave little band amidst whom their gallant leader breathed his last. Gunshot wounds of the abdomen are proverbially attended with risks which are often unavoidable, and can never be regarded, even under the most favourable conditions, as other than of the most serious description; and even in civil practice, where absolute rest and constant attention can be secured for every case of such injury, it only too often happens that fatal inflammation sets in, notwithstanding the most minute precautions. How much more doubtful, then, the prognosis must be in those cases where the sufferer is necessarily compelled to undergo the discomfort and danger of removal from place to place, thus intensifying the risk of inflammation, will be at once apparent; and we cannot but mourn the difficulties thrown in the way of a gallant soldier's recovery by "the chances of war."

We regret to state that Dr. Morrison Watson, Professor of Anatomy at Owens College, Manchester, who was suddenly taken ill whilst lecturing some twelve days ago, is in a very precarious condition. Dr. Watson, who was only recently appointed Dean of the Medical School, is one of the most popular professors in the school.

An Unexpected Source of Arsenical Poisoning.

SIR EDMUND BECKET writes to say that, as Chancellor of the Diocese of York, he has been asked by "an accomplished architect" to grant a faculty for building a chancel of a church of which the joists and concrete floors are actually "to be washed with a solution of arsenic out of a watering pot." He seems, however, to have some faint idea of the danger of the proceeding, for he has warned the contractor to put on "gloves and a veil while performing the operation." He says, "it is to prevent dry-rot," but he apparently has no idea that soluble arsenical compounds are very volatile, and that the mere warming of the church will cause the poisonous fumes of arsenic to penetrate through the gratings, and certainly become a fruitful source of "mysterious illness," arsenical poisoning amongst the congregation. What could have led "an architect of considerable reputation" to resort to so unsatisfactory a method of preventing "dry rot" we are at a loss to conceive.

The Army Medical Competitives.

THE results of the examinations held last week at Burlington House have just been published, and it appears that, as regards the success of the Irish candidates, there is no ground on this occasion for our complaint that they have been excluded from commissions. Eighty-nine candidates altogether offered themselves for forty-five vacancies, and of that number of appointments the Irish candidates carried off twenty-six, including the first place, which was taken by Mr. Hickson, a distinguished Trinity College man. We are happy to accept so pleasing an issue of the controversy which has been carried on in our pages as to the efficiency of the examination system.

If no change has been made in the system, and that nevertheless, the Irish candidates have been received with open arms, we are glad to have been proved wrong in our criticism. If there has been a change of system to which the success of the Irish candidates has been due, we feel complimented by the effect which our remarks on the subject may have produced.

In any case, the Irish students and teachers have cleared themselves of the opprobrium fixed on them by former failures, and we congratulate them on the fact.

DR. OSLER, of Philadelphia, will commence the Gulstonian Lectures at the Royal College of Physicians of London to-morrow (Thursday), at 5 o'clock. Subject, "Endocarditis." Members of the Profession admitted on presentation of their cards.

A CONFERENCE of representatives of the principal countries of Europe will shortly be held at Rome, at the invitation of the Italian Government, for the purpose of discussing the steps to be taken in the event of an outbreak of cholera occurring. England will be represented by Dr. J. Hunter and Dr. R. Thorne Thorne, of the medical department of the Privy Council and the Local Government Board.

A SUM of £100 is to be offered to the Senate of London University towards the foundation of a Rabbeth Medal in commemoration of the devoted young house surgeon who lost his life through an attempt to relieve the sufferings of a child dying from diphtheria in the Royal Free Hospital. The father of Dr. Rabbeth also has undertaken to found, at his own expense, a scholarship at King's College in memory of his son.

STATISTICS from St. Petersburgh record the lowest rates of mortality during the present winter experienced during the present generation, due not so much to the sanitary measures adopted, which are almost *nil*, but to the fine open weather which has prevailed. The present death-rate of St. Petersburgh is 35 per 1,000 of its population, against 40 to 45 last year. In London this would be considered an epidemic rate, which boasts of a present mortality of only 19·5 per 1,000; however, our Russian friends are grateful for very small mercies, not being as yet educated up to large ones.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

EDINBURGH UNIVERSITY.—INDUCTION OF THE NEW PRINCIPAL.—Sir William Muir was inducted as Principal of this University at a special meeting of the Senatus held on Saturday, the 22nd inst. The proceedings were of a private nature.

ACTION AGAINST A DOCTOR.—An action was heard in the Glasgow Small-Debt Court last week, before Sheriff Mair, in which John M'Lean, carpenter, Govan, sued Dr. John Haddow, 5 Buckingham Square, Govan, for £12 in respect of slander uttered against the pursuer. On the 24th January it was alleged the defender had called the pursuer a "low, mean man" and "a forger," who had tried to forge a settlement of the doctor's account. The parties had been in Court, it appeared, in connection with a claim Dr. Haddow made upon the pursuer, and in a dispute about that claim the slanderous words were used. The Sheriff granted decree in pursuer's favour for £5.

EDINBURGH.—HEALTH OF THE CITY.—For the week ending with Saturday, the 21st inst., the mortality in Edinburgh was 75 and the death-rate 15 per 1,000 per annum. There were 16 deaths under 1 year, and 22 above 60, of which 3 were above 80 years. Diseases of the chest accounted for at least 35 deaths, and zymotic causes for 7, of which 2 were due to fever, 1 to diphtheria, 1 to scarlatina, and 1 to whooping-cough.

GLASGOW DEATH-RATE.—The death-rate in Glasgow for the week ending with Saturday, the 21st inst., was at the rate of 30 per 1,000 per annum of the population. The week before the rate was the same, and in the corresponding weeks of 1884, 1883, and 1882, it was 25, 29, and 28 respectively.

FACULTY OF PHYSICIANS AND SURGEONS, GLASGOW.—At the first meeting of the Faculty of Physicians and Surgeons, in March, a number of extra examiners will be appointed under the new regulations for licences, and candidates are now engaged in a vigorous canvass. Unfortunately for these aspirants to office, these new regulations are all but fatal to extra-mural teaching, and the spoils of office will henceforth be much more insignificant than they used to be in the good old times gone by, and by

which prudent Fellows of Faculty were more than recouped tenfold their entry fees. We hope that day of freedom of teaching is not far distant when unseemly squabbling will give way to fair and honourable competition.

Montrose Health Report.—We have received from the intelligent medical officer of health for Montrose a copy of his Health Report for the year 1884. In it Dr. Lawrence points out that, while the death-rate of Montrose, with its population of 16,476, was 22 per 1,000 per annum for 1884, it was only 19·4 for 1883. This Dr. Lawrence ascribes to two causes—firstly, to a higher mortality than usual from congenital weakness among infants, and from ordinary non-epidemic diseases; and secondly, to the fact that an unusually large number of the aged have succumbed to complaints incidental to advanced age during the year. Zymotic or epidemic diseases proved fatal to the following extent:—From croup there were 3 deaths, from diphtheria 1, whooping-cough 8, measles 7, scarlatina 2, typhoid fever 8. Six more deaths have occurred from this group of diseases than during 1883.

Proposed School of Medicine at Leith. — On Friday last the annual meeting of the Leith Hospital was held in the Trinity House, Kirkgate—Provost Pringle, presiding. After the annual report had been read and adopted, Mr. Robert Tod, in suggesting that the teaching element might be introduced into the hospital, said that this would not only be of great advantage to the institution itself, but would prove most beneficial to the patients. There was a very great pressure of students elsewhere, and a beneficial co-operation might be effected with the Royal Infirmary. This, he thought, would meet with the entire approval of the medical profession. Mr. W. J. Ford remarked that this subject had been before the directors, but their opinions had not yet been matured. One difficulty was the distance of the hospital from the medical school in Edinburgh, but that, he thought, was by no means an insuperable objection. A medical school in an hospital secured the greatest possible attention to the patients, and the public of Leith need be under no fear that harm would accrue to the inmates. He had no doubt the directors would give the subject their careful consideration. We may remark that the proposal to utilise the Leith Hospital as a teaching school, and thus relieve the plethora in the Edinburgh Infirmary, was first made some weeks ago in the pages of this journal. We are glad to see that our Scotch friends are not above taking a friendly suggestion.

University of Edinburgh Buildings Fund.—The Royal College of Physicians of Edinburgh, at their quarterly meeting, voted an additional contribution of 500 guineas to this fund. A subscription of £250 has also been intimated by Mr. Cox of Gorgie.

Mortality in Aberdeen.—The returns for the month of January by the medical officer show that there were 236 deaths, equal to the rate of 25·45 per 1,000. The chief causes of the mortality were lung, zymotic and miasmatic, tubercular, and nervous system diseases, of which there were 135 cases. The seven zymotics accounted for 15 deaths.

Correspondence.

HOW LONG ARE SCARLATINAL PATIENTS INFECTIOUS?

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I have read the discussion in your columns on this subject with much interest. The experience in the City of Glasgow Fever Hospital comes, briefly, to this: We find that it is not prudent to dismiss scarlet fever cases till the end of the *eighth* week—dating from commencement of attack. One custom formerly was to let convalescents go at the end of six weeks, but *practical experience* led us to extend the term of isolation to eight weeks.

In the event of desquamation not being complete then—as may occasionally happen—the patient is kept even longer.

Dr. Russell, Medical Officer of Health, pointed out to me some time ago a source of infection which may continue to exist long after cutaneous desquamation is complete, viz., the exfoliation from the throat in children who have been subject to enlarged tonsils, and in cases where the specific scarlatinal sore-throat has been severe, and leaves a a chronic tonsillitis behind it. We are satisfied that the throat is the *fons et origo mali* in many of the cases where the convalescent remains infective beyond the average period. Prudence, therefore, dictates that scarlatinal convalescents should not be put at once to sleep with healthy children, even after desquamation is complete. I must confess that the proposal to dismiss scarlet fever cases at the end of the *third* week surprises me. *That is the very time that we expect the appearance of albuminuria, and keep a sharp look-out for the first indications of dropsy.*

I am, Sir, yours, &c.,

James W. Allan, M.B.,
Superintendent and Physician.

City of Glasgow Fever Hospital, Belvidere,
21st Feb., 1885.

THE ALPINE WINTER CURE IN PHTHISIS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Since the time when Dr. Herman Weber, some twenty years ago, wrote upon the treatment of consumption by residence among the Swiss mountains, I have always taken a great interest in that mode of treatment of the most fatal of all human complaints.

Having sent a patient to Davos, in the commencement of this January, who was in the first stage of the disease, having consolidation of the apex of the right lung, rapid pulse, debility and feverish symptoms, I would like to quote a few lines from a letter just received from him concerning the agreeable character of the sojourn at Davos in winter.

The young gentleman thus writes:—"I have entered into my sixth week in this place, and from personal feelings I believe myself to be much benefited by the change, during the first week of my visit, I made an appointment with Dr. Ruedi, who said that my cough would disappear, when I am stronger. I also paid him a visit a week ago, when he again examined me and said I was making good progress, and permitted me to go up some of the easy ascents, which he had forbidden at the first consultation."

"The first week I was here, the weather was anything but attractive, dull, cold, and miserable, with occasional slight falls of snow. We learnt that it was unusually bad, the other visitors at the hotel saying that the weather experienced here, as a rule is very different, and subsequently, what they said has proved to be correct, as we have been having splendid weather: cold at night, but warm and very pleasant in the daytime, the thermometer registering on an average 70° Fah., and sometimes more, while at night it has fallen as low as 3° Fah.

"When the weather is fine it is truly delightful, a nice clear atmosphere, with sun shining very brightly, and with such power as to cause the visitors to relieve themselves of wrappers, coats, jackets, &c. The sky is one span of clear blue, forming a great contrast with the white peaks of the mountains which surround us."

My own experience in other cases of consumption is now decidedly in favour of the Alpine mountain treatment; and theory, I think, is greatly in its favour, because the air is so free from those dangerous germs which seem, doubtless, to be the origin of that terrible malady of our race.

The above lines, from a patient himself, may tend to disabuse the minds of many practitioners of the idea they have, that Davos is a miserable winter resort—cold, dreary,

and inhospitable; and may thus lead many to give their patients a better chance of recovery, in the early stages of phthisis, than any other hygienic treatment promises.

I am, &c.,

C. R. DRYSDALE, M.D.

23 Sackville Street, London, W.,

THE TITLE OF DOCTOR.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—When in an article in one of your late numbers you say "that some of the 'least reputable'" of the L.K. & Q.C.P. put Doctor on their cards and brass-plates, I felt hard hit; still, I do so unblushingly, and see no reason against it. By so doing I offend no law, I injure no man, nor do I at all assume that I am entitled to the use of the magic letters M.D. In my own case I took the licence of the College in the year 1858 by examination, and at an expense that year of £40, on a distinct understanding that they qualified me to use the title M.D., but the decision of the law courts went against this. I, however, use the title *Doctor* simply on these grounds. In all languages, and perhaps more especially in the English, words undergo in the course of time a change of meaning, and the word Doctor, which formerly must have meant teacher, has of late years been used as the general name by which all practitioners of medicine are known—prescription following or writing has confirmed this use of the word, and for want of a better I and others use it. I should feel shamed if I deliberately signed my name with the addendum of M.D., for that has a certain defined meaning; not so with the word Doctor, as at present understood by the world at large. At the same time I see no reason why the holders of the degree of M.D. should plume themselves when it is granted without an arts course. They have no superiority of education to entitle them to a higher confidence than the Licentiates of the Colleges; and while I have every respect for the legitimate position of a man who has passed through the entire University, I only laugh at the growlings of those who assume to themselves a higher place from the possession of such degrees as the Royal, St. Andrews, &c., and others given to men of no high claim to general culture.

I am, &c.,

JAMES MARTIN, F.R.C.S., L.K.Q.C.P.I.

THE LONG FIVE MINUTES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Most of us have found the five minutes during which it is necessary to keep the thermometer in the axillæ of patients to be rather a tedious time. As imperfect observations are worse than none at all, I am accustomed to lay the thermometer in the axilla entirely between the arm and thorax; and in somewhat thin patients it is absolutely necessary gently to press home anteriorly and posteriorly the tissues of the arm: without such trouble the instrument often cannot be kept surrounded by the tissues, nor protected from the outer air.

It has often been a matter of surprise to me that some practical physist has not devised a more sensitive instrument than that made with mercury. The aneroid barometer is based on the extreme sensitiveness of a vacuum chamber to atmospheric pressure, the extremely delicate change being magnified by the mechanical means of the needle. Leslie's differential thermometer owed its supreme sensitiveness to the fact that it was an air thermometer. Could not the principles of an air thermometer and vacuum, be applied to clinical thermometers?

Or again, when I read of Tyndall's thermo-electric pile thermometer in his "Heat as a Mode of Motion," I am impressed with the thought that a modification of that instrument could be applied to clinical purposes.

There are, no doubt, many curious and deep laws yet to be learnt of the course of disease by means of the continuous tracings of sufficiently delicate thermometers; but I am now only casting out a suggestion for a modification of Leslie's or Tyndall's instruments for every-day clinical thermometers.

I am Sir, yours, &c.,

TRAVELLER.

Literature.

YEO'S PHYSIOLOGY. (a)

IN the field of Physiology the advances have of late years been very fluctuating, and this is to be expected. For the difficulties which surround the subject are very great; and to argue from what is observed in the lower animals requires the utmost caution. The introduction of chloroform has done much, however, to lessen the difficulties which arise whilst experimenting on animals. Its use deadens all pain, and at the same time reconciles the operator to the performance of his experiments. This is scarcely the place to enter into the question which has of late so much engaged the public, or rather a small portion of them: we mean the outcry raised against vivisection. It has always appeared to us marvellous that any parties should raise such a cry, and should consider that the lives of the lower animals were, for even one instant, to be put in comparison with those of man. The great Being above us has not so ordained it, and the destruction of animal life has, from the earliest period of recorded time, gone on continuously, and no doubt it will continue to go on, ond often without any direct bearing on man's destiny. There can be no question these distinctive laws, as we would venture to call them, are for the wisest purposes. They may, and often do, affect the human race, but in an immensely diminished degree, when compared with the lower animals. These laws, at any rate, show us that the destruction of animal life is an ordained rule of Nature, and when certain parties object to human beings destroying animals, they forget or overlook what is constantly going on in the outer world. It is quite true physiologists perform experiments; but is it not better that such experiments should be carried out, and science be, by so much, benefited, than that human beings should suffer for even a single day from want of the knowledge which can be so readily acquired? In the *Lancet* for December 20, 1884, the account of a case of a very striking kind, and bearing directly on our argument, will be found. A man suffered from all the symptoms of a tumour growing in the brain. From Ferrier's experiments on the lower animals, it was inferred that the tumour must occupy a particular region of the brain, and, acting on knowledge so acquired, the surgeon cut down on the part, and having found the tumour, removed it. The operation was almost at once followed by an improvement in the symptoms; amongst others the poor patient got instant relief from suffering, which the word agony weakly expresses. If this case be not an argument of the most conclusive kind in favour of vivisection, we are at a loss to know what would be considered such. But we cannot pursue the question farther here.

The volume before us is styled a manual; it is not only fitted for the hand, however, but also for the head, and is in reality a well-written and at the same time concise volume on all that is known of the physiology of the day. The author is a well-known experimenter himself, and hence has been able to confirm or refute many points which are still in doubt. In this aspect the work is much superior to others we could name, which are mere *résumés* of others' labours.

We had marked out several of the chapters of which the volume is composed for special notice; but where all is so excellent we think it best to speak of them as such. We cannot, however, pass without particularly drawing attention to the way in which the book is illustrated by engravings. As far as our reading has gone, we know no work on physiology which is so fully and so admirably illustrated as the one before us. The means for carrying out such engravings are, we believe, greatly increased within the last twenty years, and the author has of course availed himself of these improvements. Allowing, however, for all this, the illustrations are most excellent and profuse, and add greatly to the value of the volume. It may be added that there is a glossary of all the new terms now introduced into physiology, a matter of considerable consequence with such an advancing science.

The volume has our heartiest commendations.

(a) "A Manual of Physiology for the Use of Junior Students of Medicine." By Gerald F. Yeo, M.D. Dub., F.R.C.S., Professor of Physiology in King's College, London, &c. J. and A. Churchill. 1884. Pp. 632.

Medical News and Pass Lists.

The Royal University of Ireland.—At a meeting of the Senate of this University, held on Friday, Feb. 6th, the following were appointed examiners for another year:—*Medicine*, Stephen M. MacSwiney, M.D.; *Midwifery*, John A. Byrne, M.B., H. Macnaughton Jones, M.D.; *Materia Medica*, Francis J. B. Quinlan, M.D., J. Seton Reid, M.D.; *Medical Jurisprudence*, Edmund W. Davy, M.D., Michael McHugh, M.D. The Senate adopted the following among other resolutions:—"That all graduates of the University who at present hold the diploma in obstetrics be advanced to the degree of M.A.O., upon making application, and complying with certain conditions prescribed by the Senate." "That after the year 1885 credit will not be given to any candidate for botany and zoology at the first examination in medicine, upon the ground of having passed any arts examinations in which these subjects were comprised." The Senate also resolved that henceforth certificates of instruction in pharmacy in connection with dispensaries shall not be deemed satisfactory.

Royal Medical and Chirurgical Society of London.—The annual general meeting of the above Society for the election of officers and other members of the Council for the ensuing year, and for receiving the auditors' report and the report of the Council will be held on Monday next. The following names are those of the officers and other members of Council nominated for 1885-86:—President: George Johnson, M.D., F.R.S. Vice-Presidents: William Overend Priestley, M.D.; *Hermann Weber, M.D.; *Thomas Bryant; *Matthew Berkeley Hill. Treasurer: Charles Bland Radcliffe, M.D.; *Timothy Holmes. Secretaries: Richard Douglas Powell, M.D.; *Howard Marsh. Librarians: Wilson Fox, M.D., F.R.S.; John Whitaker Hulke, F.R.S. Other Members of Council: *Henry Charlton Bastian, M.D., F.R.S.; *William Henry Broadbent, M.D.; *Thomas Buzzard, M.D.; *William Selby Church, M.D.; Charles Theodore Williams, M.D.; *Warrington Haward, Sir William MacCormac, Thomas Pickering Pick, William Sedgwick; *Walter Rivington. Those gentlemen to whose names an asterisk is prefixed were not on the Council or did not fill the same office last year.

Dublin Hospital Sunday.—The following is the result of the distribution of this year's grant:—Sir Patrick Dun's, £265 17s. 10d.; City of Dublin, £632 19s. 5d.; Doctor Steevens', £182 4s. 2d.; Meath, £423 9s 10d.; Mercer's, £204 14s. 5d.; Whitworth (Drumcondra), £69 4s. 9d.; Coombe (Lying-in), £95 4s. 7d.; Rotunda (Lying-in), £157 11s. 10d.; St. Mark's (Ophthalmic), £206 13s. 1d.; National Eye and Ear Infirmary, £131 10s. 10d.; Convalescent Home, £225 7s. 6d.; Cork Street (Fever), £157 5s. 11d.; Adelaide, 908 4s. 4d.; Monkstown, £221 6s. 10d.; Orthopædic (Great Brunswick Street), £135 10s. 5d.; National Orthopædic and Children's, £144 7s.; total, £4,161 15s. 9d.

Vital Statistics.—The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 20·9 per 1,000 of their aggregate population, and gave the following annual rates:—Birkenhead 13, Birmingham 19, Blackburn 22, Bolton 21, Bradford 19, Brighton 16, Bristol 19, Cardiff 32, Derby 15, Dublin 34, Edinburgh 15, Glasgow 29, Halifax 22, Huddersfield 18, Hull 22, Leeds 19, Leicester 19, Liverpool 24, London 19, Manchester 24, Newcastle-on-Tyne 26, Norwich 27, Nottingham 21, Oldham 24, Plymouth 25, Portsmouth 21, Preston 31, Salford 15, Sheffield 22, Sunderland 32, Wolverhampton 21. The highest annual death-rates from diseases of the zymotic class were—From whooping-cough, 1·6 in Preston, and 2·0 in Nottingham; from measles, 4·3 in Cardiff, 4·8 in Huddersfield, and 8·3 in Sunderland; from scarlet fever, 1·5 in Leicester, and 1·6 in Preston; and from "fever," 3·4 in Norwich. The 39 deaths from diphtheria included 16 in London, 3 in Glasgow, 2 in Nottingham, and 9 in Liverpool. Small-pox caused 57 deaths in London and in its outer ring of suburban districts, 1 in Liverpool, 3 in Birmingham, and 2 in Sheffield.

The Mortality of Foreign Cities.—In the principal foreign cities the rates of mortality per week per 1,000 of the population, according to the latest official returns, were:—Calcutta 34, Bombay 23, Madras 48, Paris 28, Geneva 30, Brussels 29, Amsterdam 38, Rotterdam 37, The Hague 27, Copenhagen 23, Stockholm 36, Christiania 25, St. Petersburg 35, Berlin 23, Hamburg 28, Dresden 25, Breslau 30, Munich 35, Vienna 32, Prague 33, Buda-Pesth 29, Trieste 43, Rome 28, Turin 33, Venice 36, Madrid 44, Alexandria 34, New York 26, Brooklyn 21, Philadelphia 24 and Baltimore 16.

Army Medical Service.—The following is a list of the successful candidates at the recent competitive examination for Her Majesty's British Medical Service, in the order of merit:—

	Marks.		Marks.
Hickson, S.	2540	Adams, G. G.	2130
Fletcher, H. J.	2480	Shine, J. M. F.	2120
Lindeman, S. H.	2445	Day, W. B.	2110
Davis, E.	2430	Hamilton, D. R.	2100
Powell, S.	2410	Thompson, R. G.	2080
Jones, F. W. C.	2335	Blackwell, C. T.	2070
Meek, J.	2320	Power, R. J.	2070
Morris, A. E.	2310	Kilkelly, C. R.	2065
Cormack, E.	2300	Bean, W. H.	2020
McMillan, J. F.	2290	Ferguson, N. C.	2010
O'Donel, C.	2275	Wills, S. R.	1980
Carte, W. A.	2270	Hearn, M. L.	1960
Fitzgerald, A. O.	2270	Deeble, S. L.	1950
Elderton, F. D.	2260	Hall, R. H.	1950
Sheldrake, E. N.	2230	Bennett, W. H.	1940
Molesworth, R. E.	2210	Greenway, J. H.	1921
Long, J. W. F.	2115	Hanley, R. G.	1880
Josling, C. L.	2210	Bell, W. H.	1875
Bateson, J. F.	2180	Cree, G.	1850
Swan, W. T.	2180	Philson, S. C.	1850
Bulfin, J.	2175	Nicolls, J. M.	1830
Macleod, R. R.	2145	Harris, F. W. H. D.	1800
Curtis, J. H.	2140		

Navy Medical Service.—At the competition for Commissions in the Medical Service of the Royal Navy, held on the 9th February and following days, in the Hall of the University of London, the undermentioned candidates were successful, in the order of merit:—

	Marks.		Marks.
South, H. E.	2090	Minter, E. D.	1720
Page, A. M.	2010	Alsop, C.	1710
Cropley, A.	1930	Eede, E. T.	1695
Jenkins, J.	1910	Chamberlain, C. B. d'E.	1690
Youel, H. S.	1815	Corbett, J. N.	1590
Elliott, H.	1760	Bowie, R. F.	1570

Indian Medical Service.—The following is a list of the Candidates for Her Majesty's Indian Medical Service who were successful at the Competitive Examination held at Burlington House on the 9th February. Eighteen candidates competed for 5 appointments. All were reported qualified. The following obtained the highest marks:—

Campbell, E. K.	2590	Carroll, E. R. W. C.	222
Drury, F. J.	2495	Dyson, H. J.	2160
Rogers, F. A.	2230		

University of Dublin.—Degrees were conferred last week on the following candidates who had passed the necessary examinations at this University:—

Bachelor in Surgery.

Buchanan, John Blacker	O'Sullivan, Daniel R.
Ellis, Henry Augustus	Raymond, George
Halahan, Samuel Handy	Rice, William Richardson
Hickey, William Lacy	Scovell, Roland Hill
Miller, Joseph Ewing	Slaughter, Walter John
O'Donnell, James John	Watson, John James Carl

Licentiate in Surgery.—Manning, Joseph Vincent

Bachelor in Medicine.

Farmer, Edward J.	Miller, Joseph Ewing
Hallahan, Samuel Handy	Montgomery, Robert John
Johnston, Robert Kerr	O'Donnell, James John
Travers, Robert	Raymond, George
Meeke, Lewis Arthur Henry	Slaughter, Walter John

Doctor in Medicine.

Boyd, Alexander James	Smith, Victor Edwin
Lett, Richard Alfred	Thompson, Charles Herbert
Meeke, Arthur Henry	Wright, William McDowell A.

King and Queen's College of Physicians.—At the February examinations the following candidates having passed the necessary examination received the licences in Medicine and Midwifery of this College:—

Medicine.

Acheson, Berkeley Joseph	Kenna, Denis Patrick
Brady, Francis Forster	Maunsell, Francis Ignatius
Hawkins-Ambler, George A.	Roch, Sampson
Hayes, Julian Sewell	Walsh, John Thomas
Keenan, John	

Midwifery.

Cawden, W. J	Keenan, John
Fairbank, H. S.	Kenna, D. P.
Fernandez, Lawrence B. P.	Maunsell, Francis Ignatius
Hawkins-Ambler, George A.	

The undermentioned were admitted Members:—

Bell, Thomas Vesey	Yourell, Michael Joseph

Notices to Correspondents.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular* may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean and flat after it has passed through the post.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

THE PROGRESS OF ANTISEPTIC SURGERY.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Recent developments in dressings show that we have attained a step farther in the history of antiseptic surgery. *We have begun to recognise in the so-called antiseptics some other quality besides antisepticism.* The more important quality now is astringency. Carbolic acid, sublimate, bismuth, chloride of zinc, acetate of alumina, and the dry dressings are *astringents, and are valued as such.* Iodoform is an irritant, and stimulates vitality. We have found, too, that if the germs in the air do reach a wound, they will be washed away by the natural processes before they can fructify. We have found that wound fever is brought about by primary undecomposed wound-secretions as much, or even more, than by decomposition (Billroth's Pathology passim). It has been even found that decomposition products are often harmless as compared with their antecedent factors. Finally, the researches of the year have thrown doubts on the applicability of bacillar pathology to any single disease except carbuncle. Keeping these facts in mind, we may soon look for the ends.

I am, Sir, yours, &c.,
T. R. CAHILL.

ANTI-HUMBUG.—When a non-medical person "takes an independent view on a medical question" it generally results in the illness or death of those who have the misfortune to be subject to the independent one's whims. Mr. Jacob Bright as an authority on the scientific value of vaccination is doubtless as much to be depended on as any other pillar of "the cause," not even excluding the "eminent members of the profession" who, in the words of the anti-vaccinators, "have rejected the imposture sanctioned by tyranny."

MR. FRANCIS.—We shall have pleasure in acceding to your proposal, and beg you to accept our hearty good wishes for the success of your endeavours.

DR. PHILLIPS.—Such an appointment would afford valuable opportunities for the observation of the classes of disease termed senile; and under such circumstances as you mention, it would certainly be desirable to accept the offer made.

DR. CARNFORTH.—Tracheotomy to be successful must be performed before the strength of the patient has been exhausted by long-continued struggling for breath, and sufficiently early to make it probable that no hindrance to recovery exists in the debilitated condition of the system such as young children the subjects of croup too often present. No hard-and-fast rules can, however, be laid down for guidance in such cases.

AN ANXIOUS M.D.—All the information you seek is contained in the "Medical Directory," published by Messrs. J. & A. Churchill.

A NEW LINE FOR SHOP-DOCTORS.

THE *Chemist and Druggist* states that in Birmingham in the window of a firm of surgeon *and chemist, in partnership*, the following, written on a piece of card, with samples, is exhibited:—"Spring-flowering bulbs—Tulips, 8d. per dozen; gladiolus, 4d. per dozen; narcissus and pheasants' eyes, 1s. per dozen; hyacinths, 2d. each; lilies, 4d. each."

DR. MANBY.—The only advice that is possible has already been given.

DR. JOHN M. C.—Buzzard's work on Diseases of the Nervous System is a thoroughly reliable work, and if you want to complete your knowledge of the subject, we would advise Althaus' Sclerosis of the Spinal Cord and Byrom Bramwell's Diseases of the Spinal Cord.

J. F. asks: At what College in the United Kingdom would a medical or surgical diploma be the easiest obtained?

[Our correspondent had better apply to one of the Dublin "grinders," who thoroughly understand the method of doing what he seeks. With the aid of "night lectures," "sham certificates," "credit fees," and other well-known tricks of the trade, our correspondent's purpose can be served, provided he is not over-conscientious nor particular whether or not he knows anything about the profession when he gets admission to it.—ED.]

Meetings of the Societies.

WEDNESDAY, FEBRUARY 25TH.

HUNTERIAN SOCIETY.—Dr. Pye-Smith, Presidential Address.—Dr. Stephen Mackenzie, The Connection between Erythema Nodosum and Rheumatism.

THURSDAY, FEBRUARY 26TH.

ROYAL COLLEGE OF PHYSICIANS.—At 5 p.m., Dr. William Osler, Endocarditis. (Gulstonian Lecture).

ROYAL INSTITUTION.—At 3 p.m., Prof. Dewar, The New Chemistry.

FRIDAY, FEBRUARY 27TH.

ACADEMY OF MEDICINE IN IRELAND (Medical Section).—At 8 p.m., Dr. Walter G. Smith, A Case of Sub-Acute Atrophic Spinal Paralysis in a young woman.—Adjourned discussion on Surgeon-Major J. B. Hamilton's paper on Cholera.—Dr. W. Moll. A. Wright, Note on a Case of Sloughing of the Rectum.—Dr. Walter G. Smith, Four Cases of Acute Pneumonia in members of the same family.

QUEKETT MICROSCOPICAL CLUB.—At 8 p.m., Mr. Buffham, The Conjugation of Rhabdonema Arcuatum (Kütz).

CLINICAL SOCIETY OF LONDON.—At 8.30 p.m., Dr. Hughes-Bennett, A Case of Locomotor Ataxy without any Disease of the Posterior Columns of the Spinal Cord.—Dr. Seymour Taylor, A Case of Arrested Rickets.—Mr. Charters Symonds, A Case of Nephro-lithotomy.—Mr. Henry Morris, A Case of Nephro-lithotomy.—Dr. Hadden, A Case of Obliterative Disease of Vessels (living specimen).

ROYAL INSTITUTION.—At 9 p.m., Prof. E. Ray Lankester, A Marine Biological Laboratory.

MONDAY, MARCH 2ND.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—At 8 p.m., Casual Communications by Messrs. Oakley Coles, W. St. George Elliott, W. Hern, W. A. Hunt, Alexander Cartwright, F. Newland Pedley.—E. Charlesworth, F.G.S., On the Fossil Teeth of Extinct Animals in the Museum of the Odontological Society.

Vacancies.

Bath General or Mineral Water Hospital.—Resident Medical Officer. Salary, £100 per annum, with board and apartments. Applications, with testimonials, to the Registrar, before March 5.

Birmingham General Hospital.—Assistant Physician. Salary, £100 per annum. Applications, with testimonials, to the House Governor, on or before Feb. 28.

Coombe Lying-in Hospital, Dublin.—Assistant Physician. For particulars apply to Dr. S. R. Mason, 92 Harcourt Street, Dublin.

Devonport Royal Albert Hospital.—Resident Medical Officer. Salary, £200 per annum, with board and lodging. Applications to the Hon. Sec.

Glasgow University.—Examiners for Graduates in Medicine and Surgery. Salary, £40 per annum. Applications on or before March 2

Greenwich Seamen's Hospital.—House Surgeon. Salary, £50, with board, &c. Applications, with testimonials, on or before March 7.

Sheffield Public Hospital and Dispensary.—Assistant House Surgeon. Salary, £65 per annum, with board, &c. Applications, with testimonials, to the Hon. Sec., on or before March 3.

University College, London.—Professorship of Surgery and Surgeon to the Hospital. Applications at the College on or before March 3.

York County Hospital.—Honorary Physician. Applications to the Secretary, on or before March 7.

Appointments

HULL, W., M.B., M.R.C.S., L.R.C.P., L.S.A. Lond., House Surgeon to St. Thomas's Hospital.

JOHNSTON, G. D., M.R.C.S., L.R.C.P., Resident Accoucheur to St. Thomas's Hospital.

LEE, C. G., M.R.C.S., L.R.C.P.Lond., Honorary Surgeon to the Liverpool Eye and Ear Infirmary.

MACKENZIE, H. W. G., M.A., M.B., M.R.C.S., Resident House Physician to St. Thomas's Hospital.

MORGAN, G., L.R.C.P. Lond., M.R.C.S., House Surgeon to the Royal Alexandra Hospital for Sick Children, Brighton.

MIDDLETON, L. A., L.K.Q.C.P., L.R.C.S.I., Medical Officer for the Harbourne District of the King's Norton Union.

NEILL, J., L.K.Q.C.P.I., L.R.C.S.I., Resident Surgeon to Steevens's Hospital, Dublin.

NORMAN, C., F.R.C.S.I., Resident Medical Superintendent of the Castlebar District (Mayo County) Asylum, to be Resident Medical Superintendent of the Monaghan District (Counties of Monaghan and Cavan) Asylum at Monaghan.

PASTEUR, W., M.D.Lond., M.R.C.P.Lond., Medical Registrar to the Middlesex Hospital.

PULLAN, H. W., L.F.P.S.Glas., M.R.C.S., Medical Officer for the Belton District of the Thorne Union.

RELTON, B., M.R.C.S., L.S.A.Lond., Assistant House Surgeon to St. Thomas's Hospital.

ROBINSON, H. B., M.R.C.S., L.R.C.P., Resident House Physician to St. Thomas's Hospital.

SANEYOSHI, Y., M.R.C.S., L.R.C.P., Assistant House Surgeon to St. Thomas's Hospital.

STEWART, J. P., M.B., C.M. Glas., Medical Officer for the Gosberton District of the Spalding Union.

WHITE, S., M.D., M.Ch.Q.U.I., F.R.C.S.Eng., Medical Officer of Health for the Sheffield Urban Sanitary District.

WILLIAMS, R. M., M.R.C.S., L.R.C.P., Assistant House Physician to St. Thomas's Hospital.

Births.

BERRY.—Feb. 20, at Queen's Road, Watford, the wife of F. Haycroft Berry, M.B., of a daughter.

HOUGHTON.—Feb. 20, at Amersham, Bucks, the wife of Lambert Houghton, L.R.C.P., of a son.

Deaths.

FRANKLIN.—Feb. 12, at Liverpool Road, Islington, Henry Franklin, L.R.C.P.Ed., late of St. John's Street, Clerkenwell.

LEWIS.—Feb. 6, at Davos, Switzerland, George Stephens Lewis, Surgeon Army Medical Staff, late of Alexandria, Egypt.

MARTIN.—Feb. 18, at Alexander Square, South Kensington, James Johnstone Martin, Fleet Surgeon R.N., aged 63.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 4, 1885.

CONTENTS.

ORIGINAL COMMUNICATIONS.

Age in Relation to the Diagnosis of Disease. By J. Magee Finny, M.D. Dub., F.K.Q.C.P., King's Professor of Practice of Medicine; Clinical Physician to St. Patrick Dun's Hospital; President of the University Biological Association .. 181

A Medical Investigation into So-called Faith-Healings by Members of the Salvation Army at Hanley. By Wm. Dunnett Spamton, F.R.C.S., Surgeon to the North Staffordshire Infirmary 185

On Natural Drainage in Otorrhœa. By Charles Atkin, F.R.C.S., L.R.C.P. Lond., House-Surgeon Sheffield General Infirmary, &c. 186

A SUMMARY OF NEW REMEDIES. (Specially arranged for the Medical Press) 187

CLINICAL RECORDS.

Westminster Hospital—Case of Uræmia. By Alfred S. Gubb, M.R.C.S., L.R.C.P. Lond., Resident Obstetric Assistant 190

TRANSACTIONS OF SOCIETIES.

CLINICAL SOCIETY OF LONDON—

Locomotor Ataxy, without Disease of the Posterior Columns of the Spinal Cord 190

PAGE

Arrested Rickets 191
Case of Nephro-Lithotomy 191
A Case of Nephro-Lithotomy 192

WEST LOND. MEDICO-CHIRURGICAL SOCIETY—

Papers and Discussion on Myxœdema .. 192

LIVERPOOL MEDICAL INSTITUTION—

Osteo-Sarcoma of the Leg 194
Nephrectomy for Sarcoma 195
Note on a case of Aphasia 195

DEPARTMENT OF LUNACY.

Lunacy Legislation 195
The Lunacy (Ireland) Bill 196

LEADING ARTICLES.

DURATION OF SCARLATINAL INFECTIVITY 197
THE PROPOSED AMALGAMATION OF DUBLIN HOSPITALS 198
INOCULATION OF TUBERCLE IN THE HUMAN SUBJECT 198

NOTES ON CURRENT TOPICS.

Faith Healing 199
Instruction in Vaccination 199
The Influence of Age on Disease 199

PAGE

The Medical Department of the Irish Prisons Board 200
Westminster Hospital 200
Irish Graduates' Association 200
Preliminary Examination in Mechanics .. 201
The Fourth German Congress for Medicine 201
Irish Poor-law Inspectorships 201

LITERATURE.

Keetle's Index of Surgery 202
Heath's Practical Anatomy 202

SCOTLAND.

The Incorporation of the Extra-Mural School, Edinburgh 202
Health of Edinburgh 203
Glasgow Town Council 203
Edinburgh University Court 203
The Royal Medical Society, Edinburgh .. 203

Medical News 203

Pass Lists 203

NOTICES TO CORRESPONDENTS 204

Births 204

Marriages 204

Deaths 204

Original Communications.

AGE IN RELATION TO THE DIAGNOSIS OF DISEASE. (a)

By J. M. FINNY, M.D. Dub., F.K.Q.C.P.,

King's Professor of Practice of Medicine; Clinical Physician to St Patrick Dun's Hospital;
President of the University Biological Association.

THE subject which has suggested itself for my opening address is one I consider of peculiar interest to a biological association, inasmuch as it deals with the influence which age exercises on disease in relation to its diagnosis in the first place, and then naturally to the opinion one would entertain of its danger and curability.

"Treatment of disease," is a very familiar term, and although it is an illogical and inaccurate one, it nevertheless tersely expresses the main object we should have in view, as members of the "healing art," and in our efforts to alleviate suffering.

A sound knowledge of morbid anatomy, an intelligent acquaintance with physiology in its application to the complex mechanism of the human body, a familiarity with the general laws of health and disease, a rational faith in the efficacy of drugs, these and others, which might be named, contribute to render a man a good physician. But without the powers and opportunities of making an accurate diagnosis, such knowledge can have no other effect than to injure rather than to benefit the patient, to mislead the practitioner and to debase, not exalt, the scientific status of our profession.

It is readily admitted by all that the difficulties in arriving at an accurate diagnosis of any one diseased condition are many and varied, some inherent to the morbid state itself, some due to extraneous circumstances, and some, and they the greatest number, owing to our ignorance or our obtuseness in recognising the significance of signs and symptoms. Perhaps of all the difficulties which enshroud a case, there is none greater than the fact that the patient is either very young or very old.

The late Dr. Stokes used often to say in his clinical instruction that "gout and hysteria are the pitfalls of the young practitioner," a saying to the truth of which I can personally vouch, but, I would add thereto by saying that infancy and old age are the thickets and mazes through which the medical tyro must wend his way, and I would add a warning that should he have no clear conception of how, and how widely, they influence the ordinary course of disease and its symptomatology, he may be, when least expected, sharply arrested in his path by the untimely death of his patient, or he may lose himself in the byways and lanes of uncertainty, perplexity, and despair.

In taking up the study of any diseased condition, our first instinct is to picture to our mind's eye the pronounced features of a typical case, and with the younger, or, perhaps more properly speaking, the less experienced physician, there is a danger of looking at the morbid state from this narrow point of view alone, with the consequential result of finding considerable difficulty of grasping the subject when brought face to face with its many other phases, especially those met with at the bedside.

Unfortunately, owing to the short and insufficient period given to the study of clinical medicine in a student's course, this is not to be wondered at, and as much as can be expected is, that the young medical man who has successfully passed his examinations, shall have a sound knowledge of disease in its usual or orthodox characteristics. Hence it happens, but not until after the experience of anxious responsibility, of errors made in diagnosis, and of treatment applied to organs and parts entirely innocent of disease, that the lesson may be learned of how rarely the typical disease of their class-books is met with in daily practice, and of how often influences to which but little attention had previously been directed, become the greatest aids to forming a sound diagnosis, and to indicating a course of intelligent therapeusis.

In diagnosing a case of disease occurring in an infant

(a) Presidential Address delivered before University Biological Association, Trinity College, Dublin

or young child, the Scylla—the rock on which the bark is likely to be wrecked—is the predominance of the nervous symptoms, and the consequent tendency to refer to the brain the manifestations of diseases of the lung or stomach; while the Charybdis, in the case of the old, is the overlooking severe and perhaps extensive structural disease owing to the dulness of the nervous susceptibility in the aged, and the absence of the pain and reactionary fever we are accustomed to associate with grave organic diseases. In old people certain physiological changes take place. As a rule the functions are feebler, secretion is diminished, nutrition fails, and consequently various pathological phenomena are produced and special diseases met with which are absent from the study of adult life.

For example, arterial degeneration and impaired powers of circulation become the centres of various morbid states, such as senile marasmus, senile changes in bone, atrophy of the brain and gangrene, while there seems to be, to a great extent, if not altogether, an immunity from pathological conditions constantly met with in the young, as scarlet fever, enteric fever, rickets, whooping-cough, croup, &c. "Age," writes Jurgensen in speaking of catarrhal pneumonia (*a*) "is an individual factor of great importance; the extremes—the period of childhood and old age—are peculiarly disposed to catarrhal pneumonia, while the age of vigour remains to a great extent exempt."

A knowledge of these etiological peculiarities is most helpful in diagnosis; but unquestionably the chief cause of the difficulty in recognising the diseases of old people lies in the want of re-action. "At this period," Charcot writes (*b*), "the organs remain in some degree, independent of each other, they suffer separately and the different lesions of which they are the seat scarcely influence the economy as a whole. Moreover, the gravest disorders manifest themselves by little marked symptoms. They may even pass unobserved, and in them many diseases are entirely latent;" and Grisolle says "The sphere of activity of the organs appears in old people to be restricted; and it should never be forgotten that the gravest lesions may co-exist with a small number of slight, almost insignificant, symptoms."

Perhaps in no instance is this so marked as in lobar pneumonia, which contrasts so very greatly with the pneumonia of the adult. Croupous pneumonia in the latter usually sets in with extremely well-marked and characteristic symptoms, and generally of such severity as to compel the patient to seek immediate relief.

A man, previously in robust health, is suddenly attacked with shivering, severe and of prolonged duration, his skin burns, so as to obtain the designation of *calor mordax*. His pulse is accelerated by perhaps 40-60 beats, while his breathing is hurried from 18 to perhaps 40 or 50 in the minute—quite out of proportion to the pulse—he pauses to take breath between every two or three words, has a frequent cough, with viscid sputum, and complains of pain and uneasiness in his side, and the temperature rapidly rises to 103°-104°.

Now, nothing is more striking—no case so ready of diagnosis—as a disease with these typical characteristics, and it needs not the aid of physical signs to fill in the outlines of the picture, portraying a case of pneumonic fever. Far otherwise is the case when the same disease attacks an old person.

There may be no minute, hour, or day which signals the onset, no hurried breathing or cough to point to the lungs being engaged in disease, no burning heat of the skin and craving thirst to tell you there is fever. In fact, the total absence of subjective symptoms may be so great that, if care be not taken to make a full physical examination of the lungs, it is not till the revelations of the post-mortem examination make plain the lung disease, that the cause of death can be ascertained with certainty.

Such a picture as the above may seem somewhat overcoloured, but while it represents an extreme case, it is not so uncommon as might be supposed, and were records made and kept of the cause of death (as verified by an autopsy) in the aged of our asylums and unions, the following description of Hourman and Dechambre (*a*) would, I fancy, find many a counterpart. Speaking of the absence of general signs in lobar pneumonia, they give the following graphic description of the aged inmates of the Salpêtrière Hospital:—

"The old women do not even complain of *malaise:* no one in the wards, neither guardians, servants, or neighbours, perceive any change in their condition. They get up, make their beds, walk about, eat as usual; then they feel a little fatigued, sink upon their beds, and expire. This is one of the *sudden deaths* in old age at Salpêtrière. The body is opened, and we find a great part of the pulmonary parenchyma in a state of suppuration."

The above was written in 1836, before the introduction and general use of the clinical thermometer, and described faithfully enough what probably occurred, and as such I have repeated it to you *verbatim*, but I would not have it understood that there are no signs or symptoms which in 1884 would not be quickly recognised as palpable evidence of lobar pneumonia, *were they only thought of and looked for*. These are, increase of temperature, somnolence, a mild form of delirium, a dried tongue, with aversion to food. Cough is nearly always present, but this symptom loses its significance in the frequency with which chronic bronchitis and cough occurs in the old. Charcot lays particular stress upon the temperature of the rectum, and warns the observer from depending upon that of the axilla. It is by clinical thermometry alone that the presence of fever can be detected, and by its duration and course the cause of the fever explained.

In all cases, therefore, of aged people who present any or all of the symptoms I have enumerated a careful physical examination should be made so as to detect consolidation of the lung, for while the subjective symptoms may be in abeyance, the objective symptoms, due to similar physical changes in the parenchyma of the lung, are alike in the pneumonia of the aged and the adult. It must not, however, be forgotten that when the disease attacks a central part of the lung the physical signs may not be present till the disease be well advanced, and sometimes are only detectable on the eighth or ninth day, when crisis is already setting in.

It were easy to multiply instances of disorders and accidents occurring in the aged which would further illustrate my meaning; but enough has been said to show the difficulties which beset the diagnosis of disease in this extreme of life.

Let us now turn to the consideration of the influence of age on the diagnosis of acute disease in the case of infants and young children, and see what difficulties meet us at this extreme of life. They are of a very different character than those we have been discussing—difficulties acknowledged by none so readily as by those who devote particular attention to this class of patients.

Doubtless many contributory causes render diagnosis difficult in the infant and young child, such as the absence of intelligent speech, the restlessness and irritable resistance to physical examination on the part of the little frightened patient, and the too often nervous haste on the part of the practitioner unaccustomed to infantile disorders.

But the real stumbling-block lies in the physiological fact that the vital activity of the organs and the extreme nervous susceptibilities of the patient may lead to a very general commotion throughout the body, and may produce symptoms of an entirely distinct and distant organ of such severity and prominence as to completely mask the seat of disease, and to direct attention away from it

(*a*) Ziemssen "Cyclop. Med.," Vol. V., p, 188.
(*b*) Senile Diseases, "Syd. Soc. Trans,"

(*a*) *Archives de Médecine*, 1836, vol. ii., p. 57, as quoted by Charcot, p. 37.

to one free from organic disease, but whose functions may be temporarily exalted or otherwise perverted.

Nay, further, even although one may fully recognise this diffusion of symptoms, and be quite awake to the fact that their severity bears little or no relation at all to the magnitude or gravity of the local disorder of which they are the manifestations, it is still to be acknowledged that an accurate diagnosis in some acute disorders is a matter not to say of difficulty, but at times of almost impossibility.

As Dr. Eustace Smith says: (*a*) "The perplexity lies, not in the child, nor in any uncertainty in recognising the relative value of physical signs, but in referring the symptoms to their true origin," and in separating local symptoms from others expressive of general distress.

In the old person the "isolation" of the organs is the rule, in the young their sympathy, so that a functional derangement which in the adult may express itself by slight local symptoms may be accompanied in children by signs of so severe general distress as to overshadow or completely conceal the indications of local suffering. For instance, the introduction of indigestible food which in an adult may give rise to an attack of dyspepsia, in a child may be followed by high fever, delirium, and convulsions; or again, the cutting of a tooth may be ushered in by laryngismus stridulus, or accompanied by diarrhœa and vomiting, or it may be entirely masked by such strange reflex paralyses as chorea, hemiplegia, or paraplegia. Medical literature is from time to time enriched by the records of cases which exemplify these and other anomalous and alarming symptoms. One of the most recent and remarkable instances is one of temporary spinal paralysis, detailed by Dr. MacSwiney (*a*) in an able paper before the Academy of Medicine in Ireland.

Examples illustrating the intimate sympathy which exists between the nervous system and the heart or lungs or gastro-intestinal canal are not confined to the early years of life. Of this might be mentioned many proofs, but it will suffice to refer to the delirium which may occur in the pericardial or endocardial inflammation which at times lights up in rheumatic fever, and to the eclampsia due to intestinal accumulations.

It were easy to enlarge this branch of my subject, but I will confine our consideration to the difficulties which this intimate sympathy between the lung and brain gives rise to in the diagnosis of pneumonia in the child, and by indicating the peculiarities of that disease in young children I shall make more pointed by the contrast, those we have already seen to exist in the aged.

The following cases which have occurred in my own practice will, perhaps, speak for themselves.

CASE I.—Mary O., æt. 9, came under my care, in the City of Dublin Hospital, on December 16th, 1881, on the second day of her illness. [The notes were taken by my friend, Dr. W. F. Law.] On Thursday, 15th, the child went to bed apparently in good health, but soon after complained of great frontal headache, and began to vomit. These symptoms, and along with them, diarrhœa, continued during the night, and the child seemed to have been in great suffering. When brought to hospital on the day following, she complained of intense frontal headache, and of pain in the back of the neck, she moaned and yawned continually, and lay, chiefly on her side, with her head strongly retracted, her knees drawn up, and hands clapsed over the abdomen. She was noticed to be frequently frowning, and that there was occasional and passing divergent strabismus with alternate contraction and dilatation of the pupils; along with these there was considerable hyperæsthesia of the skin, and great fretfulness and irritability of temper. The respiration was normal in rate, but of a sighing character, long pauses occurring at times between the acts of breathing. The pulse was small and rapid (144). Temperature on night of admission 104 deg. The vomiting continued through the night, the ejecta being of a bright green colour. The tongue was coated with a white central fur, and was clean at tip and edges. There was great thirst; the bowels were confined, and abdomen was free from pain and tympany, and it was not retracted. Bromide of potassium in 10-grain doses was ordered, ice to the forehead, and the back of head and nape to be blistered. (N.B.—She generally lay on her side.)

Dec. 18th, fourth day.—The condition was much the same. She had not slept, but moaned continually, complaining of the headache, and vomiting. She refused her medicine, and would not allow the ice to remain on her head. The only change in her condition was a bright flush on one cheek, and one of a deep dusky hue on the other. The temperature ranged, since the day before, between 102·8 and 103 deg. The bromides were directed to be given in milk, and this she took with the effect of producing quiet and sleep.

The following day there was no change, and nothing was discovered to point to the lung being engaged. However, on the sixth day a patch of dulness was found over the lower lobe of the left side, where a few crepitant *râles* were audible with slight bronchial voice and breath sounds. In other respects the child was but little altered, as she lay in the same position, and the eyes seemed to be turned up under the lids which she now kept closely shut. A crop of herpes appeared on both lips.

The rest of the case may be disposed of in a few words. Crisis took place on the ninth day, all headache and other nervous symptoms disappeared, and resolution set in, and was so rapid that on the eleventh day the lung was quite clear on percussion, and no abnormal sounds were discoverable.

There was no expectoration at any time. The patient made a good and quick recovery.

CASE II.—Eliza McD., æt. 5, was admitted to Sir Patrick Dun's Hospital, April 11th, 1884, in high fever, with a history of having been ill for three days. No particulars were forthcoming as to the mode of onset of her illness. (Reported by Mr. Ardagh).

When seen the following morning the patient was restless and peevish, turning away when spoken to, and whining and moaning. Her head was retracted, but she could flex it when urged to do so. The cheeks were flushed, and the tongue coated with a white fur. Pulse 96, while temperature was 103·8°, respiration 60, but the alæ nasi were not working. I made a most careful examination of the lungs, but beyond the physical signs of general bronchitis over both sides, I failed to detect evidence of consolidation or collapse of the lung. There was a frequent but short cough, unaccompanied at any time by sputum, and was similar to the irritable cough one is familiar with in the commencement of typhus or some of the exanthemata. The abdomen was neither distended nor retracted, and the area of splenic dulness was but slightly, though sensibly, enlarged. The bowels had been moved twice in the night, the motions having no special character. The urine contained a small amount of albumen, and chlorides were present.

On that night the temperature rose to 104·8°, and pulse 112, and was followed by a good deal of delirium and restlessness.

Her condition on the next morning, which, be it observed, was the sixth day of her illness, was one of considerable anxiety, and the diagnosis a matter of no little difficulty, for the temperature had fallen to 103·4°, but the pulse was at one observation 88 and at another 108, while the respiration continued about 58, and there were no evidences of a failing heart or overloading of the right chambers.

I confess that I inclined to the view that the cause of the hurried breathing (without orthopnœa or gasping, as the child lay low on her back or side), the delirium, and restlessness, and the want of agreement of pulse and temperature was the occurrence of tubercle, producing

(*a*) "Disease in Children," p. 1, 1884.
(*a*) "Trans. Acad. Med. Irel.," vol. ii., 1884, p. 41.

that puzzling febrile state which we term "tubercular fever," or "acute miliary tuberculosis," and it was not till two days later (the eighth of the child's illness and the fourth day of her residence in the hospital) that by physical examination a small patch of pneumonic dulness at the front of the left axilla was detected, with tympany under the clavicle.

From that day and night the temperature fell to 99° the next morning, and never rose again, while the respiration continued fast long afterwards, and varying between 62 and 36, settled on the twelfth day at 32 and 24, which might be considered normal.

The nervous symptoms were uninterruptedly maintained to very nearly the eighth day, though by the application of cold packing they were much diminished, and the general distress of the little patient removed.

CASE III.—Mary R., æt. 4½, was admitted last June into the children's ward of Sir Patrick Dun's Hospital, under the care of my colleague, Dr. W. G. Smith, and though she subsequently came under my care on my taking up clinical duty I am indebted to him for the early facts of the case, and his permission to use them.

The child was admitted with a temperature of 103°, and a very rapid pulse, and was seemingly very ill. In twenty-four hours' time, however, all fever left, and she was apparently over the ephemeral fever. Things, however, changed again as rapidly for the worse, and now the child became extremely ill, with high fever, flushed face and quick pulse, and for that day and the following five or six days she presented the characteristic appearance and symptoms of a case of cerebro-spinal meningitis.

She was constantly uttering a short whining cry, was sore to the touch, and exclaimed when handled or turned in the bed, occasional vomiting occurred without previous nausea or warning, and the attitude assumed was typical of cerebro-spinal fever, as she lay on her right side with her head retracted, with her face turned as if looking at the head of the bed. She was seemingly unconscious of what was going on around her, was restless and delirious, constantly calling out for all sorts of things, and her sleep was very broken and disturbed.

She was incessantly picking at her lips so that they became very sore, but there was no herpes. The tongue was moist and coated with a whitish fur, which after vomiting became greenish. The abdomen was full, but not especially tender to pressure, the spleen was not enlarged. The bowels moved a couple of times each day; the water, being passed involuntarily, could not be examined. There was a short dry cough, but not coming on in paroxysms, and unaccompanied with any expectoration. Physical examination completely failed to detect any pneumonia or serious bronchial irritation.

Little or no change took place in her general condition for five or six days, and it was sad to hear day by day the constant cry and whine, and during this time the general impression was that she was suffering from cerebro-spinal fever.

On or about the seventh day, however, a great change for the better took place, as the nervous symptoms notably abated, and the tongue became quite clean. At the same time moderate dulness in percussion was made out over the back of the left upper lobe, and in the same situation respiration was feeble. The child soon improved so as to sit up in bed and play with her toys, and evinced a desire for bread.

It is right to mention that during this first week the temperature and pulse followed no typical range, and gave no help in arriving at a diagnosis, but they came down considerably about the period of improvement.

For a few days things continued to improve, and it was hoped her recovery from what now was shown to be mischief of the lung and its covering, and not of the cerebro-spinal centres, would have been rapid and complete. This did not, however, take place, for not long afterwards the fever again lit up, rising two degrees each evening. Pain was complained of in her stomach and under the left nipple, the breathing became short and hurried, the cough hacking and paroxysmal, the application of the stethoscope to the side giving pain, and she lay chiefly on the left side, and cried when moved on her back or to the right side, and dulness up to the angle of the scapula was detected without abnormal breath-sounds. It was now evident that pleural effusion had ensued. Of the further progress of the case suffice it to say that thoracentesis was successfully performed, and after the purulent contents of the pleura had been drained, the fistulous opening closed, and the child left hospital fat and strong.

If the foregoing cases mean anything, they mean that mistakes may be made, even by those who have some experience in infantile disorders, in arriving at an accurate and early diagnosis of pneumonia, and in not confounding it with inflammation of the brain and its membranes. To these cases MM. Barthez and Rilliet have given the title of "cerebral pneumonia," indicating thereby the predominance of nervous over pulmonic symptoms; and although it is a misnomer, it is nevertheless adequately expressive of the principal features of such cases.

Nearly all the writers on infantile diseases whom I have consulted do indeed refer to the nervous excitement which in children may accompany the onset of pneumonia, but I am satisfied that sufficient stress is not laid on the difficulty in making a diagnosis, owing to the long duration of the cerebral symptoms—up to the seventh and ninth day, as was the case in the foregoing instances; while of the class-books in the hands of our students, I am not aware of any which devotes more than a line or two to this important peculiarity of the disease in children. The following short extracts from the writings of those most competent to form an opinion on this subject are the best commentary I can present on the cases recorded above:—

In speaking of the diagnosis of hydrocephalus, Dr. West (*a*) says: "The early stages of pneumonia are often attended with so much sympathetic disturbance of the brain as to throw the other symptoms into the background. The child vomits; it refers all its suffering to its head, and possibly had an attack of convulsions at its outset;" and (in p. 153) he would impress the fact of "how important it is to remember that the disorder is much more likely to be seated in the lungs than in the brain."

Gerhardt holds the opinion that these nervous symptoms are more often present in inflammation of the upper rather than of the lower lobe of the lung (a view which is, however, open to adverse criticism), but he plainly states (*b*) that, in the absence of actual paralysis of one or more of the cranial nerves, it is impossible to diagnose pneumonia attended with all the symptoms of cerebro-spinal disorder from actual inflammation of those centres.

Lewis Smith (*c*) writes: "In a severe attack of pneumonia the child in the first period of inflammation lies with his eyes shut, apparently in a semi-unconscious state, fretful if spoken to or aroused, so that the physician might be led to suspect the presence of cerebral disease. If there be vomiting, accompanied with sudden twitching of the muscles and convulsions—symptoms which sometimes occur, the liability to error of diagnosis is greatly increased." "Cerebral symptoms," he adds, "are more common at the commencement of pneumonia than subsequently; as the disease advances they subside, and symptoms referable to the lung become more conspicuous."

M. COESTU, of Paris, reports two hundred and ninety-eight cases of diphtheria treated by large doses of calomel, and only twelve deaths.

(*a*) "The Diseases of Infancy and Childhood," p. 151.
(*b*) "Lehrbuch der Kinderkrankheit," p. 370.
(*c*) "Diseases of Infancy and Childhood," 4th edit., p. 542.

A MEDICAL INVESTIGATION INTO SO-CALLED FAITH-HEALINGS BY MEMBERS OF THE SALVATION ARMY AT HANLEY.

By WM. DUNNETT SPANTON, F.R.C.S.E.,

Surgeon to the North Staffordshire Infirmary.

"We dislike such nonsensical gossip as is not supported by symptoms, but only by faith," is the opinion expressed by Paracelsus 300 years ago; and it is no less true now in reference to the so-called "Faith-healing" of the Salvation Army:

Some very good accounts of this extraordinary work have appeared in the daily press, with no lack of critical inquiry concerning them. But notwithstanding this, to most persons the evidence is very unsatisfactory, and it is difficult to sift what may be real from what is clearly false. With a view to forming a definite opinion concerning the reported cases I have made inquiry into a fair number of them, and have taken the opportunity of attending one of the "Faith-healing" services of the Hanley Salvation Army. My experiences may interest others, and the inferences drawn from them may perhaps convince some sceptics that so far as supernatural cures are concerned the thing is a delusion.

It seems to me unnecessary to enter into the general question of faith in the cure of disease. Every medical man is familiar enough with the influence which the mind can, especially under certain states of excitement, exert over the body. We meet with such instances daily, and the physician is ready enough as a rule to acknowledge and avail himself of them. We are not unfrequently told that our visits to our patients do more good than the medicine we prescribe—and truly enough. We are now asked to believe that the power to work miracles has been given to certain men and women, notably some of the "officers" of the Salvation Army, in a manner, to say the least of it, repugnant to one's common sense.

Let me first describe what I saw and heard. A large circus, crowded in every part with a very orderly and well-behaved audience, the arena containing a number of lame, deaf, infirm, or sick persons come to be healed, whose faces bore evident signs of sincerity in their belief. Some had crutches, some sticks, some were brought in Bath chairs, some were children in arms. After singing, prayers, and so on, one respectable man was requested to state what he had witnessed in the afternoon. This was to the effect that a man who *said* he had been deaf for forty-eight years, was cured. As usual there was no evidence forthcoming that the man was deaf, and he was not there to be examined. Another, a merchant, as he informed us, had seen a boy at Manchester who was both deaf and dumb, who after the healing process was able to hear and speak. But this, again, had to be accepted on faith, as the boy was not present. This gentleman told us an extraordinary story of how a child of his own was once at the point of death from bronchitis, and after the doctor considered the case hopeless, he and his friends prayed for the child, but still without any result, when a lady arrived on the scene, who recommended champagne to be given, and from that time the child recovered! This is a fair specimen of the sort of logic introduced into the discussion of this matter. What connection it had with "Major" Pearson's assumed powers, I entirely fail to appreciate. Next came the man concerning whom some letters appeared in the *Standard*. He is there stated by the Mayor of Newcastle to have "been suffering for some time from acute rheumatism, and scarcely able to get off a chair." The man himself stated that he had bronchitis most winters, more or less, and in summer had rheumatism also. He had been to Buxton in September, had not been out of his house for two months. He said he *could* have gone with his stick, but was *afraid*. He believed he *would* be healed, he went to the meeting, lost his fear, and no doubt very much to his astonishment found he could walk after all. There seems to have been nothing to prevent his doing so before, except his want of confidence in himself.

Then came a speech from the Major, which consisted chiefly of a warm diatribe against sceptics, doctors, infidels, and *hoc genus omne*, in language strong enough to drive out any evil spirits there might have been lurking in the midst of us. Following this, we heard from the father of a boy who was present how he had been "cured" of epileptic fits *a fortnight* ago. He described the result amid loud excitement and ejaculations from the audience; and then very naïvely added that "the boy had been sometimes *two months*, and once as long as *three months* without an attack!" But the sequel forms the best commentary on this case, which, by the way, is loudly proclaimed as one of the perfect cures. The boy was shortly after the "healing" bitten by his father's pony, but then taken, not to the "Major," but to his own medical man. Surely a man through whose instrumentality epilepsy could be exorcised could heal a simple wound! Well, after this had lasted about two hours, the real business began. A young man stepped forward who said he had "heart disease." He knelt at a table with about eight or ten of the officials, a number of whom, women mostly, placed their hands on his head. The "Major" crossed his forehead with oil, and after speaking very earnestly to him for a time, asked him if he did not feel healed. He replied in the negative. The same process was repeated, some of them shouting to him that he was healed; but still he said nay, and was ignominiously dismissed with the observation from the Major "you don't understand faith."

Next came a deaf old man, but who could hear evidently if spoken to in a loud voice. The same process was repeated amid a very babel of noise, praying aloud, ejaculations of all sorts, earnest entreaties shouted to the patient to hear, and at last it was announced "the Lord be praised, he can hear," and he was told to express his thanks. Unfortunately, however, for the success of the experiment, it required much louder speaking on the part of the Major before he could hear what they meant. It was perfectly clear the man was not a whit the better.

Then a young man, who when asked in an ordinary tone of voice what was the matter, informed us he was deaf. He was said to have come from the South of England, and gave an address, which he afterwards said was not his address, and as a matter of fact his real address was not ascertained. Before the hands had been on his head more than about a minute, he jumped up, excitedly exclaiming he could hear, when a perfect tumult ensued. But on examining him afterwards, we found he was quite deaf in one ear, and only slightly deaf in the other, as he was before. This was stated to be a cure. I failed to see it, for I had observed him all the evening joining in every hymn, and evidently hearing what was going on.

The next and last case taken was another of deafness in a girl, whose mother stated she was very deaf. I noticed, however, that when one of the officials went to her and asked her what was the matter, "are you deaf?" "Yes, I am deaf," she replied, which of course would not have been her answer unless she had heard the question. This, after a time was proclaimed to be a case of "healed," but the Major could not get any reply from her until the mother spoke, whose voice she knew and replied to. There was no difference whatever as far as I could make out.

After this case, others requiring more privacy were taken into the vestry; but I was informed that those I saw were fair specimens of what had been accomplished before.

It is of course simply ridiculous to call any of these cured. With regard to some of those which have been published in the daily journals, I have made inquiry into some of them classed as "healed," and as far as I have gone, am unable to find one which will bear the interpretation which has been put upon them.

One woman, a patient of my own, who was said to be cured of deafness, and so proclaimed at one of the meetings, tells me that "it is all nonsense," she "cannot hear a bit better." Yet she is a woman full of faith in the power to heal. Her son, who has paralysis, they would not attempt to cure.

This same person tells me that near her was sitting a girl who was blind. She underwent the healing process, and the "Major" announced to the audience she was restored to sight, which was, as usual, followed by loud exclamations of thanksgiving and exultation. But when he put his watch before the child and asked her what she could see, she said: "Mammy, what is it? I can't see anything!" This was of course drowned in the general hubbub, but my informant vouches for its accuracy.

A case made much of is that of a manager at a manufactory, who was taken in a Bath chair to one of the meetings, suffering from paralysis, and who was said to have been so far cured as to be able to walk. But he has been to each meeting since, *still in his chair*, in which he remains the whole time.

I could go on multiplying these cases, but those I have given speak for the rest. One other, however, I ought to mention, as it is that which excited so much attention at the first. It is that of a young woman who was taken in a chair, said to be suffering from paralysis for two years, and unable to move herself. She is one of those who may be said to have been cured, and a good type of what might be expected. The medical man who attended her and the nurse both state that it was a case of simple hysterical hemiplegia, and the nurse had frequently told her that she could walk well enough if she would only try. That, however, was just what she would not do, until under the influence of the excitement, and the physical force used to drag her out of the chair at the meeting, her will at last was made to overpower her emotional state, and she walked. But to say she was cured, would seem a false assumption, inasmuch as there was no physical disease to cure. Any other shock of a mental character would probably have effected a similar result.

This is, indeed, the whole secret of what little success these people can lay claim to. They are generally sufficiently wide awake to decline to undertake any real physical affection such as a club foot; and yet even with the selection of cases they make, the only impression I have been able to learn as having been made on any, is of a purely mental or emotional character.

My own conviction is that in this nineteenth century, a morbid excitement of this kind will be very short lived, and certainly for the sake of those whose minds are incapable of resisting such ecstatic influences, it is devoutly to be hoped it may prove so.

ON NATURAL DRAINAGE IN OTORRHŒA. (a)

By CHARLES ATKIN, F.R.C.S., L.R.C.P. Lond.,

House-Surgeon Sheffield General Infirmary; formerly House-Surgeon Eye and Ear Infirmary, Liverpool.

MR. PRESIDENT AND GENTLEMEN.—The communication that I am about to lay before you this evening, was in great part already written when our late president delivered his valuable paper on the necessity and means of early diagnosis in aural disease, *but*, as in the interesting discussion which followed, there was no mention of treatment, I trust you will not find the following remarks wholly uninteresting.

Upon the character and number of disastrous sequelæ which may occur in cases of otorrhœa, I am not going to dilate, but attempt to consider how much sequelæ may be prevented. Cases of otorrhœa are very common, about thirty are attending the infirmary at the present time, and in the course of a year the number is very considerable. The routine treatment which is now usually followed in aural cliniques is this, a case presents itself, and the cause of the suppuration is sought for—*foreign body*, *polypus*, or *simply perforation*, the three commonest causes; on perforation being diagnosed, the patient is told how to keep the ear clean, and zinc and carbolic or boracic acid drops are ordered. The result is generally perfectly satisfactory, the discharge diminishes, and the patient is lost sight of. I am not aware that a student at the College would be expected to know that *one* of the indications for politzerisation is *retention of pus in the tympanic cavity*, and that *want of proper drainage* proves fatal to a certain number of people every year; I myself must have seen autopsies on over a dozen such cases.

Where the discharge is thick and scanty, and the exit through the meatus, evidently slow (perhaps owing to stenosis amongst other things) politzerisation and catheterisation of the Eustachian tube are recommended in our text books, but I think not sufficient mention is made of the *necessity* of keeping the tube *patent* for drainage purposes, if possible, in *all* cases.

One might say is the premise correct, that the tube *does* drain the tympanic cavity, and are not complications to be met with in cases where the tube is open and normal? That the tube does act as a drain pipe is evident from the shape and inclination of the tympanum; as to whether complications also occur in cases where the natural drain is patent, I cannot say, never having seen a post-mortem examination where the tube could be called at all normal, but I can easily imagine that ulceration and secondary bone lesions may occur where inspissated secretions *plus* precipitated medicaments are carefully retained in the tympanic cavity by a piece of cotton wool placed there to keep the cold out.

As well as secondary lesions from decomposing secretions, *other complications* may arise from not keeping the passage into the pharynx permanently open; *perforation of the drum* often *won't* heal till the condition of the tube be *rectified*. Such a case occurred in one of my own relations who was told as a child by a London aurist that the perforation would never heal, but at adult age it was brought to close by careful tubal inflation, and has remained healed ever since. Again, supposing the perforation to heal in a case where the tube is permanently occluded, what is the result? pain, tinnitus, and general disturbance, till the retained secretion, which may be only a single drop of pus, be discharged; it is such cases as these which have given rise to the *lamentably prevalent* idea amongst the laity that it is dangerous and injurious to stop the discharge, and *cause* so many cases of otorrhœa to go about untreated, and is *there not* just cause for the opinion? *A perforation ought not to be allowed to heal* until a permanent passage has been procured through the Eustachian tube; *therefore*, as well as the three usual conditions which are laid down in the treatment of otorrhœa, namely, *cleanliness*, *astringents*, and *attention of the general health*, I would insist on a fourth, namely, natural drainage.

Apropos of the subject is a case which occurred recently at the Infirmary in the practice of Mr. Jackson. A young man was admitted with *otorrhœa* and *agonising pain* at the back of the head. His condition was so serious that only sedative remedies could be applied. On the second day after admission he was found dead in bed. The post-mortem examination revealed a localised abscess in the left lobe of the cerebellum, the pus being very fœtid; there was no meningitis, hæmorrhage or thrombosis of any of the sinuses, no vascularity round the abscess indicating that it was of recent origin, the tentorium was intact, and the internal auditory meatus simply filled with the highly inflamed nerve. These signs are quite usual ones, the absence of meningitis in such cases has given rise to many theories about the connection between the otorrhœa and the nerve lesions which I will not trouble you with here. Having carefully removed the temporal bone, I made a vertical section of it and examined the state of the internal ear, the Eus-

(a) Read before the Sheffield Medico-Chirurgical Society, Jan. 15th, 1885.

tachian tube was found stenosed and partly blocked, the ulceration of the cavity had spread mostly *directly downwards*, so that a probe could pass into the roof of the pharynx: this fact alone renders the case worth recording, as it is not at all a usual sequel to have *fætid pus from the ear* discharged through the base of the skull. In the notes of the case which I obtained immediately on admission, I find it distinctly stated that, when the discharge stopped for a day or two *pain* was the *immediate* result, and relief was only obtained when the discharge recommenced. This had not occurred recently, but a quantity of foul smelling matter had discharged itself into the mouth and nose. The perforation in the drum of the ear was *small*, thus suggesting its *enlargement* by operation or the formation of a *counter opening* in case catheterisation of the tube *failed*.

It may seem strange that an abscess of certainly some days standing, did not cause *more* symptoms than pain in the back of the head, but this only accords with the usual symptoms of *tumours* in the lateral lobes of the cerebellum. Nothnagel in the *Berliner Klinische Wochenschrift*, April 15th, 1878, stated that special symptoms, such as giddiness, loss of co-ordination, &c., only occurred when the median lobe of the cerebellum was pressed upon. I have quoted this case as an example of blocked Eustachian tube which might have been cured had the patient presented himself earlier; but neglect of the treatment of otorrhœa is not confined to the working classes, two medical students in one morning told me recently that they had had a purulent discharge from one ear ever since they could remember, and as it did not cause deafness they had never taken the trouble to have it stopped.

As to the treatment of otorrhœa, I should like to say a few words before closing; a granulating tympanum cannot be kept *aseptic*, having air on either side, but still antiseptics are of great value, preventing, as they do, *the secretions from decomposing*.

It is worth noting how strong astringent antiseptics have given way in late years to milder ones, not only in aural disease, but in ophthalmic and general surgery, the reason why carbolic acid is *not* indicated in purulent ophthalmia is because a solution, strong enough to destroy *the* bacteria, would have to be of a caustic strength, and the same applies here, but after all the kind of medicament used in otorrhœa is of very secondary importance compared with the thorough cleansing of the tympanic cavity, and as syringing often fails what is to be done? Firstly, the cavity can be washed out by a small tube inserted *through* the perforation, *not a very easy operation;* or a similar proceeding using only air, as bird's eggs are blown with one hole; secondly, suction out of the meatus by forming a *vacuum;* thirdly, trying to *force* the secretion down the Eustachian tube as recommended by Lucae; or fourthly, blowing the secretion out "per tubam" by the method of Valsalva, Gruber, or Politzer, assisted by Eustachian sounds and catheterisation. Each method has in turn its advantages.

In case no "rush of air" is heard with the otoscope or tubal inflation, measures must be taken for restoring the calibre of the tube, this is done by fine sounds passed up inside an Eustachian catheter — perseverance, as in strictures of the urethra or lacrymal duct will generally be ultimately rewarded; but treatment for post-nasal catarrh and iodine inhalations are most essential for success.

Only such cases as those, in which the discharge comes away easily and the tube is patent, ought to be allowed to apply lotions and drops to themselves *for any considerable time*, and such a treatment as *Bezold's*, in which the meatus is filled with powdered boracic acid and then blocked with cotton wool is not indicated when the patient cannot be seen daily by the medical man himself, and syringed when the powder has become saturated, so that not a particle remains.

Schwartze's treatment of strong nitrate of silver drops is certainly one you would not put into the patient's own hands, for though the blackening round the meatus may be prevented by previously painting with a solution of iodide of potassium, yet it is a powerful remedy, and often causes dizziness and fainting.

As syringing in these cases often causes unpleasant symptoms, the external meatus must be cleansed twice a day, by the patient himself, with a little cotton wool on the end of a little hooked instrument such as I have here.

Most aural surgeons, British and foreign, now commence the treatment of otorrhœa with boracic acid or sublimate solutions, they are *non-irritating, antiseptic*, and form *no precipitate* with the secretions.

I myself have obtained the best results from a mixture of boracic acid, rectified spirit and water.

Sulphate of zinc is now out of fashion, though these beautiful galatines which I saw very much used in Professor Gruber's clinic are very effective and portable.

Alum has been justly discarded, from its *boil-forming* tendency.

It is hardly within the scope of my paper this evening to consider how a perforation is to be kept open when the patient accuses you of having made him deafer by curing his discharge. *Hard* as a perforation is to heal, *still harder* is it to prevent one from healing if it be so inclined; in such a case, the annoyance of the discharge, with the disagreeable smell and danger of sequelæ, ought to be placed in the balance against the defect of hearing, and the patient allowed to choose.

I trust that a time is coming, when, through the early recognition of the *seriousness* of earache, deafness may diminish in frequency as blindness has done through the help of vaccination and the more careful treatment of ophthalmia neonatorum. A mattering eye informs the most obtuse mother that medical aid is necessary, but earache has been considered up to lately a complaint, like toothache, perfectly amenable to domestic remedies.

A Summary
OF
NEW REMEDIES.

(Specially arranged and compiled for the *Medical Press.*)

(*Continued from page* 119.)

Menthol (mentha arvensis).

A camphor obtained from the plant extensively cultivated in Japan, and recently introduced to this country by Mr. Thos. Christy, F.L.S.

Therapeutical uses.—Dr. Salisbury, of New York, has found it a remedy of great value in infusorial catarrh, by the following methods:—

1. By oral administration. ℞ Menthol ʒj.; fluid ext. liquorice; water; brandy aa ʒiij.; carbolic acid, grains xx.; ol. sassafras, gtt. xx.
   M *Dose* four (4) drops once in two hours.
2. By inhaling from the bottle containing menthol.
3. By putting ten grains of menthol in a teapot or covered jug with a small quantity of hot water, and inhaling through the mouth; or by other methods of inhalation.
4. By combination with ointments and application to the nostrils. Hay fever has been found tractable by this latter means.

Menthol cones (Christy & Co.)

The crystals have been put up in a convenient form as cones, and are supplied at very moderate cost in closely-fitting boxes and bottles, on account of the exceedingly volatile nature of the drug. In this form it has been used with considerable success in facial neuralgia, nervous headache, &c.

Oleata.

To Professor Shoemaker, Philadelphia, we are indebted for the production of the perfected oleated preparations now so generally used. Professor Shoemaker states (*Medical Press and Circular*, July 16th, 1884), that the oleates hitherto manufactured are not oleates at all, but merely solutions of oleic

acid and various bases. In addition, owing to their oleic oil being derived from the red oil of the candle-makers, they invariably contain a large portion of oxyoleic acid and various other compounds, all possessed of an irritating action on the integument.

Dr. Shoemaker claims that he has overcome the disadvantages, attached to the employment of the older oleates, by obtaining definite compounds, instead of the unstable, unreliable solutions of oleates hitherto sold as such, and that by drawing his oleic acid from other sources, he has been enabled to produce it chemically pure, and in a condition favourable to the formation of definite oleic salts, with any given metal. He also insists on the impropriety of employing any of the various petroleum products, or vaseline, as the bases for ointments, oleates or not, the animal fats having much more affinity for animal tissues than the former, and penetrating the epidermis and glands much more easily. He doubts the efficacy of the alkaloidal oleates, maintaining that they are exclusively local in their action, no trace of them being obtainable in the secretions or excretions. The following description of the oleates is taken from Professor Shoemaker's lecture delivered at the Westminster Hospital, and published in this journal, and from his paper read at the meeting of the International Medical Congress, 1884, Copenhagen, Aug. 16:—

n addition to the pure Oleate, obtainable in some cases in powder, the oleates are prepared in two forms by Messrs. Allen & Hanbury, viz.:—

1. *Dusting Powder*, containing 10 per cent. and 20 per cent. of the oleate, in combination with an inert powder.
2. *Ointment*, containing 20 per cent. (or any percentage) of oleate with chrisma.

1. ALUMINUM, OLEATE OF.

This is prepared by treating sulphate of aluminum with sulpholium oleates, the result being a powder which, when combined with a fatty substance, forms an ointment, of service in muco-purulent discharges, ulcers, pustular eczema, chilblains, burns, scalds. It may be used in the proportion of from 5 to 30 grains in an ounce of lard.

Alum. oleas; pulv. alum. oleat. comp., 10 per cent. and 20 per cent.; ung. alum. oleatis, 20 per cent.

2. ARSENICUM, OLEATE OF.

A reddish-brown waxy substance. Rubbed down with lard in the proportion of from 5 to 60 grains to the ounce, it forms a most important alterative and escharotic, of use in the treatment of epithelioma, ulcerating lupus, and old chronic ulcers, warts, corns, old granulations, nævi, &c.

Arsenic. oleat.; pulv. arsenici oleat. comp., 5 per cent.; ung. arsenici oleatis, 5 per cent.

3. BISMUTH, OLEATE OF.

A pearly unctuous material. A valuable emollient application in the various forms of rosacea, acne, sycosis, piles, and in any case where there is irritation of the skin.

Bismuth. oleas; pulv. bismuthi oleat. comp., 10 per cent. and 20 per cent.; ung. bismuthi oleatis, 20 per cent.

4. CADMIUM, OLEATE OF.

A yellowish-white mass, which, combined with lard in the proportion of 5 grains to the ounce, has a marked astringent action bordering on an escharotic. It has been extensively employed in the treatment of enlarged glands, ulcers, and chronic eczema.

5. COPPER, OLEATE OF.

A beautiful green substance, making an elegant preparation for the treatment of ringworm, fevers, chromophytosis, warts, corns, bunions. It may be mixed with lard in the proportion of 5 to 10 grains to the ounce, or the oleate itself may be melted, and spread on muslin or leather.

Cupri. oleas; pulv. cupri. oleat. comp., 10 per cent. and 20 per cent.; ung. cupri oleatis, 20 per cent.

6. IRON, OLEATE OF.

A reddish-brown mass, readily soluble in fats. It is mildly astringent and non-irritating, and is useful in scrofula and arsenical sores.

Ferri oleas; pulv. ferri oleat. comp., 10 per cent. and 20 per cent.; ung. ferri oleatis, 20 per cent.

7. LEAD, OLEATE OF.

It is similar in appearance to the Cadmium Oleate, and when mixed with an equal amount of lard forms an elegant ointment, which will be found useful in acne, rosacæ, and the various forms of eczema.

Plumbi oleas; pulv. plumbi oleat. comp., 10 per cent. and 20 per cent.; ung. plumbi oleatis, 20 per cent.

An elegant form where lead is indicated.

8. MERCURIC OLEATE.

Made into an ointment with lard is useful in inflammatory exudations, in corns, warts, pigmentary deposits, vegetable and animal parasitic affections.

Hydrarg. oleas; pulv. hydrarg. oleat. comp., 10 per cent. and 20 per cent.; ung. hydrarg. oleatis, 20 per cent.

9. MERCUROUS OLEATE.

It is one and a-half times stronger than the preceding, and may be used in the same class of cases; but in addition it is recommended in the unctuous treatment of syphilis.

10. NICKEL, OLEATE OF.

A greenish waxy mass, possessing astringent and somewhat escharotic effects. Diluted with lard, 5 to 10 grains to the ounce, it will be found serviceable in chronic eczema, chronic ulcers, and to hard, horny, granulating surfaces.

11. SILVER, OLEATE OF.

A brownish pulvulent substance, especially valuable when employed as an ointment to bed-sores, ulcers, in pruritis, erysipelas, boils, and carbuncles.

Argenti oleas; pulv. argenti oleat. comp., 10 per cent. and 20 per cent.; ung. argenti oleatis, 20 per cent.

12. TIN, OLEATE OF.

Applied as an ointment to diseased nails, it restores them to their natural state, as well as imparting a beautiful lustre.

13. ZINC, OLEATE OF.

A white, pearly unpalpable powder, the most important of all the oleates. When diluted with an emollient powder, it forms an excellent toilet powder for the face, particularly in seborrhœa oleosa, in tertrigo, erythema, herpes; and as an ointment it is valuable in acute eczema, hyperidrotis, and promidrosis.

Zinci oleas; pulv. zinci oleat. comp., 10 per cent. and 20 per cent.; ung. zinci oleatis, 20 per cent.

14. OLEATE OF MERCURY AND MORPHIA.

5 per cent., 10 per cent., and 20 per cent.

PANCREATISED PREPARATIONS.

In various forms of weak digestion occurring in invalids, convalescents, and particularly aged persons, the various combinations introduced by pharmaceutists under the head of peptonised or pancreatised foods have been found of the greatest value. The digestive ferments contained in the pancreas of man were first divided by Claude Bernard, and attention has recently been directed afresh to the subject by Dr. Roberts, of Manchester, who has carried the subject much further, and, by a series of very exhaustive experiments, shows that these ferments are divided into—(1) *Trypsin*, which changes proteids into peptones in alkaline and neutral media; (2) *Curdling Ferments*—curdle the casein of milk; (3) *Diastase*—changes starch into sugar and dextrine; (4) *Emulsive Ferment*—emulsifies and partially saponifies fats.

When the process of digestion is relieved, by previous preparation, of part of its work, digestion is easier, and hence all these combinations have met with great favour.

There is a certain degree of scepticism as to the value of pancreatic preparations, but a very simple and striking experiment will give a rough proof of the value of such agents. If we take, for instance, any reliable pancreatic solution, and add a few drops to a teacupful of *thick, lukewarm* arrowroot or other farinaceous food, and stir together, almost

instantly the contents of the cup will become as thin as water from the action of the pancreatic ferment on the starch.

The following is a list of the Pancreatised and Peptonised preparations most in use:—

1. PANCREATIC EMULSION (Savory & Moore), or Pancreatised (Predigested) Fat, valuable as an article of diet in consumption, wasting, loss of appetite, strength, and digestive power.
   Dose 1 to 3 drachms.
2. PEPTODYN (Savory & Moore).
   A combination of the digestive principles of the saliva, stomach, and pancreas.
3. LACTOPEPTINE (Richards).
   A combination of pancreatine, pepsine, ptyalin, lactic and hydrochloric acids.
   Professor Attfield says that in a careful series of experiments he observed that any given weight of acidified pepsin alone at first acts somewhat more rapidly than lactopeptine containing the same weight of the same pepsin. Sooner or later, however, the action of the lactopeptine overtakes and outstrips that of pepsin alone—due, no doubt, to the meat-digesting, as well as fat-digesting, power of the pancreatin contained in the lactopeptine.
4. SUCCUS PANCREATICUS (Savory & Moore); ESSENCE PANCREATINE.
   Is especially suitable, not only for internal administration, but also for the peptonisation or predigestion of milk, gruel, &c. Milk or milk gruel peptonised by Succus Pancreaticus is of very pure and superior flavour.
   Dose 3j.
5. SALINE ESSENCE PANCREATINE (Savory & Moore).
   Is of an agreeable ketchup flavour, and affords powerful digestive aid when taken as a sauce with food, or before or after meals.
   Dose 3j.
6. PANCREATINE WINE (Savory & Moore).
   An excellent vehicle for the administration of cod-liver oil, the digestion of which it actively promotes.
   Dose 3j.
7. PANCREATINE IN POWDER (Savory & Moore).
   Unites all the digestive principles of the pancreas, and is largely prescribed, not only in this country, but in America and abroad, for the digestion of cod-liver oil, and fatty and farinaceous foods generally.
   Dose 3 to 5 grains. Can also be had in granules and pills.
8. PEPTONISED FLUID MEAT (Darby's).
   Is made from the lean of English beef; predigested, and is a most powerful restorative food, as it contains the whole constituents of flesh in a form which can be at once assimilated without any work being thrown on the digestive organs.
9. LIQUOR PANCREATICUS (Benger).
   An extract in which the digestive principles (proteolytic and amylolitic) of the pancreas exist in a state of great activity. It is used—
   (1) For the preparation of peptonised or partially digested foods, such as milk, soups, beef-tea, &c., the administration of which has been attended with such great success in the treatment of various diseases. Simple directions for preparing these accompany each bottle, and no special apparatus is required.
   (2) As an addition to various articles of invalids' diet, greatly assisting their digestion.
   (3) In doses of one or two teaspoonfuls, with a pinch of carbonate of soda, two or three hours after meals, to assist intestinal digestion.
   (4) As a most valuable addition to nutritive enemata.
10. PEPTONISED BEEF JELLY (Benger's).
    A delicately flavoured, concentrated, partially digested, and solidified beef-tea, containing, besides the salts and flavouring principles, much of the fibrin and flesh-forming elements of the beef in a soluble form, fit for immediate absorption. On this account it constitutes an exceedingly valuable and delicious quick restorative. It can be taken by teaspoonfuls, cold as a jelly, or dissolved in a little hot water, as a concentrated beef-tea. It is also used to fortify or enrich ordinary beef-tea, soups, &c. It affords to invalids, when travelling, a ready and convenient form of concentrated nutriment.
11. PEPTONOIDS (BEEF) (Carnrick's).
    A concentrated palatable and easily digested nutrient. It is in the form of a dry powder, and is partially prepared for assimilation.
    Professor Stutzer, of Bonn, has recently published the results of a series of experiments with this preparation, from which he concludes "that beef peptonoids has an extremely high nutritive value. It is easily digested, and is a good nutritive food for invalids and convalescents. Its odour and flavour surpass any preparation of meat ever examined by me."
    Professor Attfield endorses these views, and says "it is in every way an acceptable article of food, containing as it does nearly seventy per cent. of purely nutritive nitrogenous material, such as is possessed by no other extract."
12. SELF-DIGESTIVE FOOD (PANCREATISED FARINACEOUS) (Benger's).
    Benger's Self-Digestive Food is another example of how much can be done by careful preparation and chemical skill. In this preparation we have a special flour, very finely ground, cooked, and then impregnated with the digestive principles of the pancreas; the ground malt is replaced by a pancreatic extract, thus assisting the digestion of the milk and albuminoids of the flour, as well as the starch, and enabling very delicate children and invalids to retain this food when others have been found to disagree.
13. PEPTONISED MILK.
    Milk can be peptonised by means of a pancreatic solution at a cost of one penny per pint, one teaspoonful being sufficient for a pint, allowing a little more time; two teaspoonfuls hasten the process.
    A most convenient preparation for those who object to give the necessary time and trouble to peptonise milk themselves is the Peptonised (Concentrated) Milk of Savory & Moore, which can be instantly prepared by the most inexperienced person.
14. EXTRACTUM PANCREATIS (Fairchild) (Burroughs, Wellcome & Co.)
    This is one of the best preparations of the digestive ferments, and in America enjoys a large sale and deserved popularity. Prof. Haynes, Philadelphia, has tested it largely as a peptonising agent for milk (*American Journal of Obstetrics*), and has largely employed it for the wasting diseases of infancy and childhood. In gastric and intestinal disorders Fairchild's Extract can be recommended. It is free from starch, milk, sugar, and represents all the digestive ferments of the pancreas.
15. PANCREATIC POWDERS AND TABLETS (Burroughs, Wellcome & Co.)
    May be obtained made up in convenient and palatable forms.

PAPAIN.

A white, amorphous powder, prepared from the juice of Carica papaya, insoluble in alcohol.

Therapeutical uses.—It has been employed in various forms of dyspepsia, and as a remedy for diphtheria. Though it acts as a solvent on fibrine, yet it does not injure the coat of the stomach.

Professor Finkler, Bonn, has reported favourably on Papain. He states that he has paid particular attention to the chemistry of digestion and of ferments, and that papain interested him for this reason: He found it dissolved albumen and fibrin, in acid, alkali, and pure water. At the University Hospital he employed it in the treatment of diphtheria, and reports that all have recovered. The membranes were painted with papain five times a day, and under its influence it disappeared. Professor Rossbach confirms his results. A solution is made with water, and this is renewed as often as is necessary. He has taken it in doses of 0·1 to 0·2 gramme. Professor Finkler claims for it some advantages

over pepsin. Flatulency and similar complaints caused by any abnormal matter in the bowels will be prevented by the use of papain. Papain may be prescribed in the form of a powder, which should be mixed with water in a spoon or glass. Finkler gives it either pure or mixed with *Natron bicarbonicum* (bicarbonate of soda), or a mixture with equal parts of *Natron bicarbonicum* and *Elæosacharum menthæ piperitæ*. It should be taken immediately after meals. The dose is 0·1 to 0·3 gram = 1½ to 4½ grains. Both Professor Finkler's papain and Papain-Christy are supplied by Christy & Co. in samples for testing.

Papain-Christy has been used with success for gall-stones, and is now being experimentally tested in discharges of the urinary canal.

Preparation and doses.—1. The powder—dose 1½ to 4½ grains. It is also put up in 1-grain doses as a dinner pill. Papain-Christy is a white, and Papain-Finkler a brown powder.

2. It may be used as a lotion, with borax, to dissolve hypertrophied conditions of skin.

Papayotin, 12 grains; borax, 5 grains; water, ℥is.

Clinical Records.

WESTMINSTER HOSPITAL.

Case of Uræmia.

By ALFRED S. GUBB, M.R.C.S., L.R.C.P. Lond.
Resident Obstetric Assistant.

EMMA B ——, æt. 29, single, admitted into gynæcological ward under Dr. Potter. According to letter from her medical attendant she had been suffering from severe uterine hæmorrhage, which first occurred two years ago, when she was taxed with pregnancy and miscarriage, which she, however, strenuously denied. She never seemed to have regained her strength since that time, and had spent many months at convalescent homes, until six weeks ago the hæmorrhage recurred, both uterine and (according to the doctor) hæmorrhoidal, there was considerable pain described as resembling labour pains, but although the clots were carefully examined nothing was found but coagulated blood. She had been unable to take any nourishment, and vomiting had been constant. Latterly she had been fed by nutrient enemata, but they caused her great pain and were generally immediately returned. There had also been hæmorrhage from nose and mouth.

On admission, patient was in a semi-comatose condition, with dry, brown tongue, sordes on teeth and lips, deep sighing breathing, semi-contracted pupils, peculiar and strongly marked odour of urine in her breath, temperature 97° F., pulse quick, hard, and intermittent. Patient was greatly emaciated and was unable to articulate distinctly, though she appeared to understand when spoken to loudly. Frequent attempts at vomiting though nothing came away except a bloody watery discharge from mouth. Abdomen was normal, no spots. On drawing off urine by means of catheter, it was strongly acid, sp. gr. 1015, loaded with albumen. About 8 to 10 oz. were thus withdrawn. No vaginal or rectal hæmorrhage was noticed after admission. Patient complained of being in great pain, but was unable to describe it in any way. There was marked twitching of both forearms.

Patient was given some brandy, but she was unable to swallow much of it, she was then placed in hot-air baths for an hour, but no perspiration was provoked. She was warmly wrapped up and put back to bed, an enema of beef-tea with an egg beaten up being administered per rectum, but was returned unchanged. One-sixth of a grain of pilocarpin in solution was injected subcutaneously, followed by subcutaneous injection of brandy, but they remained without any effect. Soon after she died, patient never having rallied nor recovered.

At post-mortem examination most of the organs were fairly healthy, but the kidneys were the seat of very marked atrophic changes, the left one only weighed about an ounce and was the size of a large walnut, there was a good deal of fatty degeneration present. The right kidney weighed three ounces, and was also indurated and atrophied. The bladder was strongly contracted, but was otherwise healthy. The uterus was of normal size, smooth, not lacerated, but slightly congested and abraded. The ovaries were surrounded by cyst-like formations to which they were slightly adherent.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, FEBRUARY 27TH, 1885.

The President. Mr. T. BRYANT, F.R.C.S., in the chair.

Dr. A. HUGHES BENNETT read a case of

LOCOMOTOR ATAXY, WITHOUT DISEASE OF THE POSTERIOR COLUMNS OF THE SPINAL CORD.

In this case the patient, during life presented all the prominent symptoms of tabes dorsalis, while after-death the posterior columns and cornua of the spinal cord were found without a trace of disease. From this fact important physiological and pathological conclusions were drawn. The patient, a man, æt. 48, who suffered from all the usual symptoms of locomotor ataxy, including inco-ordination of movement, without loss of muscular power, a typical ataxic gait, Romberg's symptom, impaired and retarded sensibility of the lower extremities, lancinating pains, and loss of the knee-jerk phenomena. After death evidences of general acute cerebritis were found with patches of recent softening. In the medulla oblongata there was a mass of sarcomatous infiltration occupying its posterior and central aspects, with the exception of one anterior cornu in a limited portion of the lumbar region, the cord was perfectly normal throughout, as were also the posterior cornua, and roots within the circle of the spinal membranes. Outside these the posterior roots in the dorsal and lumbar regions were found involved in a mass of sarcoma, which extended as far upwards as the cervical portion of the cord. In the lumbar region the anterior roots were implicated, but only to a very limited degree. Microscopical preparations and drawings illustrating these facts were shown at the meeting. In commenting on this fact special attention was directed to the pathological and clinical phenomena. It was pointed out that the patches of central softening were probably quite recent, and due to the acute cerebritis, which supervened shortly before death. The sarcomatous growth in the medulla was stated to be a rare pathological condition; and the absence of pronounced bulbar symptoms was explained by the supposition that the morbid material had infiltrated the normal structure without causing their serious degeneration. Although one anterior horn was implicated, and some of the anterior roots slightly involved in the disease, it was evident that this had caused few symptoms during life, as the motor power was unimpaired, there was no muscular wasting, and the retinal reactions were normal. The clinical point illustrated by this case, to which it was the object of the paper specially to direct attention, was the relation which existed between the spinal symptoms and the lesions in the posterior roots of the cord. It was pointed out that the patient during life suffered from all the prominent symptoms of tabes dorsalis, and presented a fairly typical clinical picture of what we understand of that disease. It was then stated that the universal belief is, that the essential lesion of locomotor ataxy is sclerosis of the posterior root-zones of the cord. In the case under consideration there was no trace of disease of any portion of the posterior columns, proving that for the production of ataxy, degeneration of the cord is not an essential factor. Reference was made to the cases published by M. Dejerine in which there were all the symptoms of tabes, and after death only parenchymatous neuritis of the peripheral nerve-endings found, the cord, roots, and nerves being intact. From this it was maintained that interruption of the different paths at the periphery were capable of causing ataxy in as characteristic a manner as when these tracts were diseased in the cord. The case under notice shows that lesion of a third locality may produce the same effects, namely, as the posterior spinal roots. It was asserted that this was a pathological confirmation of the experimental researches of Van Deen and Claude Bernard, who by dividing

the posterior roots induced inco-ordination of movement without motor paralysis. It supported the view that those elements which convey the impulses regulating co-ordination are situated in the afferent paths of the nervous system. Whatever theory be advanced to explain the physiology of locomotor ataxy, this case serves to show that the point at which, in the causation of the phenomena, the nervous path is interrupted, must not of necessity, as is generally asserted, be primarily situated in the posterior root zones of the spinal cord. Reflection on this fact suggests that we have not yet fathomed the anatomical substratum of that protean disorder which we at present recognise under the term tabes dorsalis. This assemblage of symptoms probably consists of a combination of different pathological conditions, many of which are represented by phenomena common to all, and each of which in time may be differentiated. It is possible that a case such as the present may prove a link in the chain of discovery.

Mr. Samuel Wilks was of opinion that the pathology of locomotor ataxy was still unknown. He had seen cases presenting the symptoms of the affection that had recovered He did not believe that there always was sclerosis of the spinal cord in cases which presented such symptoms. In some cases disease of the whole cord and its membranes had been found. Some other cause than atrophy and degeneration of the posterior roots of the cord must be sought for. He thought that the clinical features of the malady had been well worked out, but that the pathological ones had as yet failed. We had not at present obtained sufficient physiological knowledge. He was of opinion that the present case was only another instance showing the want of further physiological information. A large number of other symptoms than those described were associated with locomotor ataxy.

Dr. Althaus said that with regard to the inequality of the pupils the diagnostic points were between locomotor ataxy and paralysis of the insane in which diseases the pupils are equal. He had found the pupils in the former disease invariably equal. Tabes dorsalis, or locomotor ataxy, usually lasted from 10 to 20 and even 25 years, the patients dying frequently of some complication. This case was of one year's duration. The indications were probably those of an early stage. Cases of locomotor ataxy lasting for years had apparently recovered, the patients dying of different diseases, and on post-mortem examination entire destruction of the posterior columns had been found.

Dr. Turner mentioned a case which had presented the phenomena of locomotor ataxy, and in which he had found a distinct tract passing down between the lateral columns, and filled with serous or albuminous exudation separating the nerve fibres. This patient had died after tracheotomy. He thought that the frequent association of the clinical and pathological features of the disease justified the practical diagnosis.

Dr. Beevor thought that in this case compression of the nerve tube by the fibrous tissue gave rise to the symptoms. The changes in the fibrous tissues were probably primarily.

Dr. Hadden said that in alcoholic paralysis marked changes were occasioned in the peripheral nerves. He had found sclerosis of part of the lateral columns in a case which presented marked symptoms of locomotor ataxy.

Dr. Bristowe thought this case helped to throw considerable light upon the subject. In the posterior nerves the elements must exist which produced symptoms of locomotor ataxy. He said, in opposition to Dr. Althaus, that the pupils were not infrequently unequal, and that this inequality was also observed in general paralysis. He had seen cases of undoubted recovery from locomotor ataxy. Such symptoms as headache, giddiness, double vision, straddling gait, profound nausea, paralysis of various nerves, exaggerated tendon reflexes had all disappeared one by one, and the patient was now to all appearance well. In all probability such degenerative changes as those occurring in tabes dorsalis might undergo practical cure.

Dr. Wilks said that many cases of suspected brain tumour were said to have recovered in cases in which iodide of potassium had been accredited with their cure, and therefore their existence had been considered certain.

Dr. Seymour Taylor read a case of

ARRESTED RICKETS.

Alexander S., æt. 6, came under my notice in June, 1884. He is the twelfth child out of sixteen, and was born at term. His parents are healthy and temperate. His brothers and sisters enjoy good health, but two sisters are "knock knee'd." His mother dates his illness from a fall from his cot when 1½ years old. Subsequently treated by different practitioners for bronchitis and also "enlarged liver," and there was also at that time history of laryngismus stridulus, and also profuse sweatings, especially about the head. The child now presents the typical pigeon breast, with beading of the sternal ends of the ribs. He has a chronic bronchitis. The heart is depressed and pushed towards the right side. There is no cardiac murmur. He is stunted in growth; the limbs are shortened, with marked curvatures of bones; he is "pot-bellied," and the spine is curved to the right; the fontanelles are closed; the os frontis is "prow-shaped; the girth at the occipital protuberance is 20¾ inches. As regards the causation of the disease in this case there is a remarkable absence of the recognised influences. He was born and reared in fairly healthy surroundings. His parents are healthy, but his mother has borne children very fast (16 births in 22 years), but has had no premature nor still-born children. This child is the only weakly one in the family. The injury to the child from a fall is interesting as showing what may be the starting point of the disease in a child predisposed to rickets.

Mr. R. W. Barker said there was nothing uncommon in rickets being arrested. It was the rule for a large percentage to be arrested and the symptoms to disappear under treatment, or the condition to wear itself out. It was a question whether in the present case the disease was not still active and therefore uncommon.

Mr. Symonds agreed with Mr. Barker that the disease was still active. He thought many cases of so-called osteo-malacia were probably rachitic.

Dr. Money said that osteo-malacia was frequently associated with rickets.

Dr. Taylor said, in reply, that twelve months ago he was afraid to bend the child's bones, and it was from the fact that the child had improved under treatment, that he had therefore called the case one of arrested rickets. In regard to the treatment he had suggested shampooing and gymnastic exercises, and in addition cod-liver oil and iron preparations.

Dr. Charters J. Symonds read a

CASE OF NEPHRO-LITHOTOMY.

This was the case of a man, æt. 50, who had suffered for twenty-four years from left renal pain. The attacks occurred at varying intervals, and lasted from a day to a week. During the last four years this pain had nearly left him, and his health improved. Seven months ago micturition became frequent, and three months later blood appeared in the urine, in amount sufficient at times to obstruct the urethra by the coagula. Blood generally appeared after working, particularly gardening, and he had a dull pain in left loin. No tumour could be felt. The case being under Dr. Mahomed's care, Mr. Symonds was called to see him, and it was decided to cut down on the left kidney. This was done on July 11th, 1883, the incision being parallel and close to the last rib. The lower end of the kidney was first isolated, and at once a stone was felt fixed in the commencement of the ureter. The paries were scratched through with a director, but on enlarging the openifg the stone fell back into the pelvis of the kidney, which was dilated, so as to leave little renal tissue remaining. Finally the cortex was cut into, the finger introduced, and the stone removed. Very little bleeding followed. The operation was performed antiseptically, and by the 20th the wound had entirely closed. Attention was directed to the importance of isolating the lower end of the kidney first and examining from the anterior surface, in the way pointed out by Mr. House; also the rapid union which followed, notwithstanding the amount of injury inflicted upon the kidney. In the subsequent history of the case it was stated that six months after there still remained some blood in the urine, that the pain still continued to some extent, and it was feared that a calculus existed in the other kidney. When last heard of, Nov. 10, 1884, the man was free from pain except when he over-exerted himself. The urine contained pus and some blood.

Mr. Barwell said the second attack of hæmaturia was very interesting; that it does occur occasionally. He thought it would have been well to have removed the kidney at the time, as it was evident that organ was considerably diseased; it could have been of no service to the patient, and pos-

sibly harmful. The operation of removal would not have added to the danger. The pain in the loin he thought pointed to further pathological changes taking place.

Mr. SYMONDS, in reply, said he was strongly tempted to remove the kidney. The kidney did not seem to be harmful. It was atrophied, but not actually diseased. He scarcely believed that the pus or blood was derived from the kidney, but probably from some other source, perhaps from the other kidney.

Mr. HENRY MORRIS read

A CASE OF NEPHRO-LITHOTOMY.

This case is recorded with the object of adding one more to the series of successful nephro-lithotomies which have been read before this Society since October, 1880. (See volume xiv., p. 30.) Edward G., æt. 24, a jeweller, was admitted under Dr. Powell, into the Middlesex Hospital, on April 10, 1884, suffering from symptoms of calculus in the left kidney. To Dr. Powell I am indebted for the opportunity of performing the operation, as well as for some of the earlier notes of the case. Since his schoolboy days Edward G. had complained of pains in his loins, but in spite of this he had enjoyed fairly good health until about two years ago, when he was attacked by "kidney complaint." This came on without any assignable cause, and was chiefly marked by pains in the left loin, shooting down, at times, to his left testicle. For three weeks before admission these pains had been too severe to permit of his working, and he attended during this period at the out-patient department. On admission he had pain in the left renal region, and tenderness on deep pressure in the left loin. His urine was neutral, of sp. gr. 1010, and contained blood and triple phosphates. There was frequency of micturition, though the urine was stated to be somewhat deficient in quantity. Five days after admission, however, it was noted that the average daily quantity of urine voided had been 45 ounces. From April 10th to 25th the pain was diminished and inconstant; but there was still tenderness on deep pressure in the left lumbar region. When the pain occurred there was retraction of the testis. Moreover, the left testis was discovered to be much atrophied. The urine at this time was acid, sp. gr. 1024, and contained a trace of albumen due to the presence of pus. After consultation with Dr. Powell it was decided that the patient should be transferred to a surgical ward for the purpose of undergoing nephro-lithotomy. The operation was performed on May 10th, 1884. A calculus was felt by the finger on the front of the kidney next the inner border and below the hilus. Digital examination of the posterior surface and acupuncture of the kidney had previously failed to detect it. The sensation communicated to the finger by the calculus through the renal substance was simply that of increased induration as compared with the resistance offered by the rest of the kidney With my finger nail I scratched through the renal tissue covering the calculus, and thus verified the nature of the induration, then with a bistoury I incised the inner free edge from the posterior surface, and partly by pushing the calculus with my left index finger (which I kept all the while in front of the kidney) and partly by the aid of a narrow curette the stone was dislodged and removed. There was no hæmorrhage of any moment from first to last. A large drainage tube was introduced into the wound, but not into the kidney; the edges of the wound were held together by sutures; and terebene oil on lint and a thick layer of cotton wool were retained over the wound by a tight bandage. The operation was performed at 2 p.m. At 1 p.m. he had micturated for the last time before the operation, and no urine was passed, after the operation, by the penis until 7.30 a.m., on May 11th, when 15 ounces of lightly blood-stained urine were voided naturally. At 12 o'clock at noon on the same day (May 11th) 9 ounces more were voided, so that 24 ounces were passed naturally in the first 24 hours after the operation. The dressings were changed once in the evening of the day of operation, and three times on the following day, but on May 12th there was so little discharge from the wound that this frequency of dressing was considered quite unnecessary, and was, therefore, discontinued. Urine had, in fact, ceased to pass by the wound. During the second period of 24 hours the urine was passed as follows:—May 11.—2.50 p.m., 4 ounces; 5 p.m., 4 ounces; 10 p.m., 4 ounces. May 12th—12.15 p.m., 5 ounces; 2 a.m., 4 ounces; 5.15 a.m., 6 ounces; 7.50 a.m., 10 ounces; 10.45 a.m., 6 ounces; 1.21 p.m., 5 ounces. Making a total of 48 ounces. The urine voided continued to be blood-stained until 14th May. On the 15th it was neither blood-stained nor did it contain albumen. Its sp. gr. was 1023, and there were 40 ounces voided in 24 hours. On the 16th the quantity of urea was estimated and found to be 495 grains in 42 ounces passed in 24 hours. On May 17th the wound was in great part united and the stitches were removed. The patient had had no pain since the operation, and his only discomfort had been the enforced restriction to the recumbent position. On May 20th the bowels had not acted since the operation, and so an enema was given. This had the desired effect and the defæcation was unattended by pain; but on May 21 from the state of the dressing it was inferred that a little urine had again been discharged through the torn wound. The temperature rose on this day to over 101 (101·8 being the highest). On the following day (18th) and on part of the 19th, the temperature remained just below 100. With these exceptions the temperature throughout never exceeded 99° F. Sixty ounces of urine were passed per urethram, so that the chief part, if not the whole of the urine from the left, as well as the right kidney, must have come the proper way. On the 23rd the bowels again acted, twice, and again a small quantity of urine was thought to have come subsequently through the wound, but the amount so escaping was extremely small. It would seem as if the passage of the fæces along the descending colon caused some disturbance to the wound in the kidney, which, however, must have nearly healed. This interference was the less improbable owing to the situation of the wound in the kidney. Forty-six ounces of urine were passed the natural way: it was of good colour, 1027, acid, and contained no albumen. On the 28th of May the patient, who had been on ordinary diet since the 26th was feeling quite well, and only the track of the drainage tube remained unhealed. On June the 3rd this track had closed, so that not even a fine tube could be introduced. On June 10th he got up for the first time. On June 12th he went into the garden and there took walking exercise. He continued to gain strength daily, and was considered to be well, when on June 26th at 8 p.m., after taking a good deal of exercise outdoors, he passed urine coloured deeply with blood. At 4.30 a.m. on June 27 the urine was still more blood-stained than that passed at 8 the previous evening. At 9 a.m., June 27, the urine was much less mixed with blood, and on June 28th, 51 ounces of urine were passed in 24 hours; it was acid and of sp. gr. 1020, and contained neither blood nor albumen. The bowels had been acting twice a day, so that the hæmorrhage could not have been due to pressure on the kidney by an overloaded colon. No pain, sense of discomfort, or feeling of illness of any sort, attended this attack of hæmaturia. For a few days he was kept in bed; but there was no return of the hæmaturia, and on July 8th he left the hospital quite well and with the cicatrix in his loin throughout perfectly firm. On several occasions since (the last being January 1885) he has been seen at the Hospital. He has had no return of the hæmaturia, never suffers pain, has been at work regularly since leaving the hospital, and has never felt better in his life than now. The calculus was divided, and Mr. Thomas Taylor has given me the following account of its composition:—"The half of the calculus which I herewith return consists of a small dark-coloured nucleus of oxalate of lime, upon which has been deposited urate of ammonia mixed with a small quantity of oxalate of lime, this is surrounded by a layer of dark oxalate of lime, and the whole is coated by a thin layer of nearly white oxalate of lime, upon which is deposited in parts crystals of pure oxalate of lime. 1. Nucleus oxalate of lime. 2. Urate of ammonia. 3. Oxalate of lime."

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

FRIDAY, FEBRUARY 6TH, 1885.

F. LAWRANCE, President, in the chair.

PAPERS AND DISCUSSION ON MYXŒDEMA.

Dr. F. D. DREWITT read the first paper, on this subject The author gave a short history of what is known of this disease since its discovery by Sir William Gull eleven years ago up to the present time, and showed two typical cases

amples of it. He described the symptoms of the disease, and spoke of its frequent connection with interference with the function of the thyroid gland as shown by Dr. Horseley's operations on monkeys and Dr. Kocker's on man. As to treatment, in the few recorded cases of recovery drugs seemed to have had but little to do with the result. Jaborandi was the one most used, with the object of producing sweating, but in one of the two cases he had brought to the meeting jaborandi was given for several months without improvement, and the dose had been raised to 1½ oz. of the tincture twice a day without producing perspiration. Rational general treatment had, however, had some effect, for during three years the disease had made but little progress. He hoped Dr. Hadden and Dr. Semon, both of whom had worked at this subject, would speak on it.

Mr. Herbert Larder read the second paper, and showed three cases suffering from this disease, together with photographs of several other cases, and microscopical sections of skin of a patient who recently died of this disease. Mr. Larder read the notes of two of the cases at length. *Case I.*—G. M., æt. 49, male, milkman. Mother died of dropsy. No further history of interest. He has had four children born before disease showed itself. Symptoms began six years after an attack of facial erysipelas, and have been steadily progressing. He presents all the characteristic features of the disease. *Case II.*—J. B., æt. 77, female, single, domestic. Has always lived in London, and worked hard. Was subject to fits when a child. No history of syphilis, gout, or intemperance. Had typhus fever many years ago. Her sister is said to have died in a similar condition. Symptoms commenced three years ago, and during the last year have rapidly increased. The case is a well-marked example of the disease. Of the eight cases of this disease which had come under the author's notice three were males and five females, of which the two cases just quoted were typical examples in both sexes. The remaining six cases resembled them in all the essential features. In some the nervous symptoms predominated, in others the œdema was the most marked feature. In all the symptoms were so marked as to leave no doubt as to the diagnosis. The ages ranged from 28 to 77, the majority occurring after 40. The most marked symptoms were—the general swelling of the subcutaneous tissues, the thick, purple, pouting lips, pendulous swollen eyelids, dryness of the skin, spade-like hands, and large tumid abdomen. The thyroid body is usually small or absent; pulse slow and full; temp. 84 deg. to 97 deg. F.: visceral disease rare, though author has remarked general clogging of organs with connective tissue; urine diminished, low specific gravity, percentage of urea less than normal. Albuminuria common in later stages from interference with function by general degenerative changes. There are many minor but constant features, such as slowness of thought, speech, and action, marked tranquillity and calm indifference to surroundings, the liability to frightful dreams and delusions, &c. Looking at the recorded histories of past cases, the author remarked that from an etiological point of view the evidence is mostly of a negative character. "Mental trouble" and "dropsy" are frequently noted—the former occurred in 7 and the latter in 5 of the 25 cases collected by the author. Collateral heredity was indicated in a case of Dr. Ord's and in one of the author's. After reviewing the history of the disease during the twelve years which have elapsed since its discovery, Mr Larder said he was disposed to support those who took the view that cretinism, myxœdema, and cachexia strumipriva are phases of one and the same conditions, and said that he considered the evidence of its causation by loss or arrest of function of the thyroid gland as far stronger than any other theory, particularly in those cases where the clinical symptoms are present during life and an excess of mucin be found in the tissues after death. At the same time he acknowledged that all the clinical symptoms may be present during life, and yet the usual chemical and pathological lesions may not be present after death. Such a case is recorded by Dr. Goodhart in vol. xv. of the Clinical Society's Transactions. In these cases the author was of opinion that the degeneration might be of a mucoid character.

Dr. Atkinson next read his notes on a case of myxœdema.

Harriet M ——, æt. 58, single, needlewoman, admitted to Kensington Infirmary, 10th October, 1883. Nothing of interest in previous history. *Present Illness:* She dates the onset three years ago with swelling of lower extremities, beginning in right foot and leg, at the same time noticed swelling of eyelids, and her friends remarked that her speech was thick and slow, legs always felt cold, "full of cold water" as she expresses it. This anasarca lessened in the summer, but recurred during winter months. It has been increasing the last six months, and abdomen has been distended. *Present State:* Characteristic myxœdematous facies with considerable ascites and anasarca of lower limbs. Urine and fæces passed involuntarily. Paracentesis abdominis was performed two days after admission, and thirteen pints of serous fluid withdrawn. Under a treatment of iron, digitalis, and a generous diet, she rapidly improved and left infirmary in March, 1884, but returned in May. Ascites had not recurred, but her other symptoms had become aggravated, skin dry; cold extremities; urine, sp. g. 1005, no albumen; complains of failing memory: is lethargic but cheerful; tongue so large that it seems to fill mouth. Was up and about until January, 1885, is now very drowsy, has no pain but is "too weak to be about;" has occasional attacks of syncope; temperature is subnormal; she is delirious at night. On January 20th trace of albumen in her urine. On January 25th got out of bed while delirious and fell down in syncope, did not rally, but died half an hour later. *Post-Mortem* January 26th, assisted by Dr. Hadden, rigor mortis well marked, much fat, peculiar lustre about muscles, very little hair over pubes, none in axilla. Heart enlarged, no valvular disease; 4 oz. of fluid in pericardium. *Lungs:* Adhesions, otherwise normal. *Thyroid Gland* much diminished in size, left lobe very small, nodules in right lobe. Tongue very large; viscera healthy, except kidneys, where a few small cysts were found. *Brain:* Anterior cerebral lobes slightly atrophied and flattened, weight diminished (49 oz.). The skin was examined quantitatively by Dr. Bernays, and showed a very slight increase in amount of mucin (·08 per cent.), the skin examined being that of abdomen, and free from subcutaneous tissue.

The President, in inviting a discussion on the subject, remarked that he thought it was rather the new name that had attracted so much attention.

Dr. Alderson wished to make a few remarks as the medical attendant of the family of Dr. Drewitt's patient. He called attention to the general loss of hair, and to the peculiar hue of the skin. Patient was formerly very irritable, but as any annoyance made her ill though she did not show it, he called attention to her attacks of flooding. Patient attributed illness to effect of mental shock. Her husband died from cirrhosis of liver, and suffered from sore throat. He suggested pot. iodid. and jaborandi; had attended her children for strumous glands.

Dr. Hadden gave the result of the analysis of Dr. Alderson's case, being 8 per cent. of mucin, without fat ·36 per cent. He called attention to the improvement which took place when ascites came on—ascites had occurred in several cases he knew of, and phthisis in from 10 to 15 per cent.—sugar was also present in three or four cases. Alluding to the changes seen under the microscope, he explained that it consisted in a plugging of the sweat glands with a small round celled growth, with a consequent interference with their function. The air follicles were affected in a similar manner, the process being akin to cirrhosis of the liver. He had seen over 200 cases of cretinism in Switzerland this year, and considers a cretin with moderate intelligence is indistinguishable from a case of myxœdema. He doubted whether the thyroid gland had anything to do with the changes of which an increase in fat was always noticeable.

Mr. Lunn called attention to the disappearance of the swelling in the eyelids under treatment in one case, and the recurrence of the oair in another, he was unable to understand this, seeing that the hair follicles were destroyed, He expressed his opinion as to the doubtful value of Dr. Horseley's experiments on monkeys, and doubted whether a disease which developed in three weeks could be myxœdema. He had observed flooding of severe character in a case of his own.

Dr. Semon said he would confine his attention to the pathology of the cases. After mentioning the endemic character of cretinism he asked whether the result might not be the same whether the thyroid gland was absent or so hypertrophied as to be useless, and he thought this might account for the fact that many cretins were not goitrous. He remarked that so long as ever so small a portion of the gland remained then the symptoms of myxœdema did not

appear. He alluded to the descriptions of the changes by Sir William Gull and Dr. Ord, and to a case read before the Society of German Surgeons in 1873, where extirpation of the gland was followed by symptoms resembling those of myxœdema. It was true, he said, that the symptoms did not invariably follow excision of the gland, but in these cases subsequent examination showed that portions of the gland had been left behind, and had undergone some compensatory hypertrophy. This induced condition differed in one important respect from the general run of cases, and that was owing to the gland having been extirpated in children before they had arrived at maturity, the result of which was a stunted growth and arrested mental development. He quoted such a case operated on by Dr. Sick on a boy aged ten years, and where after death no mucin was found. This patient at the age of twenty-eight years had the body of a boy of ten years of age, and the head of a man of twenty-eight. All the other symptoms of myxœdema were present in a marked degree. He mentioned the view held by Professor Virchow as to the changes being more a retrograde metamorphosis.

Mr. DUNN said he had seen thyroidectomy performed some sixty-nine times, and in no case had any symptom of myxœdema appeared. Again, the functions of the gland were still a matter of uncertainty, but looking at the mortality of 6·5 per cent. he doubted whether the operation ought to be performed, except in cases of great necessity.

Dr. GOOD had had a case under his care where menorrhagia was severe and difficult to control (the sister of his patient was suffering from goitre with the treble symptoms), patient had been troubled with persistent nystagmus, and the sister of patient was a lunatic. No history of syphilis.

Dr. THUDICHUM said he had referred to drawings made more than twenty years ago of some cases of thyroidectomy, where no symptoms had appeared in the survivors, in fact he thought cases where they did appear were rare. He remarked further, that in one case read that evening the kidneys showed signs of extensive disease, and this was of importance. In his opinion the salivation which had been alluded to as a marked symptom was a sign of paralysis, and indeed many of the symptoms pointed clearly to bulbar paralysis.

Mr. BENHAM, who had seen a good deal of goitre, failed to see any resemblance with myxœdema.

The discussion closed with a few remarks from Drs. Menzies, Williams, Owles, and Bruce Clarke.

LIVERPOOL MEDICAL INSTITUTION.

THE eighth ordinary meeting of the session was held on February 5th. The President, DR. GEE, in the chair.

Mr. REGINALD showed an

OSTEO-SARCOMA OF THE LEG.

The patient from whom the specimen was removed was a young man, æt. 22. The first indication of swelling appeared in the upper part of the fibula 12 months ago. The swelling increased with great rapidity, and soon involved both bones of the leg. As the knee-joint was clear there was no doubt as to the propriety of amputating the limb in the middle third of the femur. This was done last week, and the patient was doing well. The large size of the growth was the most remarkable point about it; there was nothing else to distinguish it from other specimens exhibited. It was strange the growth should have been allowed to attain such a large size before recourse was had to operation. As to the future of the case there was considerable doubt. In the last he had had the disease returned positively before the patient was discharged, and he died in one stay in the hospital, although at the time of the operation there was nothing to show that such a speedy return was imminent.

Dr. GLYNN showed some illustrations of Primary and Secondary Malignant Disease of the Liver in the shape of neatly executed oil and water colour paintings. The first was one of large secondary deposit in the liver from a primary malignant affection of the stomach, the seat of which was near the pylorus, and which had progressed to ulceration. There were no symptoms of liver disease during life. The second represented a case of primary carcinoma of the portal vein. All the symptoms pointed to cirrhosis of the liver. There were ascites, vomiting, and jaundice, the latter rather more pronounced than was usually the case in cirrhosis. The patient gradually sank. After death the liver was found covered with large yellow nodules, chiefly consisting of grumous matter. The portal vein was infiltrated. The nodules were due to dilated bile ducts and portal vein. The third was one of gangrenous intestine, and commencing gangrene of leg from thrombosis of the femoral artery and vein.

Dr. BARR showed the heart and lungs from a case of mitral and tricuspid stenosis. The case had been under observation for several years, and the speaker had already published a full account of the symptoms in No. 7 of the *Liverpool Medico-Chirurgical Journal*. The patient was received into the Stanley Hospital in June last. He then had right hemiplegia and aphasia. He remained in till December, when he was made an out-patient. He soon ceased to attend, and was at the end of January reported to be dead. There was but little atheroma, both auricles were enormously dilated, and the cavities were filled with dark soft clots. There was adhesion of pericardium from both auricles. Cornification of the basis of both lungs had taken place, but this might partly be dependent on the pleurisy that had existed.

Dr. KNIGHT showed heart, the seat of a hydatid cyst. The patient was a man, æt. 42, a striker. On September 2nd he was apparently healthy, and went to work the same as usual. He returned home to breakfast and completing his repast he fell down and immediately expired. The body was removed to the Royal Southern Hospital. On examination a hydatid cyst was found in the wall of the right ventricle. In the right lobe of the liver there was also a large hydatid cyst. The cause of the sudden death was rupture of the cyst on the cardiac wall.

Dr. WESTBY showed a case of carcinoma of the colon, with secondary deposits in the liver, removed from a female, æt. 44. The patient had suffered from constipation since May last. This symptom became so urgent that, on Sept. 2nd, Mr. Banks performed colotomy. The patient died on January 18th. Portion of descending colon was obliterated by an immense carcinomatous mass, weighing, when removed, 9¼ lb. The bowel below the seat of obstruction was perfectly empty. Above there was no ulceration. Secondary deposits were present in the liver.

Dr. HORROCK read notes of a case of "Depressed Fracture of the Skull" for Mr. Damer Harrison.

Dr. MACFIE CAMPBELL showed a Thomas' New Anteversion Pessary.

Dr. GLYNN narrated some particulars relating to a case of "Ataxy with Joint-Disease." The patient (exhibited), an ill-developed, puny-looking man, apparently from 26 to 30 years of age, in the course of ataxy became affected by acute arthritis of both ankles, especially marked in the right, commencing about January 17th. The right foot was dislocated backwards, eburnations of the articular surfaces had plainly taken place, and both lower limbs were œdematous. There was no kidney affection. The point of interest was the acuteness of the attack, the disease in most cases of ataxy being chronic.

Dr. MACFIE CAMPBELL then gave the history in which a Tagliacotian operation was performed for contracting cicatrix of the wrist-joint. The patient was a young man who, a year ago, received a lacerated wound of the right forearm in front of the wrist. Diffuse cellulitis supervened, but at last got better under the arm bath. The cicatrix that formed flexed the wrist, and a splint had to be worn. This, it seems, was left off, and four months ago the patient returned with the wrist fixed in an angular position, and was anxious that something should be done. The cicatricial tissue was accordingly carefully dissected off, and also a portion of the skin of the abdomen of the same side. The wound of the wrist was then brought into contact with the upturned skin of the abdomen and the arm bound down. One week after the first step the thinness of skin was severed. Four days afterwards the newly adherent skin became black and appeared inclined to slough, but after eight days the normal colour returned, and he now had a useful arm. The patient still wore a small arm splint except when at work. There was some paralysis of the front and second fingers.

After some congratulatory remarks from Mr. REGINALD HARRISON, Mr. Paul said that he had done similar operations four times. He always allowed a longer time to

elapse before severing the isthmus of skin. All his cases had been quite successful.

Mr. R. N. Pugh then read a note on

NEPHRECTOMY FOR SARCOMA.

The patient was a child, æt. 2 years and 4 months. The child had been fretful during the summer months. On admission into the Children's Infirmary it was anæmic and emaciated. There was enlargement of the abdomen, the swelling occupying the left side to the middle line was most prominent in the left lumbar region. On January 17th the abdomen was opened and the tumour, which was found to implicate the left kidney, was removed along with the small portion of healthy kidney, structure. Vomiting came on a day or two after the operation and food had to be stopped. On the 20th vomiting became worse, and the abdomen was much distended. On the 23rd the bowels had not been open and the patient died in the afternoon. On examination after death it was found that a loop of intestine had found its way through a rent in the peritoneum and underneath the colon, and the cause of death being obstruction of the bowels from strangulation of the loop. But for this the patient would most likely have recovered. The tumour, 2lbs. in weight, was brain-like in appearance. The capsule was normal.

NOTE ON A CASE OF APHASIA.

Dr. Archer drew attention to the frequent coexistence of aphasia with right hemiplegia, and to the fact that when the former occurred, as it occasionally does, with left hemiplegia, that the patient is usually found to have been left handed. He then explained that the frequent concurrence of these two affections was owing to the proximity of the speech centre to that for moving the opposite limbs. It was then shown that the probable reason for this association was the evolutional development of articulate language, for the conveyance of our ideas, from gesture language, as that being in use by the remotest ancestors of the human race, and even at the present day as practised to a large extent by the lowest types of man. It was then supposed that the faculty for formulating words so as to express ideas by intelligible language, and the education of the right hand for the more facile performance of complicated manual acts became developed together. and were strengthened by hereditary usage from generation to generation. The case which called forth these remarks was that of a boy, æt. 9, who was completely aphasic from the time when he was fourteen months old. At this age he had a "fit," in which "he worked all over," and "his hands and teeth were clenched." Both sides of the body were equally affected, and no paralysis remained, only some general weakness. His aspect was not that of an imbecile, and he understood perfectly everything that was said to him, answering questions in the affirmative by leaning his head forward, and in the negative by moving it from side to side. The only articulate sound he made use of was "good," "good," when anything pleased him. He died from some intercurrent disease during the absence of Dr. Archer from home, and there was no post-mortem examination. Two theories were propounded to account for the aphasia in this case. (1) The speech centre was congenitally absent; (2) The same convulsive attack from some inexplicable reason fell with peculiar vehemence on the speech centre. The latter was adopted as the probable cause of the aphasia. The question of re-educating aphasic patients was then shortly discussed, and it was advanced that this would be more easily accomplished in the case of children than of adults, for the reason that in the latter the different portions of the brain have become so used to the performance of their various functions that no portion is left sufficiently unoccupied to take up the lost function. As the assumption that there is a connection between the speech and hand centres, the question as to the advisability of so educating children from their earliest infancy that they should become ambi-dexterous, was shortly discussed.

After some remarks from the President,

Dr. Nicholson said that the theories spoken of by Dr. Archer were not empty theories, but a most interesting borderland between biology and the higher mental sciences. His explanation was very valuable as showing an elucidation of the mechanism of aphasia. It would be better understood if instead of being regarded as a disease of convolution of the organ for movement of the arm and tongue, it was regarded as paralysis of expression. He had seen a case, that of a soldier, in which the patient could move the arm slowly and could speak slowly, but could not write his name. His power of expression was gone entirely.

Dr. Barr could not follow Dr. Archer in his evolutionary theories. He had never been able to accept them. They dealt too much in generalties. Mathematical precision did not suit them.

Dr. W. Williams would like to ask if Dr. Archer had ever seen a case of left-sided hemiplegia with aphasia?

Dr. Archer in reply, said that he never had seen such a case himself, but he was certain he had read accounts of such cases somewhere.

Department of Lunacy.

LUNACY LEGISLATION.

[Second Article.]

In any contemplated scheme of lunacy reform the pressure of observation will, in the first place, bear weightily on the official departments of the State itself. The Commissioners in Lunacy have been ungrudgingly maligned by busybodies for years, and we most heartily disclaim all sympathy with those purblind visionaries, whose legislative instincts are as crude and unsafe as their dreams are Utopian. It is evident, notwithstanding, that the administrative capacity of the Lunacy Board is not equal to the task of scrutinising the details, and disposing effectively of the unwieldy mass of registered lunacy, which now, more than ever eludes its grasp and misdirects its energies. By the side of this overtaxed board is placed another, which is proverbial for its cumbrous slowness and its reduplication of the travelling functions of its neighbour. We express no new opinion in the statement that these boards must be merged into one, and in this no additional expenditure is advocated. If the maximum salary of a commissioner should be advanced, there is opportunity in the fusion of the two boards for the greatest elasticity in financial re-arrangement. Retrenchment in the present case means encroachment on vested interests, and we should be sorry to indicate anything unjust in this direction, but while *de facto* interests may be cancelled by suitable pensions, prospective interests can only lay claim to modified recognition. The salaried section of the unified commission will then consist of six legal and five medical functionaries, and no reasonable argument can be adduced, why in a board dispensing primarily medical, and secondarily, legal functions, the legal element should so predominate. Here again, the question of vested rights obtrudes, but in whatever way, it receives a *quietus*, the resultant ought to be a majority of medical commissioners. The Scotch Board is a commendable example in this respect, and strange to say the legal contingent on the Scotch Commission is unsalaried. Howbeit, our contention does not go so far, it merely claims the exercise of functions equivalent to the necessities of English lunacy with adequate remuneration therefor. One financial objection arrests our progress at this moment. If the energies of the Chancery Board are so far to be diverted as to meet the claims of the general lunacy population, is it right to appropriate the Chancery funds to this purpose? A will reply. If the Chancery patients have their rights and privileges respected and safe-guarded more truly under the new system than under the old, the

state remuneration should still be the same, whereas B will argue in favour of a reduced scale of fees and percentages; C would suggest that a portion of the capitation grant, disbursed as it is by the State, might reasonably be appropriated to the maintenance of such an eminent state function as lunacy control. In this way no new tax would be necessary, and no invidious use made of Chancery funds set free by rigorous demolition of circuitous and extortinate forms of procedure. We do not feel competent to solve this inevitable puzzle, yet are we unable to see that it should materially obstruct the evolution of drastic reform in central administration.

At present three political chiefs exercise authority in matters of lunacy. The Lord Chancellor, the Home Secretary, and the President of the Local Government Board. To each of these appeal is made according to the circumstances of the case, and the official routes are therefore inconveniently multiplied. Lunacy and Poor-law administration are separate and yet interdependent departments under existing conditions; and it becomes an urgent question whether it is not desirable to simplify the relations subsisting between the two in their few but at present unavoidable points of contact. It is further an obvious necessity to ascertain how it is possible to substitute one political head for three, to appoint him the ultimate referee, and invest him with absolute discretion in deciding appeals from the judgment of the Lunacy Board. While providing such a safe-guard against caprice or arbitrary coercion on the part of the Central Board, we are careful to affirm that the latter has hitherto been more remarkable for its attitude of dignified impartiality and long suffering than for its vindictiveness, that it has frequently failed to enforce wise recommendations, because of its limited powers, and that its usefulness has too often been hampered by local obstruction. One Board of Control with increased powers overlooked by one responsible Minister of State, and a large staff of visiting commissioners with the medical element in the ascendant —these should constitute the nucleus of the coming changes at headquarters. The Board to carry additional weight should be composed of honorary as well as official commissioners, the chairman being appointed from the former, and the senior visiting commissioner, irrespective of profession, occupying the vice chair. With a greater number of medical commissioners in the new regime, it would be a wise policy to recruit occasionally from the general profession, in order to submerge distinctions and jealousies, to widen the horizon of the Board's deliberations, and to satisfy public opinion. Men of long experience, and recognised ability in the direction of asylums must necessarily constitute the back bone of a central administration; but they should be men open to conviction from without, as well as from within the pale of the lunacy circle, and, however broad their sympathies or original their ideas at the outset, the groove of routine has a cramping influence, scientific aspirations give way to the perpetual claims of executive duties, and the commissioner is apt to become an executive machine without the fresh impressibility or the superabundance of motive force necessary to develop large reforms and improvements. The work of the embryo commissioner, if he be an asylum officer is too frequently of such a nature as to exclude the possibility of extensive medical experience, whereas the Commissioner imported from the outside is either medical or nothing at all. He comes like a fresh invigorating inspiration into the musty atmosphere of the board-room with his "How it strikes a stranger," and if his ideas are not always practicable, they open up new channels of thought, and re-open old ones long ago closed by the crust of routine.

THE LUNACY (IRELAND) BILL.

MR. CORBETT, M.P. for the County of Wicklow, and formerly Chief Clerk of the Lunacy Office in Dublin Castle, has re-introduced his Bill, which was tabled the year before last, but made no progress. It is in many respects the same Bill as that proposed some years ago by Mr. Dillwyn, M.P. for Swansea, and it proposes to abolish all private asylums, and to place the inmates in State pay asylums. But the disestablishment of the private asylums is, according to Mr. Corbett, to be accompanied with disendowment, and all the proprietors in Ireland are to be incontinently wiped out, as Mr. Henry George would wipe out all capitalists, without any compensation whatever. It is hard to believe in such a proposal, and that the State should, for the benefit of the community, deprive a considerable class of—shall we say—traders of their means of livelihood, without in any way compensating them, is seriously meant; but when we inform our readers that the Lunacy Reform Bill for England, which is likely to be one of the Government measures, is believed to contain the same proposal, it will be understood that the proprietors of Irish asylums are in some peril. We cannot, however, conceive that the House of Commons will be induced to tolerate so gross an injustice, if those who are likely to suffer from it take steps to make the nature of the proposal and its effects on them clearly understood.

A CORRESPONDENT of the *New York Medical Record* says that in Germany the operation for gastrotomy is so common that few care to witness even Billroth's operations for gastrotomy.

THE Royal College of Surgeons in Ireland has followed up its declaration that it will, in future, admit women to its licences, by recognising the London School of Medicine for Women. The intention of the College, however, cannot be carried into effect until the sanction of the Irish Government has been given to the change of charter necessary to allow of the admission of women. The new charter has been—for some time—in the hands of the Irish Government, and it is hoped that their approval will be obtained before long.

AFTER a career of six years, the *Index Medicus* has been discontinued. An article signed by the editors, Dr. J. S. Billings and R. S. Fletcher, and published with the annual index completing the sixth volume, states that the late Mr. Leypoldt, the publisher, notwithstanding a heavy loss at the outset, and a but slowly diminishing annual deficit, maintained the undertaking. The efforts made by his successor to raise the number of subscribers sufficiently to place the *Index* on a self-supporting basis have been unsuccessful.

Registered for Transmission Abroad.

The Medical Press and Circular

Is published every Wednesday morning. Price 5d. Post free, 5½d.

Post Free to Annual Subscribers . . . £1 2 6
„ If Paid in Advance 1 1 0

Post-office Orders and Cheques to be drawn in favour of—
A. A. Tindall, 20 King William Street, Strand, London, W.C.
A. H. Jacob, 3 Molesworth Street, Dublin.

Agents for Scotland:—
Maclachlan and Stewart, South Bridge, Edinburgh.
A. and W. Stenhouse, Hillhead, Glasgow.

Sole Agent for the Continent:—
John F. Jones, 31 Bis, Rue du Faubourg Montmartre, Paris.

ADVERTISEMENT SCALE—Whole Page, £5 0s. 0d. Half Page £2 10s. 0d.; Quarter Page, £1 15s. 0d.; One-eighth Page, 12s. 6d.

Small Announcements of Practices, Assistancies, Vacancies, Books &c., of Seven lines or under, 4s. per insertion; 6d. per line beyond

Considerable reductions are made from the foregoing Scale when orders are given for a series of insertions. Letters in this department should be addressed to the Publishers.

Subscriptions for France are received by Messrs. Baillière, Rue Hautefeuille, Paris—post free in advance, £1 3s. 6d. per annum.

Subscriptions for Russia are received by Messrs. Rajchman and Fröndler, 18 Senatoren Street, Warsaw—post free £1 5s. 0d. per annum.

Subscriptions for the United States are received in New York by Messrs. Willmer and Rogers; Philadelphia, by Dr. Brinton: post free in advance, 5½ dollars (£1 3s. 6d.) per annum; or direct from the Offices in this country for the same amount, if remitted by International Post-Office Order.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 4, 1885.

DURATION OF SCARLATINAL INFECTIVITY.

Our columns have lately been made the recipients of an interesting discussion of the question as to how long after attack the victims of scarlatina can be allowed, without fear of the production of ulterior consequences, to mix with their fellows. The subject was first started in a leader giving account of the dispute between the Manchester Health Committee and the Royal Infirmary authorities of that city, which hinged entirely on a difference of opinion as to the duration of infectiousness of the disease. The orthodox period of safety was enunciated in that article, and has given rise to valuable contributions as to theory and fact from several competent and experienced observers. On the one hand we have Dr. Fox, Medical Officer of Health for Mid-Cheshire, who regards the shed skin as infectious only during the febrile stage, and desquamation prolonged beyond a fortnight as due to an irritable skin, whilst he quotes and supports Dr. Alfred Carpenter in the view as to the spread of scarlatina by excremental discharges. Again, Dr. Dolan, of Halifax, thinks that too much danger is habitually apprehended from the desquamation stage, making the assertion that he has never known bad results follow from peeling children mixing with normal ones; and further, denies the influence of school-mixing of the desquamating—at any rate, in Halifax. On the other side, Dr. Ashby, of the Children's Hospital, Manchester, quotes instances of infection after the twenty-first day, and even at the sixth week, and advises retention of patients in quarantine until the end of the sixth week at least, although not placing too much stress on remains of heel desquamation *qud* infectivity. He is followed by three gentlemen who may claim to speak with some authority, being all experienced in the management of fever hospitals. Dr. Sweeting, of the Western Fever Hospital, urgently combats the theory as to the skin particles being infective only during the febrile stage, makes no distinction of heel separation (asserting it to follow a general law of the order of appearance), and prescribes an absolute *minimum* of six weeks, giving accounts of infection produced before that period. Dr. Tonge-Smith, late of the London Fever Hospital, lays down that the shorter the stay the more frequent is the occurrence of infection outside hospital; he relates the gradual evolution of the practice at his hospital from three to six or eight weeks, giving pregnant instances of infection at three, and sums up by urging a complete desquamation as the true index of freedom, apart from a stereotyped prescription of period. Dr. Allan, of the Belvedere Fever Hospital, Glasgow, states that it is the practice there to detain patients until the end of the eighth week, and often longer; he also draws attention to the infectious character of chronically enlarged tonsils after the disease. On reviewing these various expressions of experience, we first think that Dr. Fox has been misled by Dr. Alfred Carpenter's theories, and has not given sufficiently precise reasons for his opinion as to non-infectivity after a fortnight. We are astounded at Dr. Dolan's assertions, which are so utterly at variance with those of most men of experience in public health affairs, and cannot but conclude that he has not sufficiently eliminated the factor of previous attack in his observed cases of immunity of the apparently susceptible. The infection of the healthy by the desquamating, and the exacerbation of prevalence on re-opening of schools in localities where the disease is rife, are matters of common observation by Health Officers and Government Inspectors, numerous well-ascertained instances being recorded in Health Reports and Blue Books. Coming now to hospital experience, we find a remarkable consentaneousness of opinion as to the duration of infectivity being prolonged to between the 6th and 8th weeks, and this is based upon definite records of the production of the disease by cases discharged before that period, of a more precise character than the illustrations given by Dr. Fox and Dr. Dolan, and although there exists some divergence of views upon minor points (*e.g.*, the infectious nature of the heel desquamation and the prescription of a fixed period), yet, on the whole, we are inclined to accept in preference what appears to us the superior evidence of these gentlemen, which is in substantial agreement with the view set forth in our leader of January 21st.

THE PROPOSED AMALGAMATION OF DUBLIN HOSPITALS.

The capitalisation of the Government grant of £16,000 a year now made in support of certain Dublin hospitals, as proposed by Earl Spencer, is meeting with

some opposition in and out of Parliament. The Lord Lieutenant of Ireland proposes, as our readers have already been informed, to allocate the capital sum so obtained to the building of a large central hospital in substitution for the Home of Industry and Steevens's Hospitals, the former of which is in a tumble-down condition, and the second, owing to its situation and the closing of its medical school, more or less obsolete. It is stated that the Treasury has consented to Lord Spencer's proposal, and is ready to advance twenty-two years' purchase of the annual grant; but two opposing influences have intervened which have impeded progress. The Board of Governors of Steevens's Hospital think that if they suffer the hospital to be absorbed they ought to be secured a substantial influence in the management of the new hospital, because they represent £3,000 a year of private endowment, which will, thereby, pass to the new hospital. They urge that the Government grant of £1,300 a year which they receive may be disregarded by them as an inducement to them to come into the scheme, because it does not form a chief part of their income, and, moreover, it is nearly balanced by the loss incurred by the hospital in maintaining constabulary patients, for which the authorities pay a very insufficient capitation allowance. This contention of the Governors of Steevens's Hospital is not unreasonable, and we have no doubt that if Lord Spencer is permitted by political dictation, he will be willing to recognise the equity of their claim by giving them a fair share in the management of the new hospital.

But the apple of discord has been thrown from another side, and it found its expression in the following Parliamentary conversation which took place last week:—

"Mr. Sexton asked the Secretary to the Treasury if it is true, as stated, that the Treasury claims to have the power to capitalise the various sums annually voted in this house in aid of certain hospitals in Dublin; and whether he would undertake on the part of the Government that no step will be taken towards capitalising those annual grants, or any of them, until the estimate in that regard for the current year has been dealt with, and until the House has had an opportunity of considering the principle upon which the grants are now distributed.

"Mr. Hibbert said that these grants could not be capitalised without the consent of Parliament.

"Mr. Sexton gave notice that he should move that these grants should be redistributed according to the advantages which the public obtained from the different hospitals."

This question was suggested by a correspondence which lately appeared in the Dublin papers, the apparent object of which which was to shut up the House of Industry Hospitals by withdrawing from them their entire income, and the writers of these letters have not hesitated to create an impression favourable to their cause by misrepresentation, if not by deliberate falsehood. The hospitals which would profit by a redistribution according to Mr. Sexton's views are the Mater Misericordiæ, St. Vincent's, and Jervis Street, but it is generally believed that the two former institutions do not want a Government grant, and would not accept it if encumbered with Governmental inspection, so that the agitation of which Mr. Sexton has given warning bears the appearance of an effort to procure the withdrawal of the grants from rival hospitals rather than an attempt to get a share of those grants for other institutions. It would probably accord with the ideas of patriotism held by Mr. Sexton and his prompters to cause £16,000 a year to be subtracted from the resources applicable to the cure of the sick poor of Ireland by causing the grant to be withdrawn; but we have confidence that Lord Spencer will not listen to such a settlement of the political disputes which are, as usual, about to encumber this great charity reform.

We understand that a letter was last week laid by Lord Spencer before the Boards of Governors of the hospitals concerned, in which the question of the constitution of the governing body of the new hospital is touched upon. It is, we believe, suggested that that body should be made up of contingents from the existing Boards of the amalgamated hospitals—two members each nominated by the Colleges of Physicians and Surgeons, certain representatives elected by the Dublin Corporation, and certain others nominated by the Government. After all, the fight over Lord Spencer's proposal is more likely to be a political wrangle over the little bit of patronage accruing to a seat on the Board than upon anything connected with either the charitable or financial aspects of the matter.

INOCULATION OF TUBERCLE IN THE HUMAN SUBJECT.

THE *Allgem. Wein. Mediz. Zeitung* of February 24th records an interesting case of the above, taken from Friedländer's *Fortschritten der Medizin*, No. 3. Marie P., a thoroughly strong woman, and without any hereditary predisposition to phthisis, whilst cleaning a broken spitting cup received a small wound from a piece of glass on the volar side of the first phalanx of the middle finger. The contents of the spitting cup were the copious expectoration rich in bacilli from a certain Prof. H., who died of phthisis in last July. Fourteen days after the injury signs of commencing panaritium were present, but in another week they had disappeared under the use of carbolised applications, and only a small nodule scarcely half the size of a pea could be felt in the subcutaneous tissue. This condition remained with moderate œdema around the nodule and slight tenderness for several weeks. Towards the end of August, after incision, the granulation swelling was scraped out. Primary union took place under iodoform and sublimate dressing in about a week. At the end of October the patient again complained of pain on flexing the finger. The skin and subcutaneous tissue of the phalanx and also of the adjoining parts of the vola were slightly swollen. Local steam baths were employed till about the middle of November. About this time swelling of the sheaths of the flexors could plainly be felt through the œdematous skin; there were also difficulty of movement of the fingers, some pain as well as two swollen cubital and axillary glands. The lungs were healthy, and no other indications of disease were present. On November 21st Prof. Studtgaard removed the swollen glands and also the middle finger at the meta-carpo-phalangeal joint, when the skin of the palm was cut through and the tendons with their sheaths were excised. The subcutaneous

granulations were carefully removed by means of the knife and spoon. The operation was performed under sublimate 1-1000, and after closure of the wound a sublimate wood wool and gauze dressing was applied. Healing was complete in eleven days. Examination of the parts removed showed the sheaths of the tendons filled with granulation tissue, and their walls thickened. The granulations consisted of very fine nodules, with central caseous degeneration, which was not constant however, large cells, and very fine, often centrally lying, giant cells. The extirpated glands to the naked eye showed simple hyperplasia without caseation and pus, but microscopically very delicate tubercles were plainly to be seen between the enlarged lymph cells. In the granulations of the hand as well as in the lymphatic glands most distinct tubercle bacilli (Erlich's method) were to be seen, as well in the large or giant cells as also in the vicinity of the central caseous spots. The bacilli, often provided with spores, were sometimes single, sometimes in groups. By the middle of January the patient was completely well. The case, which was carefully observed throughout, seems to set at rest the question of the inoculability of the bacillary virus on the human subject, and has an important bearing on the transmissibility of phthisis by means of sputa containing bacilli.

Notes on Current Topics.

Faith Healing.

At our special request, Mr. W. Dunnett Spanton, F.R.C.S., of Hanley, has carefully investigated the circumstances attending the so-called faith cures performed by members of the Salvation Army, and to which a good deal of public attention is being just now directed. The results described by Mr. Spanton are precisely such as would be anticipated by every medical reader of the sensational accounts contributed to the newspapers. Every physician is familiar with a certain class of cases in which hysteria presents itself in the form of diseases so closely simulated that their true character is often only determined after every means of diagnosis has been exhausted. The "neuro-mimetics," indeed, of Sir James Paget are among the most troublesome patients we are called upon to treat, and they constitute, further, just such a class of persons as are most amenable to emotional influences. Every hospital, and every private practitioner can show patients who insist on the fact that they are paralysed, or suffer from joint-disease, or from constant neuralgia, under some one or other of the multiform ailments assumed by the victims of hysteria. Moreover, these unhappy victims of delusion are really diseased, inasmuch as they are hysterical, but the ostensible affection for which they come under treatment exists only in their imagination. These patients, under the influence of intense emotion, are readily induced to believe in the assertions made to them, and by a strong effort of will they find themselves at once able to overcome the infirmity from which they have never really suffered, and a cure is effected. In medical practice the same end is attained more slowly, because by less violent means, moral measures being more trusted to in this connection than any other resource open to the physician.

The cases of real disease submitted to "faith healing" are clearly shown by Mr. Spanton to be in no way benefited by the processes resorted to for their cure; and it is impossible to resist a slight feeling of contempt at the palpable weakness exhibited by those who will persist in "miracle mongering" of so wholly unproductive a nature. In the article by Mr. Spanton to be found on another page, the writer very distinctly states the absolute worthlessness of the "cures" effected; in one instance a patient of his own was the subject of "faith healing" for the relief of deafness, and was vociferously declared to be "cured" at one of the meetings. This woman ridicules the whole proceedings as nonsense, and asserts that she is no better, and her case is typical of all the subjects of real disease operated on.

Instruction in Vaccination.

We understand that the Council of the Irish College of Surgeons has found it necessary to repeal the regulation which requires candidates for the licence of the College to produce a certificate that they have been instructed in vaccination. The Council has taken this step, not because it had changed its mind respecting the propriety of causing the student to be taught the practice of this operation and the *rationale* of the subsequent fever, but because it had acquired the knowledge that the certificate of instruction was no guarantee whatever that the student had learned anything. It was proved to the Council that candidates for the licence, who were, up to the time when they lodged their certificates, previous to going in for examination, quite unaware that a certificate of vaccination was required of them, and who, therefore, had not provided themselves with it, had, nevertheless, no difficulty whatever in purchasing the certificate from some vaccinator whom the Council had recognised, for one guinea, and at a moment's notice. This infamous traffic in false certificates became so notorious that the Council had no alternative than to repeal the regulation requiring its production. The examiners have, however, been directed to include the subject in their examination, which will be a much more effective test of teaching than any sham certificate bought in the open market for a guinea.

The Influence of Age on Disease.

Dr. Finny's most instructive Presidential Address to the Members of the University Biological Association, on Age in Relation to the Diagnosis of Disease, deserves a high position among the essays dealing with the consideration of the many factors entering into diagnosis. One of the most important lessons a young practitioner is called upon to learn is that of recognising disease, as it presents in young children, and not a few physicians can point to errors made in this connection as among the most disastrous they have committed—as far, that is, as their professional reputation is concerned. But not inferior in importance are those affections which are conveniently grouped "as the diseases of old age," in the diagnosis and treatment of which medical men often need to display an ingenious and discriminating use of the materia medica, and especially of the resources known as moral and dietetic. Every lustrum, in fact,

has its associate peculiarities as affecting the ailments met with in ordinary, and even special practice, and in the lucid, comprehensive and instructive commentary on them delivered by Dr. Finny will be found a most valuable help towards their appreciation and interpretation by the intelligent practitioner.

The Medical Department of the Irish Prisons Board.

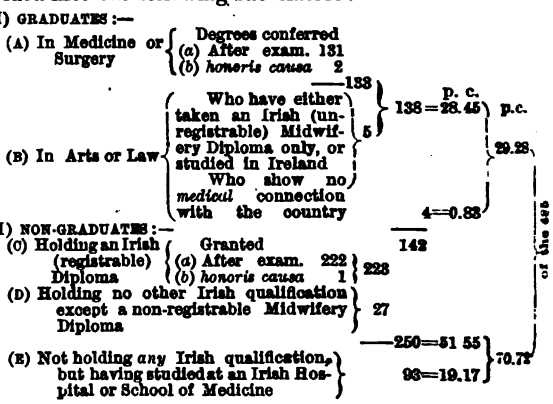
THE appointment of Dr. MacCabe, Local Government Inspector, to be Medical Officer of the Irish Prisons Board, is announced. We foreshadowed this appointment some weeks ago, being aware, at that time, that the selection had been already determined on, and that nothing remained but to decide whether the appointee should be a member of the Board or merely an inspector and adviser on medical matters. We very much regret to observe that it has been decided to subordinate the Medical Department of the Irish Prisons administration by making the officer who is responsible for it the servant of the Board, and consequently dependent. We know enough of the dog-in-office style with which Irish Prison affairs have been heretofore managed by the Board and its chairman, the Hon. Charles Bourke, and we feel that it will need all Dr. MacCabe's independence of character and firmness of purpose to save him from being bullied into silence whenever silence is convenient. The medical adviser of the Prisons Department should be in a position to give utterance to his opinions with the same independence and authority as any member of the Board, and in proportion as he is stripped of that independence which has more than once been shown to be necessary, so much the less regard will the public have for his acts or statements. Without question, however, Dr. MacCabe is the right man for this appointment. He won for himself by energy and astuteness the leading position next to the Vice-President in the Local Government Board administration, and we are, therefore, hopeful that he will take up a similar position in his new sphere of action.

Westminster Hospital.

A MOVEMENT which was set on foot some nine or ten years ago by the governors and medical staff, having for its object the enlargement of the hospital and medical school, bore its first fruits on Saturday last, when Sir Rutherford Alcock laid the stone of the new medical school, which is designed to replace the present obsolete and inadequate buildings. The plans include also increased accommodation for out-patients, with suitable and convenient consulting rooms for the medical staff; and, in addition, provision has been made for the erection of a chapel to seat 100 persons, for the use of the in-patients able to attend Divine service, and of the officers and servants of the hospital. The estimated cost of completing everything remaining to be done to make the Westminster Hospital a model of its kind is £18,000, of which about half has at present been contributed. The Duke of Westminster, who was present, congratulated the managers upon the steps already taken, observing that he had every confidence that a generous response would be given to their appeal for funds to place old Westminster on a par with other hospitals which had admirable medical schools, and upon which large sums of money had been expended. It affords us much pleasure to join in our congratulations thereto; Westminster Hospital is in the centre of extremes: wealth and poverty; her school is too small and inadequate to attract the best men; this remedied, she may anticipate a successful future.

Irish Graduates' Association.

THE annual metropolitan dinner of the Irish Graduates' Association will take place at the Holborn Restaurant, on St. Patrick's Day, Tuesday. 17th March. The President, Professor Stokes, M.D., F.R.C.S.I., will occupy the chair. Sir Wm. Jenner and Dr. Richard Quain have already accepted invitations given in the name of the Association, and other distinguished guests are expected. We understand that the Association is about to make a new departure in its administration—not, we confess, before such was needed—and we may therefore, hope to find it in some respect really representative of the large class of the Irish graduates and Irish educated students registered outside Ireland. How large this constituency is in London alone may be judged from the following analysis of the names of metropolitan practitioners who have more or less educational connection with Ireland. The London Medical Directory shows 485 names of such practitioners, who may be subdivided into the following sub-classes:—


(I) GRADUATES:—
(A) In Medicine or Surgery
Degrees conferred
(a) After exam. 131
(b) honoris causa 2
133
(B) In Arts or Law
Who have either taken an Irish (unregistrable) Midwifery Diploma only, or studied in Ireland 5
Who show no medical connection with the country 4=0.83
138=28.45 p.c.
29.28
(II) NON-GRADUATES:—
(C) Holding an Irish (registrable) Diploma
Granted 142
(a) After exam. 222
(b) honoris causa 1
223
(D) Holding no other Irish qualification except a non-registrable Midwifery Diploma 27
250=51.55
(E) Not holding any Irish qualification, but having studied at an Irish Hospital or School of Medicine 93=19.17
70.72
of the 485

Such a constituency as this ought—especially if reinforced by a contingent from the much larger provincial constituency—to be capable of exercising very considerable influence, and there is not the least reason therefore why the Irish Graduates' Association should have been, or should continue to be, a mere dinner club. Many mistakes have been committed which—we trust—are now at an end. The Association ought to preserve its own individuality, form its own opinions, and possess an influence of its own, and with this aspiration it should cease to be a mere feeder of the British Medical Association or the handmaid of any licensing body. Its general meetings for business should be properly organised, subjects worthy of thought should be worthily discussed, and the conclusions arrived at should take the form of resolutions which have some meaning, and are not mere strings of platitudes brought up cut-and-dry to be voted by an obedient but somewhat uninformed knot of members. Lastly there is, we think, room for improvement in the tone of the Graduates' social *réunions*, which, heretofore

have been, to say the least, decidedly wanting in "repose!"

We wish the Association every success which it may deserve, and, therefore, do not thus criticise its past in any unfriendly spirit, but with the confident expectation that our loving chastening of its executive may produce an effective reform both of its objects, its system of management, and its social method.

Preliminary Examination in Mechanics.

It will be recollected that the General Medical Council issued last October a rule that all students, before being inscribed on the Students' Register, should exhibit a knowledge of the "elementary mechanics of solids and fluids, comprising the elements of statics, dynamics, and hydrostatics." The University of Dublin has refused to conform to this view, expressing the "opinion that the knowledge of mechanics guaranteed by the examination proposed by the General Medical Council would not be worth possessing. The ideas involved in elementary mechanics, such as mass, inertia, velocity, momentum, vis viva, and energy, are difficult in themselves, outside the range of school studies, acquired slowly even by those who ultimately grasp them, and such that many highly educated men may pass their whole lives without once having had a clear conception of them."

Irish Poor-law Inspectorships.

By the transfer of Dr. MacCabe to the Irish Prisons Department an Inspectorship under the Irish Local Government Board is vacated, and a further vacancy is expected within a few weeks by the retirement of one of the medical inspectorial staff. Rumour says that Dr. Stewart Woodhouse, the medical inspector for Connaught, will be promoted to Dublin, and for the last two months the candidates for either of the expected vacancies have been numerous and importunate.

The Fourth German Congress for Medicine.

This meeting will take place at Wiesbaden from the 8th to the 11th of April next. The President, as usual, will be Professor Frerichs of Berlin. Amongst the papers and subjects for discussion announced are—The Treatment of Corpulency, introduced by Drs. Ebstein and Henneberg; Bronchial Asthma, introduced by Curschmann and Riegel; Antipyresis, introduced by Filehne, and Liebermeister; Hypnotics, by Liebreich; New Drugs by Binz (Bonn); Surgical Treatment of Asthma, by Hack; the Movements of the Stomach, Pylorus, and Duodenum, by Rossbach and others. The meeting cannot fail to be one of great interest and of advantage to medical science.

Additional Local Government Inspectors for Ireland.

We learn that it has been determined to increase in April next the number of medical inspectors under the Local Government Board for Ireland to six. The additional inspectors will not be charged with any duty of attending meetings o guardians or supervising the proceedings thereat, but will be devoted to watching the administration of the vaccination system and of the dispensray and workhouse arrangements. We are not yet in possession of information as to the salary attaching to the new offices.

The first meeting of the British Gynæcological Society will be held in the rooms of the Medical Society of London, on Wednesday, March 11th, at 8.30 p.m., when the President will give an inaugural address.

A distressing occurrence is reported from Sheffield resulting in the death of Mr. Rainforth, druggist, from hydrophobia. It appears that Mr. Rainforth was consulted respecting a small dog that had shown some signs of being unwell, though not of rabies, and had just expressed an opinion that it was "all right," when the dog sprang up and bit him on the cheek. The wound, which was immediately sucked by the owner of the dog, was cauterised as soon as possible and healed. But five weeks after the bite had been received, Mr. Rainforth showed signs of uneasiness, which quickly developed into hydrophobia, and he died.

The case against Drs. Savage, Wood and Goldsbrough, wherein a patient sought to recover damages for certifying that he was a lunatic and for detention in Bethlem Hospital, has been thrown out by the judges.

Dr. Hermann Weber will deliver the first of the Croonian Lectures at the Royal College of Physicians of London on Tuesday next, the subject being "The Hygienic and Climatic Treatment of Consumption."

Mr. William Russell, of Barnwell, Northampton, has given £5,000 to the authorities of the University of St. Andrew's, to found entrance bursaries in memory of his brother and himself, both having received their education at St. Andrew's.

The arrangements for the meeting of the Internatioual Medical Congress in Washington in 1887 are in a forward state of preparation, and the officers of the various sections have been nominated. Dr. Flint is to be the President of the Congress.

At a meeting of the Metropolitan Asylums Board, on Saturday last, a resolution was carried by 28 votes to 18, to the effect that "the Local Government Board be informed that from the evidence taken by the Committee it was proved that the medical officer of the Eastern Hospital was unfit for his office." Such a resolut'on is most regrettable.

Dr. F. W. Smith in the *New York Medical Record* reports that a patient of his, a woman, swallowed a shawl-pin four and one half inches long. After three days it passed the rectum safely.

A contemporary states that Professors Struthers, Nicholson, and Brazier, have been offered the offices of vice-presidents of certain sections, at the ensuing meeting of the British Association in Aberdeen, and that they all have declined the appointment.

Literature.

KEETLEY'S INDEX OF SURGERY.(a)

THE happily conceived plan of Mr. Keetley's "Index of Surgery," and its excellent execution are naturally calculated to ensure a large measure of success for the work among students, to whom it is most especially helpful as a means of consolidating and systematising the facts gained through reading and experience. The extent of its usefulness in this direction finds expression in the rapidity with which the manual has attained a high position in the appreciation of students reading for examinations. To all these the work may be most cordially recommended as a clear and reliable conspectus of surgery, a prime merit of which lies in its entire freedom from the faults that pertain to cram books, from the class of which it may be deservedly dissociated. Mr. Keetley has done his utmost to make, and has succeeded in making. the second edition of his "Index" in every way representative of the most recent aspects of modern surgery; and it is with a strong feeling of confidence that we commend the volume to all those who, having already trodden the field of first experiences, are seeking for a friendly aid in confirming and solidifying their knowledge.

HEATH'S PRACTICAL ANATOMY. (b)

PERHAPS the best indication of the very great degree of favour extended to Mr. Heath's manual is to be found in the preface to the present edition of his popular work, where it is explained that "a few new woodcuts have been added, where required, to replace old and worn illustrations." There is very sufficient reason for this wide appreciation, inasmuch as the work is, to those who use it aright, one of the most valuable in the language as a dissecting-room companion; and the descriptions it contains are so arranged as to materially assist the memory in retaining them. The coloured plates from Maclise's "Surgical Anatomy" are retained in this edition, and there can be no question that they are of considerable service to students. Mr. Rickman Godlee, F.R.C.S., has again revised the book throughout, and in some places the directions for dissecting have been improved under his hands.

We are glad to watch the continued success of this admirable text-book, and heartily commend its adoption by students.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

THE INCORPORATION OF THE EXTRA-MURAL SCHOOL, EDINBURGH.—The scheme for the incorporation of this school is meeting with a keen but undignified opposition from the University authorities, who pretend to see in it a condition of things fraught with the most direful portents to medical education in Edinburgh. The real cause of fear, and we would merely whisper it, is the dread of the loss of fees to the professors. The opposition is not, however, entirely the work of the University Medical Faculty, but is largely shared in by the Arts Faculty, who are in great fear lest the opening up of the medical restrictions on extra-mural teachers may lead to a like course with regard to the Arts Faculty. A suggestion has often been made that students attending the classes of professors in arts might be allowed the privilege of attending extra-mural arts lecturers. The statement of this fact places the University opposition in a nutshell, and accounts for the hubbub that the dealers in moral philosophy, mathematics, and other wares have raised in the interest, not of justice and right, but of themselves. The sooner the public mind wakes up and estimates in its true light the action of the University with regard to the scheme put forward by the extra-mural medical school, the better for the University, and for the interest of general and medical education. The growth of the Edinburgh Medical School is largely, if not entirely, due to the healthy rivalry of the extra-mural school, and a little of the same leaven would do much to excite and give vitality to the professors in the Arts Faculty, who cannot without considerable stretch of the imagination be said to have received the cloaks of their great predecessors. Mr. Macadam, the secretary to the Extra-Mural School, in an able letter to our contemporary the *Scotsman*, places the matter in a very clear and straightforward light. He says: "The disadvantages under which the School of Medicine at present labours are —(1) That there is no legalised bond of union between the lecturers in the school; (2) that the school has no power of holding property in common; (3) that no bursaries, scholarships, or Fellowships can be legally handed over or bequeathed to the school for the benefit of its students; and (4) that it has no joint voice in approaching the medical Boards or the Government, and influencing through such medical reform and legislation. The advantages which would accrue to the school by a charter of incorporation would be—(1) that the link which now exists between the lecturers as an association would be strengthened by a legal bond; (2) that the school might obtain a share of public support for the erection of suitable buildings, and especially of a common or central hall for introductory addresses and for general meetings of the students; (3) that funds might be obtained for payment of assistants and class-room expenses, and for the establishment of suitable museums for the common use of the lecturers; (4) that the school might acquire bursaries, scholarships, and fellowships for deserving students; and (5) that the school as an incorporated college might afford joint and valuable advice and assistance to the constituted medical authorities and the Government in the carrying out of any measures of medical reform." We give the extra-mural lecturers our most cordial support in their efforts to place their school on an honourable and firm basis, and thus to destroy a monopoly which is only calculated to produce harm, and from which no possible good can come.

THE FEVER HOSPITAL QUESTION IN EDINBURGH.—At a special meeting of the managers of the Royal Infirmary, held last Friday, the following resolutions brought forward by the Committee of Managers, presided over by Lord Shand, were carried by a large majority, the Lord Provost and his trusty henchman Bailie Turnbull alone dissenting: —"(1.) That there is now no sufficient or satisfactory reason for the managers of the Infirmary, as representing a large body of contributors to a great public charity supported by voluntary contributions, continuing to relieve the local authority—the Magistrates and Town Council of the city—from the performance of any part of the public duty and obligation laid upon them oy the Public Health Acts of making adequate provision for fever and other infectious diseases. (2.) That the local authority having acquired and being in posession of premises suitable for the performance of their obligations in this respect, should be called upon without further loss of time to make the requisite provision. And (3.) That it is undesirable in the interest, not only of the contributors and managers of the Infirmary, but also of the inhabitants of the city, that the Infirmary should continue, even on return for any annual or other payment which the local authority might offer, to make a partial provision for cases of fever and other infectious disease." The Lord Provost tried to relieve the city of its just burden of making

(a) "An Index of Surgery." By C. B. Keetley, F.R.C.S., &c. Second Edition. London: Smith, Elder, and Co.

(b) "Practical Anatomy: a Manual of Dissection." By Christopher Heath, F.R.C.S. Sixth Edition. London: J. and A. Churchill.

provision for infectious diseases, moved that the report be not approved of, and argued that no good cause had been shown for disturbing the *status quo*, and pointed to the financial return recently published as conclusive evidence that as much money as was required for the wants of the Infirmary for all purposes—including the support of the fever hospital—was being cheerfully and voluntarily given by the community. Lord Shand pointed out that the ordinary expenditure in the five years for which the return had been obtained exceeded the ordinary income by many thousands of pounds. Thus, in 1879-80 the excess of ordinary expenditure over ordinary income was £6,300; in 1880-81, £9,778; in 1881-82, £9,573; in 1882-83, £10,000; and in 1883-84, £7,025. As a matter of fact, it was stated that in order to make good the deficiency they were obliged to appropriate legacies which it was the general opinion ought, if possible, to be capitalised. The cost to the Infirmary of the Fever Hospital was about £3,000 a year; and if the Lord Provost's motion were carried and the *status quo* maintained, they should have to go on indefinitely paying that large sum yearly out of their legacies. Were this burden shifted on to the right shoulders, the Infirmary managers would be able to furnish and uphold the remaining wards, which were greatly needed for pressing cases. We fail to perceive on what grounds the Lord Provost tried to shirk the responsibilities imposed by the Public Health Act on local authorities to provide for infectious diseases, and we congratulate the infirmary managers on the success of their efforts to relieve themselves of a heavy and unjust tax on their resources.

Health of Edinburgh.—The mortality in Edinburgh for the week ending with Saturday, the 21st ult., was 86, and the death-rate 18 per 1,000 per annnm. Diseases of the chest accounted for at least 45 deaths, and zymotic causes for 8, of which 1 was due to fever, 1 to diphtheria, 1 to scarlatina, 1 to measles, and 4 to whooping-cough. The intimations for the week comprised—fever 10, diphtheria 5, scarlatina 19, and measles 22.

Glasgow Town Council.—Appointmentnt of Police-Surgeon for the Central District.—For this appointment, vacant by the resignation of Dr. William McEwen, there were eleven candidates. The emoluments of the office are £120 per annum. At a meeting of the Town Council held on the 23rd ult., Dr. T. Kennedy Dalzell, of the Glasgow Royal Infirmary, was appointed by a majority. The other candidates voted for were Dr. W. Young, Eastern District Police Surgeon, Mr. Clark, Surgeon to the Royal Infirmary, Mr. Johnston, Western District Police Surgeon, and Dr. Glaister, of Grafton Place. The first voting revealed the following support:—Dalzell 12, Young 11; Clark 7, Johnston 6, and Glaister 3. On the final voting Dr. Dalzell was elected by 23 votes, against 17 recorded for Dr. Young. It is difficult to see that men of experience in the police service and of undoubted ability should not be preferably promoted.

Edinburgh University Court.—At a meeting of the Edinburgh University Court, held on the 23rd ult., Dr. Frederick Page, of Newcastle-upon-Tyne, Surgeon to the Infirmary, and Joint-Lecturer on Clinical Surgery, was appointed to be additional Examiner in Clinical Surgery in the University during the current year. The appointment is for one year, but may be continued by annual re-appointment for five years. At the same meeting Mr. James T. Carter, F.R.C.S. Ed., was recognised as a teacher of medicine, in Glasgow, whose lectures should qualify for graduation in medicine in the University, in terms of Ordinance (No. 8, Edinburgh), on the condition that the fees charged should not be less than these exigible by the Professor of Anatomy in the University of Glasgow. On consideration of a minute of the Senatus, containing regulations under which they proposed to institute a clinical lectureship on the diseases of children, the court consented to the opening of a class or classes by the persons to be appointed lecturers, and fixed the fee at one guinea for a three months' course.

The Royal Medical Society, Edinburgh.—The annual dinner in connection with this Society took place on the 26th ult., in the Waterloo Rooms. Dr. Noel Poton occupied the chair. There were present the Right Hon. the Lord Provost, Dr. Douglas MacLagan, President of the Royal College of Physicians; Mr. Stevenson, President of the Royal Society; Professor Kirkpatrick; Sir William Muir, Principal of the University; Dr. John Smith, President of the Royal College of Surgeons; Professor Flint; Professor Simpson; Dr. Barbour; Dr. Maclaren, &c. In proposing the toast of "The Royal Medical Society," the Chairman said he trusted that the Society, like the brook made famous in song, would go on for ever. He could not help noticing at this time the sad loss which the Society had sustained during the past session in the death of Sir Alexander Grant. In him they had lost a true friend—one who appreciated the educational importance of this Society in a large medical school such as theirs, and one who ever had its welfare near his heart. But while they mourned his loss, they were pleased and gratified, and felt honoured, by the presence among them that night of their new Principal, Sir Wm. Muir. He could only trust that this Society might be able to win the same position in his estimation which it undoubtedly held in the estimation of his predecessor.

The Mortality of Foreign Cities.—In the principal foreign cities the rates of mortality per week per 1,000 of the population, according to the latest official returns, were:—Calcutta 36, Bombay 26, Madras 47, Paris 26, Geneva 27, Brussels 23, Amsterdam 26, Rotterdam 28, The Hague 27, Copenhagen 20, Stockholm 32, Christiania 25, St. Petersburg 35, Berlin 25, Hamburg 28, Dresden 23, Breslau 30, Munich 36, Vienna 31, Buda-Pesth 30, Trieste 44, Rome 32, Turin 32, Venice 34, Madrid 48, Alexandria 32, New York 24, Brooklyn 19, Philadelphia 25, and Baltimore 22.

Vital Statistics.—The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 20·5 per 1,000 of their aggregate population, and gave the following annual rates:—Birkenhead 15, Birmingham 21, Blackburn 23, Bolton 23, Bradford 17, Brighton 11, Bristol 21, Cardiff 33, Derby 19, Dublin 30, Edinburgh 19, Glasgow 28, Halifax 19, Huddersfield 26, Hull 17, Leeds 19, Leicester 20, Liverpool 22, London 19, Manchester 23, Newcastle-on-Tyne 27, Norwich 21, Nottingham 20, Oldham 24, Plymouth 17, Portsmouth 19, Preston 33, Salford 20, Sheffield 20, Sunderland 37, Wolverhampton 16. The highest annual death-rates from diseases of the zymotic class were—From whooping-cough, 2·0 in Salford, 2·5 in Oldham, and 3·1 in Preston; from measles, 1·7 in Newcastle-upon-Tyne, 5·4 in Cardiff, and 10·8 in Sunderland; from scarlet fever, 1·3 in Halifax, and 1·2 in Sunderland; and from "fever," 1·0 in Newcastle-upon-Tyne, and 2·3 in Norwich. The 30 deaths from diphtheria included 14 in London, 4 in Glasgow, 2 in Birmingham, and 4 in Liverpool. Small-pox caused 63 deaths in London and its outer ring of suburban districts, 1 in Liverpool, and 1 in Manchester.

Apothecaries' Hall, London.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise on Thursday, the 26th of February:—

Arnold, Wm., Manchester School of Medicine	Hebblethwaite, Septimus M., St. Bartholomew's
Blachford, Jem, London Hospital	Innes, Chas. B., St. Bartholomew's
Cundell, Wm. Hatch, St. Mary's	Sutton, Jas. B., Charing Cross

Notices to Correspondents.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

TO OUR CONTRIBUTORS.

THE following additional contributions have been received since the publication of our list on Feb. 18, and are accepted with thanks:—

BARNES, R. S. FANCOURT, M.D., M.R.C.P. (London), Clinical Lecture on Displacements of the Uterus.

BURTON, J. K., M.R.C.P. (Liverpool), Abdominal Surgery during 1884 at the Liverpool Hospital for Women.

FOSTER, JOHN, M.D, F.R.C.S. (Bradford), On the Physiological Aspects of Education.

HARLEY, GEORGE, M.D., F R C.P., F.R.S. (London), On the Uniformity of Formations of Animal, Vegetable, and Mineral Concretions, irrespective of Chemical Composition and Locality of Deposition (illustrated)

JACKSON, ARTHUR, M.R.C.S. (Sheffield), Changed Aspects of Unchanged Truths: the Use and Abuse of Rest.

LEE, ROBERT J., M.D., F.R.C.P. (London), On Movements of the Eyes and their relation to Disorders of the Brain in Children.

MCARDLE, JOHN S., L.K.Q.C.P. (Dublin), On Dislocation of the Jaw (illustrated).

THE TITLE OF DR.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—In reference to this question, I might say that numbers of the British lady doctors of the present day are L.K. & Q.C.P., and use the title Dr., and are all so styled. I remember this question being referred to the late Dr. Fleetwood Churchill, when he was a past president of the College of Physicians, Ireland: Is L.K. & Q.C.P. or an L.R.C.P. Lond. Dr.? His reply was: An L.K. & Q.C.P. or an L.R.C.P. Lond. is a physician, and every physician is a Dr., though not an M.D. The old Members, Licentiates, and Extra-Licentiates of R.C.P. London were always Dr., and Lord Denman and the present Lord Chancellor decided that even an L.R.C.P.Lond. is a physician, and as Dr. Fleetwood Churchill said, every physician is Dr. No L.R.C.P. or L.K. & Q.C.P. would dream of substituting M.D. for his proper letters.

I am, Sir, yours, &c.,
G. DE GORREQUER GRIFFITH, Physician,
Hosp. for Sick Women and Children, 31 George's Rd., London.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—May I inquire of Mr. James Martin whether he considers the ladies of his family entitled to put Lady This or That on their cards?

Yours obediently,
M.D.

J. J. J. asks if any article of the Dispensary Regulations prevents a *Dispensary Medical Officer* from *voting* or *taking part* in the election of Poor-law guardians? I have carefully read the Irish Medical Directory on this subject, and found nothing.

[The medical officer is in no way debarred from his rights as a voter. —ED.]

ONE INTERESTED.—The meeting of the Society for Relief of Widows and Orphans of Medical Men at which candidates will be balloted for is to be held on April 8th. You must see that the necessary forms are filled up for the candidate in whom you are interested, and sent in to the Secretary by March 17.

PATERFAMILIAS is referred to the discussion on the "Duration of Scarlatinal Infection" which has been going on in this journal during the past few weeks. His question he will there find is authoritatively answered.

A STUDENT.—If you have read up your subjects in recognised text-books, we know of nothing so likely to assist your memory, which you say is faulty, than "The Aids Series," published at a very cheap rate, in the various branches. We do not know the cards referred to.

JUSTICE.—The medical and non-medical inspectorships are separate, and it is very rare to have either filled except by the applicant duly qualified. Therefore, it is not necessary for us to notice the succession to the vacancy to which you refer. There is not the least chance of a compulsory Bill on the subject you mention, but a discretionary measure with improved detail is probable.

DR. MCILROY.—Byrom Bramwell, on Diseases of the Spinal Cord, price 16s., is the most recent work, and is much approved. Althaus, on Sclerosis of Spinal Cord (10s. 6d.), is also in good esteem. Baillière, Tindall, & Cox, 20 King William Street, Strand, will forward.

MR. HY. HUNT.—Communication received as we were at press; will appear in our next.

OPERATIONS ON THE GALL BLADDER.

WE are asked by Dr. Gaston, of Atlanta, Georgia, U.S.A., to state that "reports of surgical operations upon the gall-bladder and ducts, whether previously published or not, are desired, and will be thankfully received by him as contributions to an important work, in which due credit will be given for any available matter, and all facts connected with the disorders of these parts."

[For our correspondent's information we might mention that in this country, when an author is engaged in any literary work, he usually looks up references for himself, not considering it altogether reasonable to ask strangers to undertake the labour for him. If, however, Dr. Gaston should be fortunate enough to enlist the gratuitous services of any of our readers, it will afford us pleasure to congratulate him on an unexpected success.—ED.]

Meetings of the Societies.

WEDNESDAY, MARCH 4TH.

OBSTETRICAL SOCIETY OF LONDON.—At 8 p.m., Specimens will be shown by Dr. Herman, Dr. Horrocks, Mr. W. S. Griffith, and others.—The President (Dr. Potter) will deliver the Inaugural Address.—Adjourned Discussion on Dr. Wm. A. Duncan's paper on Extirpation of the Uterus, to be opened by Sir Spencer Wells, Bart.—Dr. Murphy, Sequel to a Case of Ovariotomy.

THURSDAY, MARCH 5TH.

ROYAL INSTITUTION.—At 3 p.m., Prof. Dewar, The New Chemistry.

HARVEIAN SOCIETY OF LONDON.—At 8.30 p.m., Mr. T. W. Carmalt Jones will show an Instrument for the Transfusion of Defibrinated Blood.—Dr. C. Y. Biss, Notes of a Case of Pleuro-pneumonia in a Child, with an unusual course and symptoms.—Dr. C. J. Hare, Emetics, their Present Neglect in the Treatment of Disease.

FRIDAY, MARCH 6TH.

ACADEMY OF MEDICINE IN IRELAND (Obstetrical Section).—At 8 p.m., Dr. More Madden, On the Treatment of Uterine Fibromata.—Dr. Macan, A Case of Artificial Vesico-Vaginal Fistula for the Cure of Chronic Cystitis.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—At 8 p.m., Mr. Percy Dunn, Morbid Specimens.—Mr. Menzies, Various Clinical Cases.—Dr. Thorowgood, A Case of Enteric Fever followed by Abdominal Abscess, with Double Perforation of the Diaphragm and Discharge of Pus through both Lungs.—Dr. Herringham, A Case of Descending Lateral Sclerosis in a Child, probably from lesion of right crus cerebri.

WEDNESDAY, MARCH 11TH.

BRITISH GYNÆCOLOGICAL SOCIETY.—At 8.30 p.m., Specimens by Drs. Aveling, Granville Bantock, Edis, and others.—President's Inaugural Address.—Paper by Dr. Aveling, On a Case of Double Pyosalpinx.

Vacancies.

Brecon Infirmary.—House Surgeon (unmarried). Salary, £100 per annum, with furnished apartments, &c. Applications, with testimonials, to the Secretary, on or before March 12.

Eastbourne Union.—Medical Officer for No. 2 District. Salary, £85, with the usual extra fees. Applications before March 12. (See advt.)

Hospital for Infectious Diseases.—Resident Medical Officer. Salary, £100, with board, &c. Applications immediately to the Chairman of the Health Committee, Town Hall, Bootle-cum-Linacre.

Hull General Infirmary.—House Surgeon. Salary, £105 per annum, with board, &c. Applications, with testimonials, to the Chairman of the House Committee, on or before March 10.

New Ross Union, Fethard Dispensary.—Medical Officer. Salary, £100, and £15 as Medical Officer of Health. Election March 16. (See advt.)

North Devon Infirmary, Barnstaple.—House Surgeon. Salary, £100 a year, with board and lodging, &c. Applications, with testimonials, to the Secretary, before March 10.

Sussex County Hospital.—Assistant Physician and Assistant Surgeon. Applications, with testimonials, to the Secretary, by March 25.

Tiverton Infirmary, Devon.—House Surgeon. Salary, £100. Applications, with testimonials, to the Hon. Sec., before March 14.

Appointments

COCKS, H., M.B., C.M. Edin., Junior Assistant Medical Officer to the Norfolk County Asylum, Thorpe.

DAVIES, D. R., M.B. & C.M. Ed., Medical Officer of Health for the Borough of Aberystwith.

HURLEY, J., M.D., M.Ch. Q.U.I., Medical Officer for the Queen Camel District, Wincanton Union.

KERR, E. W., M.B., M.Ch. T.C.D., L.M.K.Q.C.P.I., Medical Officer for the Fourth District of the Cerne Union.

LOCKWOOD, H., M.R.C.S., L.S.A. Lond., House Surgeon to the Sheffield Public Hospital and Dispensary.

MAURICE, W. J., B.A. Oxon., M.R.C.S., L.R.C.P. Lond., Surgeon to the Reading Dispensary.

ROCH, S., Deputy Surgeon-General, M.R.C.S., Medical Officer of Health for the Cheltenham Urban Sanitary District.

SYMONS, J. G. R., L.R.C.P. Ed., M.R.C.S., Medical Officer to the Workhouse, Holsworthy Union.

Births.

HEPBURN.—Feb. 23, at 3 Bridge Road, Hammersmith, W., the wife of John Hepburn, L.R.C.P., of a daughter.

POPHAM.—Feb. 21, at The Square, Bantry, the wife of Thomas Popham, M.D., of a daughter.

SWANZY.—Feb. 24, at 23 Merrion Square, Dublin, the wife of H. R. Swanzy, F.R.C.S., of a daughter.

Marriages.

CURD—DOYLE.—Feb. 26, at St. Paul's, Camden Square, London, Charles Curd, M.R.C.S., of Bath, to Charlotte Emily, second daughter of Watkin Doyle, of Camden Road, N.W.

EVANS—LE SOUEF.—Feb. 25, at Crediton, Devonshire, William R. Evans, M.A., M.D. Dub., L.R.C.S.I., of Dublin, to Grace, youngest daughter of D. C. Le Souef, Esq., of Crediton.

Deaths.

GILL.—Dec. 29, at Thornborough, Queensland, of apoplexy, Thos. S. Gill, M.D., late of Kensal Green, London, aged 68.

HALPIN.—Feb. 27, at Arklow, Stopford Wm. Halpin, F.R.C.S., aged 61.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 11, 1885.

CONTENTS.

ORIGINAL COMMUNICATIONS.

Clinical Lecture on Displacements of the Uterus. Delivered at the Chelsea Hospital for Women. By Fancourt Barnes, M.D., Physician to the Chelsea Hospital for Women, the British Lying-in Hospital, the Royal Maternity Charity, and Obstetric Physician to the Great Northern Central Hospital 205

The Nature and Treatment of Gout. By Dr. W. Ebstein, Professor of Medicine and Director of the Medical Clinic at the University of Gottingen 207

The Physiological action of Cocaine on the Frog. Abstracted from the most recent German and American Sources. By Alfred S. Gubb, M.R.C.S., L.R.C.P. Lond., Resident Medical Officer, French Hospital, London 210

CLINICAL RECORDS.

Sheffield Public Hospital and Dispensary—Case of Embolism of Left Middle Cerebral Artery—Recovery. Under the care of Dr. Dyson, B.A., M.D. (Lond.) 211

TRANSACTIONS OF SOCIETIES.

ACADEMY OF MEDICINE IN IRELAND—

Self-Mutilation of a Lioness 211

PAGE

Gangrene of the Leg 212
Endocardial Concretion 212
Croup of the Colon 212
Aneurism at the Base of the Brain 212
Pericarditis in a Horse 212

LIVERPOOL MEDICAL INSTITUTION—

Thrombosis of the Cerebral Sinuses 212
Necrosed Vomer and Sphenoid 213
Malformation of the Heart 213
Case of Stenosis of the Throat following Syphilitic Ulceration of the Tongue 213
Subcutaneous Nodules associated with Rheumatism 213

LEADING ARTICLES.

SMALL-POX HOSPITALS 214
REFORM AT THE ENGLISH COLLEGE OF SURGEONS 215
CORPOREAL PUNISHMENT IN SCHOOLS 216

NOTES ON CURRENT TOPICS.

Dermatology in Berlin University 117
Ulcerative Endocarditis 218
Hanging! 218
The Grievances of Militia Surgeons 218
What the Poor of Dublin drink 218
The Case of Dr. Bradley 218
To Ladies only 219
A School of Pharmacy for Ireland 219

PAGE

A Fruitful Source of Disease 219
The Teachings of the Paris Cholera Epidemic 219
Leeds General Infirmary 220
Ad Eundem Fellowships in the Irish College of Surgeons 220
Tapeworm Treated Successfully by Chloroform 220
A Doctor's Revenge 221
The Cocaine Craze 221

SCOTLAND.

Longevity in the Highlands 221
The Faculty of Physicians and Surgeons, Glasgow 221
The Chair of Botany in the University of Glasgow 222
Ambulance Classes in Dumfries 222
The Fever Hospital Question in Edinburgh 222
Professor Ogston's Services accepted for Egypt 223
Literature 223
Correspondence 223
Obituary 225
Novelties 225
Medical News 225
NOTICES TO CORRESPONDENTS 226

Clinical Lecture
ON
DISPLACEMENTS OF THE UTERUS.

Delivered at the Chelsea Hospital for Women.

By FANCOURT BARNES, M.D.,

Physician to the Chelsea Hospital for Women, the British Lying-in Hospital, the Royal Maternity Charity, and Obstetric Physician to the Great Northern Central Hospital.

GENTLEMEN,—I propose to-day taking a general clinical survey of the various displacements to which the uterus is liable. In starting, we may divide them into three classes—1. Displacements downwards, prolapse, procidentia; 2. Backwards, retroversion, retroflexion; 3. Forwards, anteversion, anteflexion. The upward and lateral displacements I shall not discuss; they are usually only the result of other more important conditions, such as fibroid and ovarian tumours, pyo and hydrosalpinxes, and retro-uterine hæmatoceles.

Descent, or downwards displacement of the uterus has been arbitrarily divided into two classes—prolapse, as long as it remains within the vagina; procidentia, when a part or the whole of the organ falls outside the vagina. The main causes are child-bearing, attended sometimes by laborious occupation, constipation, and, in the case of procidentia, advanced age. In many cases prolapse results from relaxation of the uterine ligaments and vagina from getting up too soon after labour. The results vary with the degree of descent. The sense of dragging or bearing down is usually increased by standing, sitting, walking, coughing, or straining. In marked cases, cystocele, frequent micturition which does not completely empty the bladder, and cystitis.

When the uterus is much prolapsed hyperplastic changes result, the cervix is hypertrophied, the uterus enlarges and becomes congested. In procidentia, ulceration, and even gangrene and sloughing result from the strangulation of the cervix in the vulva.

In practice, by far the most important class to deal with is that of the child-bearing woman with prolapse. If this were successfully treated at the right time the final stage of procidentia would never be reached. The clinical history of a common type is this: The patient goes through labour; the perinæum is lacerated. After the lying-in, when she comes to move about and resume her daily duties, she feels a bearing down, frequent desire to pass water, and often pain on sitting or walking. These symptoms continue, and she gets weak and low-spirited. On examination the perinæum is found to be more or less lacerated. There is usually a painful cicatrix, the result of partial union. The uterus will be found sub-involuted, and only in the first stage of prolapse. Here is a state of things which can be remedied by the restoration of the perinæum. Unfortunately the minor degrees of laceration are frequently overlooked, or considered unimportant, and so the patient drags on until she has another child, with consequent aggravation of the conditions just mentioned, and ends with procidentia. And so, when the perinæum is only slightly ruptured, procidentia is frequently the closing chapter in her long list of troubles, because the treatment has been confined to the use of pessaries alone. The pessaries fail because they are applied above an imperfect perinæum. A pessary does not repair a lacerated perinæum, nor does it support the uterus, unless it receives support from the vagina. The patient and the doctor are then alike dissatisfied with the pessary. What is really wanted is the restoration of the perinæum. This is the first and often the last step in the treatment of prolapse of the uterus. The following is a case in point:—A lady, æt. 35, was sent to me by Dr. J. J. Powell, of Weybridge. She had had two children, the last four years ago. She complained of pain on sitting, backache, inability to walk, sleeplessness, and general debility. On examination I found the perinæum torn half through. There was a cicatrix painful to the touch. The uterus was low down in the pelvis, the os uteri lying just within the vulva. She was wearing a large ring pessary. I removed this and adjusted a Hodge. On questioning her I found she had been wearing pessaries for the last four years, with the only result of feeling gradually worse. I advised her to allow me to perform the operation for the restora-

tion of the perinæum. She agreed to this, and I accordingly repaired the perinæum on the 18th September last. From the date of the operation one symptom disappeared—the sleeplessness. She slept the night of the operation and after. This was no doubt due to the removal of the cicatrix. Her recovery was good. On Nov. 18th she was quite well, and able to go about in comfort. She had lost the pain on sitting, slept well at night, and said she felt better than she had done for years. On examination I found the uterus in normal position, and that there was no need for a pessary. The patient has remained well since. I have quoted the above case as an example of five others upon whom I operated last year for almost the same symptoms with the same satisfactory results. Unless one of these patients has the misfortune to have the perinæum torn afresh by another childbirth, they are all permanently relieved of the prolapsus uteri, and at the same time are protected at a later period of life from the occurrence of that exaggeration of prolapse which we call procidentia. This line of treatment may then be regarded as a radical cure of prolapse as well as the prophylaxis of procidentia. Of course I do not pretend that the result of the perineal operation will be equally satisfactory in every case. In some it may only place us in the position of being able to use a pessary with effect; and this in time may result in permanent relief. It follows upon the above proposition that where the sphincter ani has been torn through, the restoration of the perinæum, which is a necessity, in order to enable the patient to recover power over the bowel, is attended with the same happy results as in the minor degrees of laceration.

Prolapse of the uterus, or part of the uterus outside the vagina in the majority of instances supervenes—firstly, from one or more of the remanent lesions of parturition, laceration of the perinæum, relaxation of the uterine ligaments and vaginal walls; and secondly, in consequence of the loss of adipose and elastic tissue, together with want of muscularity which accompany advancing age. Occasionally procidentia occurs in young unmarried women, but this is exceptional. I have seen the uterus prolapsed outside the vagina in a girl of sixteen. In this case the procidentia resulted from excessive straining at stool to evacuate an accumulation of hardened fæces. The patient stated that whilst straining she felt the uterus protruded through the vulva. In this case there was a hypertrophic elongation of the cervix which favoured the procidentia. In the majority of cases, however, procidentia is essentially a disease of late middle life or old age, and is met with in those who have given birth to more than the usual number of children. Occupation, such as washing, and station in life, influence the condition largely. This is seen in the fact that labouring women suffer from procidentia at an earlier period of life than those in the upper classes. The conditions entailed by procidentia are prolapse of both vaginal walls, with protrusion of the anterior vaginal wall giving rise to cystocele, and dragging down a pouch of the bladder, and of the posterior wall involving a pouch of rectum, rectocele. The secondary results of the cystocele are inability to completely empty the bladder, which thus nearly always contains a small quantity of urine. Chronic cystitis often follows. The uterus itself becomes hypertrophied, denuded of its epithelium, excoriated, ulcerated, sometimes gangrenous. It is raw, and bleeds easily when touched. The bright glistening red appearance it presents is characteristic. The rectocele furnishes its quota of distress. Fæcal matter accumulates in the prolapsed pouch; this is voided with difficulty. The resulting pressure often causes ulceration, bleeding, and constant pain. The patient's life is one of torture. In attempting the treatment of such a condition we are met at the outset by the difficulty of retaining the uterus in its normal position. It is easy to reduce the displacement—to push it up the dilated vagina again. It is not easy to keep it there. Various pessaries have been devised for this. The best known are Zwancke's, Cutter's, and Dumontpallier's. Sometimes the uterus is retained more or less in position by one or other of these. Often it is not. The Zwancke's and Cutter's pessaries are the most serviceable. They can be removed and replaced by the patient herself: this allows of the vagina as well as the pessary being kept clean—a most important matter when continued use of the instrument is necessary. The principle of the Zwancke pessary is that its two wings rest on the sacro-sciatic ligaments on either side of the pelvis. There is therefore the minimum of pressure on the bladder or rectum. If, however, it is decided to rely solely upon pessaries for the treatment of procidentia, success can only be attained by a judicious selection of the particular form of instrument demanded by the condition of the pelvic organs. Where the cystocele is most prominent it is sometimes found that some form of anteflexion pessary, such as Gehrung's or my own, gives the best support to the uterus. If all that is attempted be the support of the uterus within the vagina, Zwancke's or Cutter's pessary will secure it, if any pessary can. It must be borne in mind, however, that neither of these pessaries ever effects a cure. If it is determined to attempt a radical cure, two considerations come under review. Procidentia with hypertrophic elongation of the cervix and procidentia without any increased bulk of cervix. In the first case amputation of the hypertrophied cervix is the first operative step, constriction of the vaginal wall the second. In the second variety the reduction in the size of the vagina alone is wanted. Huguier removed the greater portion of the cervix, including part of the supra-vaginal portion, by means of the knife or scissors, the latter being preferable on account of the smaller amount of hæmorrhage. The écraseur is better still. The galvano-caustic apparatus is also useful. The uterus being diminished in bulk and weight, the constriction of the vagina remains to be effected. To secure this the expanse of vaginal wall has to be circumscribed. Marion Sims and Emmet have both practised special operations to attain this. Sims, beginning near the neck of the bladder, freshens a V-shaped track running up the anterior vaginal wall close to the os uteri; this is brought together by sutures, so as to throw the os uteri backwards and support the body of the uterus. Emmet freshens three oval spots near the cervix, and unites them by sutures. Restoration of the perinæum may be necessary to supplement the above proceedings. It may not be out of place to mention here that in the prophylaxis of prolapse and procidentia the primary restoration of the perinæum, if undertaken at all, should be done within one hour after the laceration, while the surfaces are raw and bleeding, and that at least two deep sutures applied with a curved needle are necessary to secure due co-aptation and union of the torn surfaces. It is useless, and sometimes worse than useless, to perform the operation some hours after labour has terminated. Either no union takes place or a superficial bridge of perinæum results, leaving the patient with a recto-vaginal fistula. A secondary operation is then required, and the bridge of perinæum has to be cut through. The secondary operation should not be performed until at least a month after labour. We may now consider the second group of uterine displacements—retroflexions and retroversions. Retroflexion of the uterus is often a most painful affection. Patients suffering from this displacement are frequently reduced to an extreme degree of weakness and ill-health by the nervous wear and tear which it entails. The condition, unlike anteflexion, is not known to be congenital. I believe it is in every case an acquired one.

For purposes of description, flexions have been classed as of various degrees, and the factor of descent of the flexed uterus into the vagina has been enlarged upon as if it were an integral factor in the flexion; the impossibility of a retroflexion or retroversion without descent being overlooked. Movement backwards of the uterine fundus uteri being necessarily one of descent as well. The causes of flexion backwards may be traumatic, from a blow or strain, from pressure by a distended bladder, or from the

soft and heavy fundus falling backwards during imperfect involution after childbirth. Another point to be remembered is the incarcerating action of the lower bowel upon the fundus uteri. The fundus, once flexed or verted, is greatly at the mercy of a loaded rectum. The straining efforts during defæcation push it further down, and continually tend to prevent its rising again in the pelvis. The uterus, thus caught between the utero-sacral ligaments, may become inflamed, congested, and perimetric inflammatory effusion takes place, leaving the fundus bound down by bands of adhesion. When this happens, the treatment is often most difficult and tedious. Prolapse of the ovary beneath the fundus is often a troublesome complication, especially if it becomes adherent. The symptoms are usually severe. Pain in the sacral region is usually present, but it may be present in the groin or even higher. The pain is increased by walking or other movement. To the touch the uterus is very sensitive, the most tender spot being the fundus. Dyspareunia, and dysmenorrhœa are nearly always most marked in severe cases of retroflexion; leucorrhœa is not uncommon; amenorrhœa occasionally results. I have lately seen a young, single woman, who complained of sacral pain, increased on locomotion, and who had not menstruated for thirteen months. She had retroflexion, with a prolapsed ovary, wedged down below the fundus uteri. I fitted a Hodge pessary into the vagina, having previously reduced the flexion. Two months later, when she came to see me, I found the ovary had returned to its normal position, the uterus was *in situ*, and that she had menstruated naturally. Menorrhagia is a frequent symptom, menstruation often being profuse. Large clots are formed in the dilated uterine cavity, and subsequently expelled with much pain and loss of blood. Abortions or sterility also are common results. Reflex symptoms break out in various forms. Neuralgia, sciatica, lumbago, rheumatism, headache frequently recur, and moral and intellectual disturbance, shown by irritability, despondency, melancholy, loss of self-control, are commonly witnessed.

The diagnosis is easy. The finger in the vagina feels the fundus uteri behind the cervix, and when carried in front of it misses the accustomed presence of the body of the uterus felt through the anterior vaginal wall. The sound before being passed into the uterus should be bent somewhat in the curve of the flexion. The point is then guided into the cervix backwards, while the finger in the vagina elevates the fundus uteri. If the uterus is not fixed by adhesions and is somewhat soft, the introduction of the sound is easy enough. But when the fundus is fixed or the flexion is acute and firmly settled, it may be impossible to pass the sound. When the sound is once introduced, the flexion can be reduced by turning the sound round and raising the fundus to the pelvic brim by sliding it past the sacral promontory. This is best done, not by the sound alone, but by the finger aiding coincidently in the vagina. A retroflexion of the uterus has to be distinguished from fibroid tumours of the posterior wall of the uterus, prolapsed ovary, retro-uterine hæmatocele, or hardened pelvic effusion. The passage of the sound in the normal direction and length enables the uterus to be felt distinct and in front of any of the above swellings. In the treatment of acute retroflexions, rest and quiet in bed a few days before the application of the pessary are most valuable. The congested, tender fundus has time to regain in part its normal size, perimetric inflammation subsides, and so, when the uterus is reduced, it is effected more easily, more safely, and with far less distress to the patient. Warm water douches, containing some decoction of poppy heads, are most useful in calming the irritation and tenderness while waiting for more active treatment. Leeches to the cervix to relieve the engorgement are also of use in some cases. At the same time, the rectum should be completely cleared out by saline aperients, enemata, or by both. This alone is certain to relieve the fundus uteri from pressure, which helps to keep it in a retroflexed position, and favour the congestion and inflammation. The patient having been thus prepared by rest and evacuation of the rectum, the uterus may be reduced by the finger and sound in the manner just described. A pessary is then to be applied to retain the reduced uterus in its place. In the selection of a pessary for this or any other displacement, the gynæcologist should be guided solely by the special features of the case. Each case has its own peculiarities, and to treat all with one form of pessary in a dogmatic prejudiced manner is sure to end in failure. In each pessary that I have seen there is at least a germ of good. The instrument lightly and thoughtlessly derided often represents much experience, thought, and labour on the part of its designer, and, if rightly used in the right place will almost always justify itself. It is to be regretted that too often an anteflexion pessary, for instance, is applied in a case of anteflexion of the uterus without the practitioner having at all considered whether that particular pessary happens to be the right form of instrument for the particular case. The instrument, having been carelessly selected, fails, and receives the abuse and discredit which should fall on the shoulders of the practitioner. Those who do not understand, or who have not studied the use of pessaries, should not misuse them and then abuse them. But they often do. Before using a pessary for a retroversion or retroflexion, the most important rule is to see that the uterus is replaced, or as nearly so as possible. While the uterus is displaced and encroaching upon the vaginal space, it is impossible to obtain an accurate idea of the size and character of the vagina which has to be fitted. First, then, replace the uterus. The length of the vagina may then be measured by passing a sound into the posterior vaginal pouch and measuring it off underneath the tubes. By practice this can readily be done with the finger alone. An equally important practical rule is never to leave a pessary in the vagina fitting so tightly that the examining finger cannot be easily passed all round between it and the vaginal wall. If this is done the patient is certain in a short time to ask the doctor to remove the pessary, unless her visit is only to inform him that the instrument was so uncomfortable that she could not bear it, and extracted it herself. The vagina should not be put on the stretch by the instrument; if it is, sooner or later the tissues become cut into and ulcerated. Before being introduced, the instrument should be well oiled or covered with vaseline, glycerine, or cold cream. When the pessary is fitted the patient should not be able to detect its presence. Walking, sitting, and lifting should be possible with less discomfort than before. When the pessary can be noticed by the patient it is because it does not fit her properly. A well-fitting pessary should never give pain. Whenever, therefore, a pessary gives pain or discomfort, it should invariably be removed. A patient should be able to walk, run, ride, dance, and go through any exertion with a well-fitting pessary. A medical friend of mine who has just returned from India told me of the case of a lady who wished to make the ascent of a high mountain; she was unable to do this until he had applied a pessary, which allowed her to undergo severe physical exertion and fatigue with ease. Whenever a pessary has been applied, the patient should be informed of the fact; otherwise, she may go on wearing it for years until it has ulcerated into the vaginal walls, and has at last to be dissected out. I suppose that every gynæcologist has dissected out pessaries which had been worn for years and forgotten about until some unpleasant symptoms appeared. If the pessary protrudes slightly from the vagina when the patient is standing, walking, or sitting, it does not follow that the instrument does not fit and is not doing good. She may be told to push it gently back. It is better that the bowels be kept acting regularly whilst the patient is wearing a pessary. A pessary, however well it fits, may be tilted out of place by the sudden pressure downwards on to its posterior limb of a mass of hardened fæces. It may in this way be expelled from the vagina. But this does not imply that it may not be a well-fitting instrument. The patient who

returns with a pessary in her hand and informs the physician that it has been expelled, does not always volunteer the above explanation of the expulsion. During the wearing of a pessary it is often a useful thing for the patient to assume the genu-pectoral position for a few minutes on retiring to rest at night. This secures the reposition of the instrument, which may have become partially dislodged during the day. Every patient who wears a pessary should be informed that sooner or later the irritation caused by the instrument will give rise to a vaginal discharge. The first point to be borne in mind is the necessity of keeping the vagina and the pessary as clean as possible. Warm water douches containing or not a teaspoonful of alum or zinc sulphate should be used nightly. When the discharge becomes greenish, sanious, or offensive, the probability is that the instrument has caused abrasion of the vagina. It should be removed and replaced after a few days' rest. The length of time during which a pessary can be worn without producing any discharge depends—1st, on the patient herself—that is, her constitution and personal habits; 2nd, on the material and shape of the instrument itself. The more complicated an instrument is, the sooner it gives rise to discharge. India-rubber is the substance which most quickly sets up discharge, and which also produces the foulest discharge. India-rubber pessaries should on this account never be used when instruments of other less irritating substances, such as vulcanite, coraline, and block tin will answer the purpose When it is necessary to use india-rubber, great care must be taken to keep the vagina as clean as possible by douches, and the instrument must be carefully watched and frequently removed and cleansed. Of all the materials at present in use, the block tin is the least objectionable. A well-adjusted block tin pessary, shaped and bent to fit each case by the physician himself, may be worn for a year or more without giving rise to any discharge, or without becoming encrusted by the deposit of vaginal salts. An india-rubber pessary cannot be specially shaped by the physician; it must be worn as it comes from the instrument-maker. Every patient wearing a pessary should be examined from time to time. In the case of a soft pessary, every two weeks is not too often; hard pessaries may only require to be inspected once every one or two months. Patients however, are often careless as to the presence or not of what they regard as only a normal discharge, and frequently neglect to present themselves at shorter intervals than three, six and sometimes twelve months. Every pessary therefore should be removed from time to time, and the vagina inspected through the speculum. If any abrasion or ulceration is detected the use of the instrument should be pretermitted until the vagina has recovered its normal condition. Again the vagina alters in shape from time to time, and requires the adjustment of a fresh and more accurately fitting support. In the intervals of rest from pessaries medicated vaginal tampons are often serviceable. They help to retain the uterus in position and improve the tonicity and condition of the vagina. As regards the time which may elapse before a displacement is cured, it varies from three months to as many years. The displacements which may be regarded as curable by pessaries are the retroversions and retroflexions, and anteflexions. Mundé, of New York, has seen cases of prolapse, accidentally cured by the cicatricial contraction from ulceration of the vagina caused by long continued wearing of the pessary. This is an example of good resulting from evil, and of course is not an event to be looked for or relied upon by the physician. Sexual intercourse is not necessarily prohibited by the use of a pessary. It depends upon the shape of a pessary. Zwanck's or Cutter's would be removed during coition. In the case of instruments shaped on the principle of the Hodge no impediment is offered. Finally, the patient should be informed that a displacement will not be cured by the mere application of a pessary, but that a regular treatment, including the proper supervision of the instrument, will be necessary, lasting sometimes several months, sometimes several years.

(To be continued.)

THE

NATURE AND TREATMENT OF GOUT.

By Dr. W. EBSTEIN,

Professor of Medicine and Director of the Medical Clinic at the University of Göttingen.

Non fingendum, aut excogitandum, sed inveniendum quid Natura faciat aut ferat.—*Bacon.*

(*Continued from page* 139.)

CHAPTER III. *(continued).*

Gout in Animals, and attempts to produce Deposition of Urates in the Animal Body experimentally.

AFTER having discussed in the second chapter the typical affections of organs in arthritis uritica of the human subject, I will in brief report what I have discovered concerning crystalline deposits of the uric acid compounds in the organism of the various classes of animals.

Two groups of facts here come under consideration: 1. Observations on gout and analogous diseases in animals, and observations relating thereto from the domain of comparative pathology; and, 2. The results obtained from comparative pathology in regard to the production of uratic deposits in the animal organism.

We will first turn to the first of the questions before us: 1. Gout in animals, apparent rarity of arthritis uritica in animals; gout in dogs; guanin-gout in pigs; the pathological conditions analogous to gout in birds and reptiles.

Gouty disease is such a rare occurrence in animals or at least such a rarely described occurrence, that my hope of attaining light on gout in one or other direction, by means of comparative pathology, remained unfulfilled. My colleague, Herr Esser, Professor of Veterinary Medicine in our High School, has never himself observed a case of gout in animals. He also tells me that in the works of Hertwig, Fuchs, Haubner, Pütz, Roell, and Stockfleth, which he consulted at my request with regard to this point, he could find no information respecting gout in animals. In Spinola's work there is indeed a report on gout in old dogs, but the communications of this author do not give the conviction that real arthritis uritica is treated of. Spinola has not drawn a sharp distinction between true gout and the so-called rheumatic inflammation of joints. Gleisberg denies the occurrence of gout in animals generally, and regarding the observations shortly to be mentioned of gout in birds, he remarks concerning the changes in joints that are designated as gouty deposits, that they consist of chalky incrustations of connective tissue growths. Bruckmüller only speaks in a positive manner about gout in mammalia. He mentions very dense deposits partly in the periosteum of the articular ends of bones, partly in the ligamentous apparatus, of a chalky or gypsum-like character, which form by their aggregation uneven glandular nodules the size of a hazel nut, and which are composed of urate of soda. Bruckmüller has himself met with these true gouty nodules in many of the joints of a hound, and particularly in the cartilaginous processes of the ribs.

This observation the only one known to me as to the occurrence of uric acid gout of the mammalia is so decided that it outweighs all the opposing and negative data.

The guanin-gout of swine also, described by Virchow, which at any rate stands in close relationship to gout, is plainly an extremely rare occurrence. Professor Schütz, of the Veterinary School, Berlin, to whom I had applied for material for examination in relation to guanin-gout,

told me on the 27th of April, 1880, that, notwithstanding endeavours extending over years to procure organs affected with this disease, this had not been possible, and that he himself had only seen guanin-gout in Virchow's preparations. Virchow found in the muscle flesh (hams) of swine, and also in the tissues constituting the knee-joint, the cartilaginous covering of the tibia and patella in the semilunar cartilages, and the ligamentous part around the joint, multiple, and numerous white, chalky looking deposits in the form of granules and discs, probably from the chemical examination composed of guanin. According to the communications made by Virchow in regard to these diseased pigs, their livers also appear to have been the seats of exactly similar nodules. He was not able to make further investigations on the point. So much, however, results from the investigations of Virchow, that these deposits, with the exception of the difference of their chemical composition, agree in every respect with the arthritic deposits of man. In pigs then guanin concretions are formed in a manner exactly corresponding to that in which gout causes uric acid concretions in man, and it will not, therefore, be going far astray to consider the disease of swine as guanin gout. The observations to be found in literature on gout of birds and reptiles, are rather more numerous than those relating to gout amongst the mammalia. In these classes of animals that excrete uric acid as the mammalia excrete urea, there is developed an affection to a certain extent similar anatomically to gout of the human subject, which consists of depositions of urates in the various tissues of these organs. Charcot has collected a series of examples of this disease which has been designated as incurable, but the number still seems to be scanty enough. The observations of Aldrovandi belong to this subject, who found a "gypsum like" material accumulated on the toes of a falcon. Bertin, of Utrecht, reports a similar observation in regard to parrots. He found in the *Psittacus pandis* a swelling composed of urates in the neighbourhood of the joints, and exactly similar appearances in the joints themselves and the kidneys. Mégnin has lately related a case of gout in a female parrot, numerous crystals of urates were found in the joints of the foot. Mégnin considers this affection to be not infrequent in birds that move but little. When Mégnin draws this conclusion from his own observations, that gout is not unassociable with a vegetable diet, as the birds live entirely upon grains of corn, the simple rejoinder may be made that with the different character of tissue meta morphosis of mammalia and birds in a physiological condition, the anomalies of it may be at most placed in parallel, and are not by any means to be identified with each other. As regards gout in the amphibia, Pagenstecher observed a case of it in an *alligator sclerops* that died in a menagerie. At the examination made five days after death, he found deposits of urate of soda in the whole of the muscular structure of the animal. It was found principally and in considerable quantities in the common sheath of the tendons, it only exceptionally and in small quantities forced itself along with the sarcolemma of the smaller fibres deep down, lying within the fibrillæ. The kidneys were not changed externally, they were of but inconsiderable size. Internally their passages and also their channels of exit contained pulpy urine of which traces were seen in the openings of the ureter into the cloaca. The function of the kidney therefore had not ceased and was scarcely less active than normal. In the hip-joint besides urate of soda (delicate acicular crystals) free uric acid was found. In the extract of the flesh of this *alligator sclerops*, which was carefully prepared, in addition to urea, strikingly largely quantities of creatinine and uric acid and small quantities of xanthine were proved to be present. The chemical analysis was made by Professor Carius.

Another case of the occurrence of uric acid in the flesh of an alligator is reported by Liebig. The animal was examined in Giessen, and in its flesh a large number of small white needles were present, which under the microscope could be recognised as crystals of uric acid. This was confirmed by chemical examination.

Small as are the results of this investigation concerning the occurrence of gout in animals, they have, however, afforded valuable data for the future investigation of the subject, which will be serviceable for the further progress of our knowledge. In any case careful attention to the chapter of pathological anatomy is much to be recommended.

2. The attempts which have been made to produce experimentally deposits of uric acid in the animal body.

Attempts on birds and reptiles; attempts by Galvani, Zalesky and other investigators. Their results regarding the site of formation of uric acid. Present status of the question regarding the site of uric acid formation. Want of significance of ligature of the ureters hitherto performed on birds, &c., for human gout. My own experiments on fowls, consisting in part of ligature of the ureters, and in part of destruction of the secreting kidney parenchyma by subcutaneous incorporation of small doses of neutral chromate of potash. As by this experiment a stasis of the urine, which consists almost exclusively of uric acid, is produced, we are able to produce experimentally in the various tissues and organs of these animals deposits completely analogous to the gouty patches of the human subject, thus in the liver, in the heart, or in the kidneys. It only succeeds in the latter organ when the kidney tissue is injured in its nutrition by the chromic acid salt. In the stasis of urine produced by ligature of the ureters, no gouty patches are formed in the kidneys. From this it results that the various organs offer different degrees of resistance to the action of stasis of urine.

I now turn to the results which experimental pathology has given regarding the production of deposits of urates in the animal organism. One naturally choses for these experiments those classes of animals (birds and amphibia) that mostly produce uric acid.

Since experiments have been made by a large number of observers, and indeed with very different objects, in most recent times for the purpose of deciding the site of the formation of uric acid within the system, I shall first mention these briefly as they are not without significance for our own investigations, before I give the results of my own experiments on this head.

After Galvani in 1766, in order to study the structure of the kidney by a new process of injection, but without being aware of the physiological significance of the experiment, had ligatured both ureters of a fowl from the back, without opening the abdomen, in which he kept the animal alive for some days, these experiments were again resumed in more recent times in the interest of another question, by Nic-Zalesky, the latter seeking out and ligaturing the ureters from the abdominal cavity. Similar experiments, and with a like intent, were afterwards carried out by Chrzonsczewsky, Pawlinoff, V. Schroeder, and Colosanti. For ligature of the ureters Zalesky and Schroeder made use of fowls and serpents. Chrzonsczewsky operated on fowls, as did also Colosanti, Pawlinoff on pigeons and adders, Pawlinoff, and before him Zalesky, in addition to ligature of the ureters in fowls and pigeons, extirpated the kidneys.

Von Schroeder also extirpated the kidneys in serpents and fowls, and excluded the kidney function by closure of the aorta and vena cava, and Pawlinoff stated that he ligatured the vessels of the kidney.

All these experiments which thus had for their aim the elucidation of the part played by the kidney in the formation of uric acid, gave in so far a result thoroughly in accord, as deposits of uric acid salts were demonstrated as present in a series of organs, a discovery which Galvani in the case of his fowls with ligatured ureters had described in a striking manner as follows: "Ejus cadavere dissecto alba terrestris materia conspicitur, quae omnes fermi partes coinquinat, atque membranas potissimun, uiter quas praesertim pericardium, quod gypseum evasisse videtur extima hepatis membrana. Renes viz a naturali

magnitudine recedunt, at lobos præfeserunt alba materia repletos, quam now est dubibandum urinæ fuisse crassioiem, solidwiemque partem." Later observers have added many details to the above. Thus Zalesky found the deposition of urate to be very free in the joints and principally in the larger ones and in older animals, but he states further that he found urates in an amorphous form, not only on the surface, but also in the parenchyma of the liver, in the lungs, the heart, and some other organs in quantities varying according to the longer or shorter duration of life. I shall soon have to go the more closely into these statements of Zalesky's relating to this subject, and exceedingly interesting for the object before us, as my investigations have produced totally different results.

The experimental investigations related have not attained their object according to the intention of the authors concerned, that of determining the site of the formation of uric acid. They have only determined the fact that the assumption of Zalesky was incorrect, that uric acid was formed by the kidneys. The kidneys are really the excretory organs of it, they have no more and no less right to be looked upon as the organs of formation of it, than a number of other organs to which this function has been assigned. They can contribute to the formation of uric acid, they certainly are not the sole place of origin of it. The experiments of Von Schroeder have taught that the kidneys may be extirpated in fowls and serpents, and that by ligature of the aorta and vena cava the functional activity of the kidneys can be completely excluded, and that thus without any participation on the part of the kidneys uric acid is still formed in considerable quantities. Von Schroeder in reliance on a series of physiological and pathological facts, has, although with a certain amount of reserve, denied the uric acid forming function of the kidneys in other classes of animals also. The question where uric acid is formed, and this in the interests of the subject is to be deplored, is still an open one. In the mean time the present position of the question may be here sketched in a few words.

(To be continued.)

THE PHYSIOLOGICAL ACTION OF COCAINE ON THE FROG.

Abstracted from the most recent German and American sources.

By ALFRED S. GUBB, M.R.C.S., L.R.C.P. Lond.,
Resident Medical Officer, French Hospital, London.

WE are daily receiving evidences of the attention bestowed on the action of this drug from those members of the profession at home and abroad whose indefatigable energy is the means of rendering general, reliable knowledge as to the proper and legitimate field of employment for this last innovation in the domain of practical therapeutics. It is for this very reason essential that a *résumé* should be made from time to time of the various observations and experiments made with a view to elucidating the more obscure action of this important drug.

I will not allude here to its now well-known properties as a local anæsthetic when applied on or underneath the skin or mucous membranes, but will confine my attention to its action on the principal viscera.

For obvious reasons the long-suffering, much-enduring frog has been selected for the *corpus vilum* on which the action of the drug has been studied, and the debt of gratitude we owe to this unfortunate batrachian has again been added to.

When a frog has been poisoned with cocaine by hypodermic injection (about 1-10th grain being used), the almost immediate result is to lessen the heart beats to 10 or 12 per minute, its action at the same time becoming irregular and intermittent. If this dose be not exceeded the animal may recover in a few hours, but if it be increased to ½ grain the beats are lowered to 6 or 8 per minute, the heart becomes engorged with blood, and its action laboured and irregular, the rhythmical action of the auricles and ventricles is disturbed, and long pauses occur between the contractions of the ventricles. It is curious to observe that the ventricles are earlier and more severely affected than the auricles, and ultimately (if the dose be lethal) cease to pulsate before a similar effect has been produced on the latter.

If applied locally to the heart carefully exposed a drop or two of the 4 per cent. solution rapidly produces a cessation of the heart's action, a similar application of salt water having no such effect, showing the result to be due to the drug, and not to shock. Injected into a ventricle, the same result is achieved even more rapidly and certainly. The heart is arrested in *systole*.

Its influence on the respiratory system is rather less marked, but there is a decided stimulus at first, with increased rapidity of respiratory movements, followed by slowing and ultimate arrest of function. If large doses be used the period of increased action may be absent, and immediate slowing take place, resulting in arrest after a full inspiration.

With reference to the nervous system it appears in small doses to act as a stimulant to the spinal cord increasing its reflex irritability. When larger doses are given this irritation may be absent or at any rate much shortened, and there is almost immediate lessening of the irritability of the reflexes, and finally loss of response to electrical stimulation. Small doses heighten the irritability of the sensory fibres of nerves without having any effect on the motor filaments. Large doses completely paralyse the sensory, and much diminish the sensitiveness of the motor filaments. Tactile reflexes are much diminished. The pneumogastrics are completely paralysed after even moderate doses, but their inhibitory fibres are not perceptibly affected by small doses. Applied locally to the nerve trunks, after a transient period of increased irritability, the nerve becomes depressed, and finally paralysed, and if the solution be strong this effect may be almost instantaneous. If the exposure of the nerve to the solution be not too protracted its irritability will return after the lapse of a few honrs.

If a nerve muscle preparations be made from a frog poisoned by cocaine the irritability of the nerve is found to be much diminished (this is also true of the muscle), and a stronger current is required to produce a contraction than in the normal frog. The muscular pulsations are shorter and less powerful, and it is impossible to produce tetanic contractions, if the amount of the drug given be at all large. If the interrupted current be passed through the nerve for some time there are caused several short feeble quick contraction and then nothing further. If the nerve from a nerve muscle preparation be immersed for a few seconds in a solution of cocaine, and then be removed, it is found that the irritability is very much increased. The slightest touch of a steel instrument throws the muscle into violent tetanic contractions. If the nerve be now again immersed the irritability becomes very much diminished, and is finally lost to all forms of stimulation.

The drug has moreover, a marked action on the power of co-ordination which is particularly noticeable after moderate doses.

Small doses of cocaine have but little effect when injected into voluntary (striated) muscle, but large doses diminish their excitability very decidedly, and the character of the muscular contraction called forth is greatly altered. The contractions are shorter, slower, and more feeble, and the muscular excitability is soon exhausted. The local action of cocaine on muscular tissue is very similar to that found in general poisoning.

The general effect of cocaine would appear from the above observations to be twofold (apart from its local anæsthetic action on the skin, mucous membrane and eye), if in small doses it seems to act as a stimulant, but in larger doses the depressant effect which may follow

even small doses, is immediate and marked in its outset, culminating in cessation of function. This remark applies to its action on most of the organs. It also paralyses the vagi and applied locally to any of the more highly constituted organs or tissues causes a temporary cessation of their functional activity.

Clinical Records.

SHEFFIELD PUBLIC HOSPITAL AND DISPENSARY.

Case of Embolism of Left Middle Cerebral Artery—Recovery.

Under the care of Wm. Dyson, B.A., M.D. (Lond.).

Every practitioner at some time or other in his experience will meet a case of this kind. There are many cases of cerebral lesions in which the diagnosis of embolism is not by any means so clear as in the present instance. The subject, as it relates to cases which may be considered slight, and which recover, receives scant courtesy at the hands of the writers of text-books generally, though a great deal has been written about the lesion in its relation to softening of the brain. This must be my apology for the record of a case which, though not by any means unique, is so peculiarly interesting.

M. M., æt. 28, cook, unmarried, was admitted to the Sheffield Public Hospital on Oct 10th, 1884. Four days prior to admission, while pursuing her ordinary avocation, she quite suddenly lost the use of her right leg and right arm. The face, too, was slightly drawn at the time, and she felt very giddy, but did not lose consciousness. She had rheumatic fever ten years ago, and has had symptoms of cardiac trouble for six years; has had dyspnœa on exertion, attacks of pain in the cardiac region, is subject to fainting fits occasionally, and has vertigo when the erect posture is suddenly assumed.

Condition on admission.—Moderately well nourished, though anæmic. Right arm and right leg both partially paralysed. Can stand and walk; drags the right leg after her. Hand—grasp somewhat feeble, and slightly flexed. The foot in the recumbent position is slightly flexed and inverted, the position in which the lower limb is so frequently seen in its recovery from paralysis due to central lesions. This is due to the flexors recovering sooner than the extensors. The cutaneous sensibility of leg slightly diminished: that of the arm unchanged. Patellar reflex and ankle-clonus normal. The facial paralysis is very slight, and is confined to the region round the mouth. No aphasia. No alteration in mental condition.

Heart.—Apex-beat normal in position. Impulse somewhat flapping. Slight thrill at the apex. A well-marked and characteristic aortic systolic bruit is heard. There is also present a presystolic mitral murmur.

Pulse.—72 per minute, regular. No signs of arterial degeneration.

Bowels confined. Urine normal.

Treatment consisted of rest in bed, and the occasional administration of drugs on symptomatic lines. A mixture of sodæ bicarb. and gentian for dyspeptic trouble; the steady but persistent use of a pill containing ferrum redactum and pepsine for the anæmia; the fluid extract of cascara sagrada, in 20 minim doses, every other morning, was very successful in combating the constipation.

In six weeks the paralysis had quite disappeared, and on Dec. 18th the patient was discharged, looking rosy, and scarcely feeling anything of her cardiac symptoms, which had greatly subsided by the enforced rest.

I am indebted to Dr. Sinclair White, House Surgeon, for his notes on the case immediately after admission.

It has been recently decided in the American law courts that in cases where a physician or surgeon has recovered the amount of his bill by legal process, no suit for malpractices can be sustained, inasmuch as the result of the first proceeding forms a legal recognition of the value of his services.

Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND.

Pathological Section.

A meeting of the Pathological Section was held at the College of Surgeons, 13th February, the President (Dr. Foot) in the chair.

SELF-MUTILATION OF A LIONESS.

The Secretary (Mr. Abraham) read a paper on a case of self-mutilation in a lioness, 12 years old, recently living in the Dublin Zoological Gardens. The animal was discovered one morning to have eaten off six inches of her tail. After a short time she took off another large piece, and, finally, in another meal demolished the remainder. After another interval she began to eat the dorsum of one of her paws Her condition was now so pitiable that it was thought advisable to destroy her, various means, change of diet, aperients, local applications, &c., having failed in stopping the perverted appetite. She had till then been quite healthy, in good condition, and nothing amiss with fur or excretions; but for one year previously she had not been in season, although formerly her catamenial periods were regular, and she had given birth to four litters of cubs. At the post-mortem examination all the intestinal organs were found healthy, with the exception of some ovarian degeneration. A number of similar cases was cited, and the distinction pointed out between those in which an animal suddenly begins to bite off and swallow large portions of its person, and the more common cases, as in monkeys, &c., in which a gradual nibbling away of the tail takes place, often in consequence of some external irritation, or the itching of a healing wound. The carnivores which have "taken on" in this way have been nearly always females who have either been very young, just before beginning to breed, or old when their breeding period has ended. At any rate, there has generally been some interruption or disturbance of the sexual function, and the suggestion was advanced that this perversion of taste was due rather to something akin to mental derangement, or as one of the manifestations in the lower animals of the protean hysteria.

The President observed that whether they regarded the propensity as a chronic mania, or as a form of hysteria, it was an affection of which none of them had much experience. He suggested that it was analogous to the tendency in human beings to bite their nails, and which sometimes occasioned the destruction of the ultimate phalanges of the fingers. The nail biting began generally before hysteria manifested itself. Possibly the lioness sought to relieve itself from irritation, and there might be an anæsthetic condition of the tail and foot which enabled it to do so without much pain.

Mr. Collins, late army V.S., said he remembered seeing a lion or lioness similarly affected. In 1871 a horse was under his observation which, though quiet during the day, kicked furiously at night, and ultimately bit the skin off his chest. A light having been placed in the horse-box, and a man directed to watch, there was no disturbance, and he attributed the animal's action to terror. He knew of spaniels gnawing their tails when sore. In India he knew of a horse lying down and exposing its anus till crows eat away the whole anus and sphincter. Monkeys in confinement mutilated themselves, biting their tails.

Mr. Wheeler mentioned that he had a spaniel bitch which had had several litters of pups and eat the last litter, then her own tail, and died of convulsions.

Dr. Henry Kennedy instanced a child suffering from hydrocephalus who eat off the entire of the underlip.

Rev. Dr. Haughton, S.F.T.C.D., said the President had made a good point in comparing the tendency described in the lioness to that of biting the nails in human beings. The nail-biting habit was in his experience confined to men. He did not know a woman who bit her nails. There was a great deal in Dr. Abraham's remarks as to the hysterical character of the affection. During the 21 years of his secretaryship to the Zoological Gardens he found it necessary to drown animals that bit their tails, being monomaniacs. The tendency was connected with that in female animals of destroying their offspring. No surer sign existed that something was wrong with a lioness, dog, or pig, than when it

made a mental calculation of how many of its young it had milk for, and destroyed the rest. The feline carnivores ate their surplus cubs, but dogs had been known to bury them alive. The question raised by Dr. Abraham that when the breeding period was over there was a liability to permanent derangement or loss of faculty was a very serious one. He had seen cases of women who having stopped breeding either took to drink or became deranged. Self-mutilation was so foreign to animal instinct, it must be due to interference with, or cessation of, some great physiological function.

Dr. KNOX DENHAM mentioned the case of a cat which devoured its four kittens, and afterwards suckled three young rats which became domesticated, running about the house. The children played with them, but the lady of the house becoming alarmed, had the rats destroyed.

GANGRENE OF THE LEG.

Mr. WHEELER read notes of a case of gangrene of the leg and occlusion of the popliteal and tibial veins in a man, æt. 46, of intemperate habits, who had twisted his leg whilst wrestling. When admitted to hospital the leg was swollen, hot, much discoloured, and with large sanguineous bullæ. He was quite free from pain. The specimen exhibited showed well founded thrombi occluding the interior and posterior tibial veins, there being several examples of the "obliterating," the "vulvular," and the "parietal" thrombus; the wall of the vein in the first case being much thinned. Allusion was made to some of the recent theories of coagulation of blood.

The PRESIDENT remarked that the specimens being so dry, it was impossible to tell whether or not there had been any inflammation; but his intemperate habits and the bruise or twist went a long way to explain what occurred.

Dr. M'ARDLE said the twist would have sufficed to tear the inner coat of the vein, which would have led to the formation of a clot sufficient to cause occlusion.

ENDOCARDIAL CONCRETION.

Dr. BLOOMFIELD exhibited and explained a specimen of endocardial concretion which was taken from an old woman, æt. 78. Being a dissecting-room specimen, he had no history of the case. The specimen was of a calcareous character, and interesting from its exaggeration, extending round four-fifths of the mitral orifice, and running three-quarters of an inch into the ventricular wall. At one point there was complete rigidity. The endothelial lining was perfectly healthy, and the valves were comparatively healthy. It was curious that such a calcareous zone should have formed round the valves without implicating them or causing incompetence. There was no appearance of any other cardiac lesion.

CROUP OF THE COLON.

Dr. M. A. BOYD exhibited a colon removed from a man, æt. 30, who died in the Mater Misericordiæ Hospital with all the symptoms of tropical dysentery of a month's duration, having had the usual fœtid stools containing mucus, blood, and shreds of lymph and mucous membrane with most distressing tenesmus, a dry, brown tongue, dryness of the throat, and difficulty of swallowing, vomiting and hiccough. The temperature throughout, except in the beginning, when the attack came on with shivering and hot skin, was either normal or sub-normal. There was tenderness over liver; no enlargement of spleen and no peritonitis. The descending colon could be felt through the abdominal wall, round, resisting, and tender. The autopsy revealed, not ulceration of rectum and colon, but general thickening of the mucous coat of the colon throughout, with exudation upon it of an adventitious lymphy membrane. From the close resemblance of the symptoms to dysentery many of the so-called cases of dysentery were in reality cases of croupy or diphtheritic disease of the colon.

The PRESIDENT regarded the specimen as a good example of diphtheritic enteritis. There was an absence from it of the fœtor which was characteristic of dysentery. Sometimes casts of the entire bowel formed by the membrane were passed.

Dr. LENTAIGNE inquired if there was much superficial tenderness, and if any member of the man's family had similarly suffered?

Dr. HENRY KENNEDY, referring to his extensive opportunities of seeing cases of dysentery in 1847-8, said he had seen the whole bowel from the stomach to the rectum covered with croupy exudations, giving rise to symptoms analogous to those produced by ulceration. A physician to the Queen who had published an account of a violent epidemic of dysentery in Millbank Prison, had recommended mercury as a most effectual remedy.

Dr. BOYD, in reply, said tenderness of the abdomen was absent, except along the descending colon. The family history was good, all his family being healthy.

ANEURISM AT THE BASE OF THE BRAIN.

Dr. LENTAIGNE exhibited an example of aneurism at the base of the base which was taken from a woman who, whilst putting a postage stamp, which she had just bought, on a letter, fell dead in the shop, as if struck by lightning. Up to the time of her death she had been apparently in perfect health. On post-mortem examination he found a large quantity of blood, effused at the base of the brain, had come from an aneurism about the size of a pea formed in the middle cerebral artery at its junction with the posterior. The artery was split open with a large rent. There was no disease elsewhere, save that the kidneys were small and contracted. Almost all the vessels of the brain were atheromatous, but the aorta was perfectly free from atheroma. A great deal of blood was wedged in below the medulla and spinal cord. The stomach was full of tea and undigested potatoes.

The PRESIDENT observed that the compression of the medulla by the effused blood was no doubt the cause of death.

PERICARDITIS IN A HORSE.

Mr. ABRAHAM read a paper for Dr. Nixon on pericarditis in a horse, showing specimen. The principal features were enormous hypertrophy and an extraordinarily extensive fibrinous exudation covering the whole pericardial surface. The normal weight of the horse's heart was 6 or 7 lbs., but this specimen weighed 21 lbs. The notes of the case were taken by Mr. J. Kenny, V.S., under whose care the horse had been for pleuro-pneumonia, which had yielded to treatment. A week after the animal was brought back with high pulse and friction sounds over the heart, subsequently becoming dull. At the post-mortem examination four gallons of yellow fluid were obtained from the pericardium. The hypertrophy of the heart was of long standing, and caused chiefly by the heavy work which the animal had to perform. The pericarditis appeared to be secondary to the pleuro-pneumonia. The immediate cause of death was the enormous pericardial effusion.

The PRESIDENT remarked that a chronic form of pericarditis with effusion had been observed by Cruveilhier of Paris, who attributed it to overwork and the wearing out of the system. In the present case, the question arose, had the horse Bright's disease, and was the hypertrophy a result of sclerosis of the kidneys?

Mr. COLLINS said he had noticed in epidemics of influenza among horses that the disease principally attacked the serous membranes and afterwards the pericardium. In 1856 the horses of the regiment to which he was attached at Manchester were decimated by an outbreak called influenza, and in every case the lungs and pleura were glued to the ribs.

Dr. HENRY KENNEDY remarked that there was in the museum a specimen of pericarditis in the cow.

The Section then adjourned.

LIVERPOOL MEDICAL INSTITUTION.

THE ninth ordinary meeting of the session was held on Thursday, February 19th. The President, DR. GEE, in the chair.

SPECIMENS.

Dr. J. WIGLESWORTH showed a

THROMBOSIS OF THE CEREBRAL SINUSES,

taken from a patient, æt. 33, who died in the Rainhill Asylum, on Dec. 25th last. She was admitted 12 days before death took place, and the whole duration of the disease was one month. She manifested general dulness, with transitory attacks of excitement; there was also a cataleptoid condition present. Five days before death pneumonia of the base of the left lung came on. On post-mortem examination no other pathological conditions were found than the

pneumonia, and a fibrinous clot filling both longitudinal and lateral sinuses of the brain. The clot was no doubt the cause of the cerebral symptoms, but there was nothing to show how this was produced.

Dr. BRADSHAW showed a

NECROSED VOMER AND SPHENOID

removed from a woman, æt. 30, who was taken to the Northern Hospital with a body sticking in the pharynx, and said to have fallen down from the skull. There was no obstruction of air passage. The bone, as it proved to be, was easily removed by the finger. There was a history of syphilis, and she had suffered from sore throat for seven years.

Dr. ALEXANDER showed a

MALFORMATION OF THE HEART.

The organ was removed from the body of a child who died in the Liverpool Workhouse eight days after birth. From birth it was cyanotic and became worse. Then bronchitis and congestion of the lungs came on which proved fatal. There was but one auricle and ventricle, the interventricular septum not being developed. The blood on leaving the ventricle passed into the aorta, and here in part became diverted and passed through the ductus artertosus into both lungs, and on its return became mixed with the venous blood from the vena cava.

Mr. PAUL showed a

CASE OF STENOSIS OF THE THROAT FOLLOWING SYPHILITIC ULCERATION OF THE TONGUE.

The patient, a young girl, had been for years under observation from time to time. The ulceration was originally on the dorsum of the tongue, it then spread to the soft palate. Dyspnœa at one time (three years ago) necessitated tracheotomy, and since then she had worn a tracheal tube. The pharynx was now closed by dense cicatricial union of the tongue to the soft palate, so that only a minute opening remained. There was no evidence of acquired syphilis, but inherited syphilis was evident from the condition of both teeth and eyes. He proposed to pass some instrument through the opening and dilate it, and afterwards to keep it patent.

Mr. PUZEY showed a rifle bullet removed from the loin six years after entrance through the umbilical region. The bullet was dented from striking, probably, the transverse process of one of the lumbar vertebræ. The man had been a soldier in the United States Army, and in some frontier engagement was wounded in the locality named. After receipt of the injury, blood was passed *per urethram* for some time. There was also at one time paralysis of the muscles of the thigh. The man was in hospital in the west two months, and afterwards in New York for three months. Two years ago he felt a hard lump in the lumbar region. A short time ago this was cut down upon, and the missile, which was found encapsuled in the thickened lumbar fascia was removed.

Dr. GREVES showed a patient with

SUBCUTANEOUS NODULES ASSOCIATED WITH RHEUMATISM.

The child had suffered from rheumatism in November, and at Christmas lumps were observed on the dorsum of the foot, the malleoli and on backs of the knuckles. They were becoming smaller in size. They were attached to the superficial fascia or tendon. They were movable, not tender, and very vascular. Dr. Bristowe had drawn attention to the subject, and it had been said that when they were associated with any form of cardiac disease, this was progressing. This statement was confirmed by a case he had recently had under his care.

Dr. OXLEY showed two cases of

CARIES OF THE SPINE IN PROCESS OF CURE BY SAYRE'S JACKET.

They were cases that had been before shown to the Society, and they were again brought forward to give the members an opportunity of observing the progress made. In both the treatment had apparently been of the greatest service. One, a boy, was wearing an open plaster jacket, and he was able to walk in such an erect posture that no deformity could be observed when he was dressed. The second, a little rosy-faced girl, who had much more deformity, appeared without her jacket, she had travelled the other day from Aberystwith by herself. He should not allow them to leave off the jacket permanently for some years to come, but they were quite well enough to do without it temporarily. He could not understand the objection so many surgeons had to the method. He did not speak of it as a perfect method, it could not replace lost tissues, no method could do that, but he contended that it was the best there was before the profession. When he saw, in Manchester, that Dr. Sayre had introduced the best method of treating these cases, he (Dr. Oxley) took it up, and had treated hundreds of them.

Mr. G. E. WALKER described the method followed by him in the extraction of a lens that had become dislocated into the vitreous.

He next showed a patient who had been the subject of

ENTROPION AFTER BURN BY CAUSTIC POTASH.

He was not satisfied with the way in which such cases were generally treated, and he had therefore followed out in the case exhibited, a plan devised by himself. He first cut out transversely an angular piece from the inner surface of the lid, and then filled up the cavity thus formed, by transplanting a larger piece of mucous membrane from the inner surface of the lower lip. The grafted piece became adherent at once, and the result was in every way perfect. Nothing, in fact, but a slight thickening of the lid, only observable on everting it, gave any evidence of anything ever having been wrong with the eye.

He next showed some cases illustrating the

TREATMENT OF ADHESION OF THE IRIS TO THE CORNEA,

including one of recovery of good sight after 20 years' blindness. His method of treating cases of adhesion was to cut through the adherent iris, introducing the knife into the anterior chamber at one or more points as the case required. The point of puncture was of importance, and should be that which allowed the greatest leverage or range of movement. Care should be taken that there should be as little movement as possible in that part of the knife that was actually in the wall of the eye.

Mr. R. HAMILTON then read the paper of the evening entitled

HOSPITAL ACCOMMODATION FOR INFECTIOUS CASES IN LIVERPOOL, HOW TO MEET IT.

The speaker who is a member of the Health Committee of the City Council, and chairman of the Hospital Sites Committee, thought the subject was a proper one to bring before the medical institution. After reviewing the subject which has already received much attention at the hands of the city council, he briefly described the different plans that had been before the council. 1. The erection of one large hospital in the outskirts of the city, capable of accommodating the average number of cases that occur in the year with sufficient ground space for the erection of temporary sheds in epidemic periods. 2. The erection of two hospitals of half the size, one in the north, and one in the south end of the city, with like extra ground space for sheds, and 3, the erection of two small hospitals of sixty or eighty beds each near the principal fever foci—north and south ends—and a large convalescing hospital in some healthy locality, seven to ten miles from the city. The advantages and disadvantages of each plan were discussed fully and also fairly, and the conclusion arrived at was that plan No. 3, which had been devised by himself, presented fewer disadvantages and more advantages than either Plan 1 or Plan 2. The advantages he claimed for his plan were that patients when removal was imperative, would be removed to hospitals near their own homes; less land would be required in the city, when, in fact, it was difficult or almost impossible to secure sites for large fever hospitals, and no difficulty would be met with in securing forty or fifty acres for a convalescing hospital some miles in the country. Patients were convalescent long before it was safe to permit them to return to their homes, and the period of convalescence would be well made use of in gaining strength in a salubrious locality. Taking into consideration the large proportion of mild cases of infectious disease met with (scarlatina, small-pox, &c.), he thought the average stay of a patient in a central hospital would not be much more than two weeks.

The paper was discussed by the President, Dr. A. H. F. Cameron, and Dr. Carter who spoke favourably of Mr. Hamilton's proposal, and also by Drs. Archer and Hope who criticised it somewhat adversely, and Dr. Robertson who was altogether in favour of plan No. 1.

REGISTERED FOR TRANSMISSION ABROAD.

The Medical Press and Circular

Is published every Wednesday morning. Price 5d. Post free, 5½d.

POST FREE TO ANNUAL SUBSCRIBERS . . . £1 2 6
,, IF PAID IN ADVANCE 1 1 0

Post-office Orders and Cheques to be drawn in favour of—
A. A. TINDALL, 20 King William Street, Strand, London, W.C.
A. H. JACOB, 8 Molesworth Street, Dublin.

Agents for Scotland:—
MACLACHLAN and STEWART, South Bridge, Edinburgh.
A. and W. STENHOUSE, Hillhead, Glasgow.

Sole Agent for the Continent:—
JOHN F. JONES, 31 Bis, Rue du Faubourg Montmartre, Paris.

ADVERTISEMENT SCALE—Whole Page, £5 0s. 0d. Half Page £2 10s. 0d.; Quarter Page, £1 15s. 0d.; One-eighth Page, 12s. 6d.

Small Announcements of Practices, Assistancies, Vacancies, Books &c., of Seven lines or under, 4s. per insertion; 6d. per line beyond

Considerable reductions are made from the foregoing Scale when orders are given for a series of insertions. Letters in this department should be addressed to the Publishers.

SUBSCRIPTIONS FOR FRANCE are received by Messrs. BAILLIERE, Rue Hautefeuille, Paris—post free in advance, £1 8s. 6d. per annum.

SUBSCRIPTIONS FOR RUSSIA are received by Messrs. RAJCHMAN and FRENDLER, 18 Senatoren Street, Warsaw—post free £1 8s. 0d. per annum.

SUBSCRIPTIONS FOR THE UNITED STATES are received in New York by Messrs. WILLMER and ROGERS; Philadelphia, by Dr. BRINTON: post free in advance, 5½ dollars (£1 8s. 6d.) per annum; or direct from the Offices in this country for the same amount, if remitted by International Post-Office Order.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 11, 1885.

SMALL-POX HOSPITALS.

THE recent debate at the Society of Medical Officers of Health on the utility and safety of small-pox hospitals makes it well for us to review some of the recent facts bearing on the question, and to note the aspect it has latterly assumed. The importance of the subject is fully recognised by the above Society, which, under the able presidency of Dr. Dudfield, has devoted three meetings to its discussion. On January 16th Dr. E. T. Wilson, M.B. Oxon., F.R.C.P., Physician to the Cheltenham General Hospital, opened the debate in a paper headed "Are Small-pox Hospitals necessarily—*per se*—a Source of Danger to the surrounding Population?" As Dr. Wilson remarked, "the very existence of our means of isolating small-pox cases in London would appear to hinge on the answer given." He continued: "It may be that it cannot now be answered, and if evidence clear and decisive is not yet available for its solution, it will be better to wait and collect facts before incurring the risks of a premature decision." The mere supposition of a "distal aërial dissemination" of small-pox as against the ordinary channels of "convection," induced the Royal Commission to recommend a reduction in the number of small-pox beds in the hospitals of the Metropolitan Asylums Board, and this has seriously cramped our means of dealing with small-pox in the metropolis, though, in the words of Dr. Wilson, "it could scarcely be expected, even by its most strenuous supporters, that a theory so startling and so contradictory to all previous experience would be accepted save on the most clear and convincing evidence; I propose, therefore, to weigh such facts as have been brought forward in its support, as well as the difficulties which, in my own mind, seem so far to preclude its acceptance." The case on the other side was supported by the health officers of Hampstead and Homerton. They admitted the occurrence of cases of small-pox in their respective districts while the hospitals were closed, but seemed to overlook the fact that the hospitals were re-opened because of the epidemic increase of small-pox, and were inclined to consider the increase of small-pox as due to the re-opening of the hospitals, Dr. Tripe, after saying that while the Homerton Hospital was closed in 1879 several cases of small-pox occurred in other parts of the district, and only two happened near the hospital in October, goes on to state that "a month after the hospital was opened the disease became epidemic in the streets near it, forty cases being reported to me in 1880 out of 363 in the whole district"—no very cogent reason against the hospital. Moreover, one of the cases near the hospital was the child of a woman who had been attacked in the same house previously. However difficult to free a house or rooms from infection after small-pox, we shall presently show that this was done in the hospital wards while they were unoccupied. Indeed, Dr. Tripe does not wish the small-pox hospitals to be closed, but says, "On the contrary, I believe they can be carried on in such a way as to confer much benefit and cause little injury to the neighbourhood in which the hospital is placed." Before the close of the debate, several health officers from the country were able to contribute, as was to be expected, much clearer evidence of the safety of small-pox hospitals than can be obtained under the complex conditions that obtain in and around London. Dr. Seaton, who, we are glad to see, has come to reinforce the strength of the metropolitan members, found while at Nottingham that none of the operatives in a factory only thirty yards from a temporary hospital for the worst cases of small-pox were infected, though the hospital contained at one time as many as seventy-eight patients, and had received thirty-two fresh cases in a week. Of 110 operatives in a factory near, about half were fairly protected by vaccination, forty were slightly protected, and eight had not been vaccinated at all. The existence for a century of the London Small-pox Hospital at a distance of only fifteen yards or forty-five feet from the fever wards without risk to them and with great benefit to London at large, ought not to be overlooked. The most extreme view put forward on the other side of the question was, that the presence of a small-pox hospital, however small, rendered futile all efforts to stamp out and control an epidemic of small-

pox. None but theoretical views were offered in explanation of how it comes about that, while this means of isolation is always sufficient to prevent or arrest the spread of small-pox in other towns and places in England, it should fail or be less effective in London. Doubtless the difficulty in vaccinating and revaccinating all who are in contact with first cases is greater in London than in small communities, where the population is more fixed, and individuals are better known to their neighbours.

Protection of the healthy by vaccination must always be our first defence against small-pox, while isolation of the sick must take the second place. In years of panic from any great spread of small-pox, much more attention is paid generally to revaccination than at other times, and this may be one reason why a year or two of increased small-pox in London is followed by two years of diminution. The greater the panic, the greater the numbers who in one way or another are brought to test the validity of their first vaccination, and so be made secure against the many unknown sources of infection around them. It may be that the very confidence inspired by the prompt action of the Metropolitan Asylums Board in removing cases of small-pox has contributed to some neglect in the revaccination of all who are in any way connected with the domicile of the sick. This consideration will not account for all the fluctuations of the present epidemic, but it justifies the Asylums Board in having recently directed the attention of sanitary authorities to the necessity of increased vigilance in inspecting the present condition of the various districts as to vaccination.

In answer to the question of what has been done by the hospitals of the Asylums Board in checking the spread of small-pox in London, we may appeal to the hospitals themselves. In the first report of the Committee of Management of the Metropolitan Fever and Small-pox Hospital at Homerton, we find that these buildings when near their completion at the end of 1870 were to be entirely devoted to the reception of small-pox cases in consequence of the extraordinary increase of this epidemic. In that year, and chiefly at the end of it, the number of deaths from small-pox had risen from near the lowest figure for London, something over 200, to 958, and in England and Wales from 1,565 to 2,620. Next year these numbers increased to 7,876 for London and 23,126 for all England. The Homerton small-pox hospitals were opened in February; the total accommodation in June, 1871, amounted to 284 in the fever blocks, and 152 in those intended for small-pox. In July the epidemic had so far abated that the admission of patients was limited to the four blocks originally designed for small-pox. The small-pox hospital continued to receive a large number of patients down to midsummer 1872, when the epidemic declined, and both the Homerton and Stockwell hospitals becoming comparatively unoccupied, the managers considered whether to close one of these hospitals, but it was not until October, 1874, that the small-pox wards at Homerton were closed and utilised for the treatment of scarlet fever cases (Report, p. 8). Now it is at least remarkable that the annual number of deaths from small-pox in London had fallen in those two years from 1,781 to 115 and 56 only, and for all England from 19,094 to 2,364 and 2,162. Next year, 1875, the deaths from small-pox in England and Wales had fallen to 950 only, and to 46 in London. It cannot be maintained that the last two years were specially unfavourable to the epidemic spread of small-pox, for in Birmingham 814 deaths from this cause occurred during the years 1874 and 1875, against 64 for the two years 1870 and 1871. Yet in London, partly from retaining the means of isolating individual cases of small-pox while they were few in number, we have a reduction in the mortality from this cause to less than half of what had before been registered. It is disappointing to see in the returns for the last quarter of 1884 so many as 676 deaths from small-pox in and around London. We propose in a future number to show from the reports of the Metropolitan Asylums Board Hospitals that the treatment of large numbers of small-pox cases in suitable institutions is not in any degree unfavourable to the welfare of the patients, nor in any constant way more unfavourable to the risk of small-pox occurring in their neighbourhood than when the numbers are restricted, as they have been, in consequence of recent recommendations and of legal interference.

REFORM AT THE ENGLISH COLLEGE OF SURGEONS.

IT is with considerable satisfaction we note the indications of a yielding attitude on the part of the Council of the Royal College of Surgeons of England towards the almost universal demand that has been made for necessary reforms in the mode of conducting the business of the College; and above all for improvement within the Council itself. It will be remembered that not long since it was our painful duty to comment in somewhat severe terms on the action of the Council in rejecting the temperate proposals made to it by the Association of Fellows of the College. At that time it was noted with sorrow that members of Council seemed inclined to oppose unyielding dissent to any suggestions affecting the constitution and privileges of the College oligarchy; and, in common with all well-wishers to the greatest surgical corporation in the world, we expressed anxiety concerning the possible outcome of so misguided a neglect of the necessities of the hour. Since then, fortunately, better counsels have apparently prevailed, and it is with a feeling of sincere pleasure that we announce the occurrence of a friendly conference between a deputation from the Association of Fellows and a representative committee of the Council of the College, ior the purpose of discussing the grounds on which the proposals of the Association are based. This meeting took place on the 3rd inst., and though it has been followed by no immediate change, it is more than likely that it will prove to be the forerunner of most important consequence. Exception has been taken within the Council to the suggestions made respecting the mode of electing future presidents, and as this question is one of vital interest to the welfare of the College, it may be well to consider it a little in detail. The Association's proposal is to elect the

chief officer of the College annually, the Fellows being the electors; the Council to submit the names of three candidates for the office, but of such candidates to include the name of the retiring president, provided he be eligible and does not decline to serve; that no one shall hold the office of president for more than five years in succession; and that should the president be elected from among the past members of Council, he shall, during his tenure of the presidential office, be an *ex-officio* member of the Council. Against this it is urged that difficulty would be found in persuading three gentlemen to allow their names to be thus submitted to the trial of a vote; that, in fact it would be derogatory to their dignity to do so. Such reasoning, however, fails to recognise that the fact of being selected one of two surgeons to go before the College Association with the retiring president as candidates for the most distinguished office open to a surgeon will be in itself an honour of the highest description. Further, the field for selection being, unlike that at present available, unlimited by the narrow barriers of the Council, only the most representative members of the profession will be in a position to undergo the ordeal of election; and while at once admitting that it would be a painful ordeal for an inferior or little-known person to go through, it is equally clear that under the proposed conditions any such improper candidate would be necessarily excluded from consideration. There is, however, another point of view from which this mode of electing a president acquires an importance, the absence of which from the plan hitherto adopted has been a principal cause of the inefficiency of the Council. We refer to the fact that it will at once destroy the probability, amounting almost to certainty, that each member of the Council will, by-and-by, succeed to the presidential chair. With the newly-constituted Council such a succession must be eminently dubious, since each president being elected for five years in continuation, and six members of Council retiring annually, the chances of selection are for each as 1 in 30. Consequently the act of such election must of itself confer upon the selected member a degree of honour which can only be slightly less than that attaching to actual occupation of the presidential chair.

The Association of Fellows has necessarily been compelled to give an especial attention to the well-known fact that hitherto a very large proportion of the Council of the College has been constituted by gentlemen holding the position of examiners also. The serious nature of the objections against such relations has long been apparent to impartial critics of the corporation, and it has been freely debated how far steps ought to be taken for remedying a state of things that can hardly be conducive either to the interests of students or the public. So long as the portal to the Court of Examiners lay, practically, through the Council, and so long as the latter encouraged such a condition of things by appointing and re-appointing its own members to examinerships, there could be but little chance of infusing that healthful tone into the examinations of the College which is found wherever an absolute independence exists between examiners and governing bodies. The proposals of the Association, therefore, provide that not more than one-half of the members of the Court of Examiners, and not more than two members of the Board of Examiners in anatomy and physiology, shall have seats in the Council, and, further, that if any Fellow who is also a member of the Court or of the Board of Examiners shall be elected into the Council, he shall within a period of two months of such election vacate his office as a member of the Court or the Board. The reply of the Council to these proposals is a denial of any necessity for them, and a refusal to recognise any possibility of ill result following from the presence of every member of the Court of Examiners in the Council. This attitude, however, which was first assumed some two months ago, has perceptibly been influenced by the criticism to which it has been subjected, and there is some reason to expect that further consideration will enable the Council to see that for the governing body of the College to include a number of gentlemen who receive, in the shape of fees, an amount equal to 25 per cent. of the annual income derived from students, is an arrangement which will readily admit of advisable re-adjustment. Moreover, the present mode of election is an unjust bar to the claims of just those men who, as being "in touch" of educational requirements and exigencies, can best discharge the duties of examiners. We contend, and justly, that the older generation of surgeons, such as we find constantly represented on the Court of Examiners of the College, cannot be always efficient examiners of students, trained under conditions widely different from those obtaining when the older examiners were themselves in *statu pupillari*. Nor is it always fair that candidates for surgical qualifications should have their chances of success made dependent on the agreement between their own knowledge, acquired long since the period in which the examiner can have been a student, and that of such examiner. Thus, for instance, pathology is a fruitful source of plucking at the College. Would this be so if the men who taught modern views in the schools were also examiners in the College? We make these remarks in no captious spirit, but as being a part of our duty in an important and grave crisis in the affairs of surgery We shall in our next issue continue the discussion.

CORPOREAL PUNISHMENT IN SCHOOLS.

OUR contemporary *Truth* is responsible for the report that the new head-master of Westminsters Schoool, Mr. Rutherford, is accustomed to punish the boys by striking them severely over *the backs* of their hands with his cane. It is scarcely credible that any man intellectually fitted for such a post could possibly be guilty of such inhumanity, and we trust that an early and authoritative denial may be given to the report. We fear, however, that there must be something in it, as no editor would dare to circulate so damaging an assertion without being sure that there was some good grounds for making it. We are not amongst those who decry all corporeal punishment; on the contrary, we hold that such punishment, properly administered, is far better, and more efficacious, than the abominable practice of keeping in after hours, and the infliction of extra tasks

upon jaded brains, and too often strained eyes. School hours are quite long enough as it is, and boys are confined quite long enough to make it unwise to adopt these unhealthy, though commonly supposed more humanitarian, forms of punishment. Physical development during school life is of far more importance than intellectual. What is really wanted during school life is the formation of habits of discipline, application, and proper methods of study, whilst at lessons. The amount of information acquired is of secondary importance. There is as much real and useful education gained in the playground as there is in school. A boy mixing with his schoolmates in their games or the occupations of their leisure hours is, amongst his own compeers, acquiring that knowledge of human nature, and that tact which, later on, enables him to deal on safe grounds with his fellow men. Tact, judgment, insight into character, self restraint, consideration for others, or bold, plucky, and prompt action under all difficulties, are all fostered by such communism and companionship. The reason why the bookworm at school and at college are, as a rule, such failures in after life, especially in all that concerns everyday life, is that they have not so mixed with their schoolmates, and are wanting in this knowledge of human nature, especially as regards the practical aspects of life. Hard readers at school and at college, with some exceptions, are not the best men in after life. They have only too often been overstrained, and permanent damage done to their nervous system.

Bodily development has not been on a par with their mental, and when the real tussle for life, and success in some one or other of its walks, come, they are not in the best form to make the running. Not so the average boy, fond of games, fond of mixing with his schoolfellows, capable of planning and carrying out some audacious lark, of backing up a friend or taking the measure of an opponent with the view of asserting his equality or his superiority, at the same time fairly attentive to his school work, and able to hold his own in his class. Such a boy acquires habits which must prove useful to him in after life; his physical powers become fully developed and, since physical strength usually means co-existent mental strength, his intellectual powers become equally developed and of a more lasting quality than can possibly be the case with those whose course of life is solely devoted to mental work and consequent strain upon their stock of reserve nerve force.

Boys are but men in miniature, and the characteristics of the boy will be the characteristics of the man. If they have tact, judgment, courage, honesty, truthfulness, and decent application as boys, we may augur well of their future in the struggle of life, and every opportunity should be taken to cultivate and strengthen these qualities. Punishment should be inflicted as rarely as possible, and should be properly apportioned to the nature of the offence. It should not be of such a nature, as to interfere with their physical growth on the one hand, or to inflict mental strain or weariness on the other. If corporeal punishment is adopted, it should be inflicted in a spirit of judicial impartiality and calmness. The boy should feel that there was nothing unjust or vindictive about it; that it was entirely the result of his own misdoings, and that, having by his own actions incurred it, he had no one to blame but himself. It should, on the one hand, be so administered as to make it worth a boy's while to be careful to avoid a repetition of the dose; on the other hand, it should not be in itself inhuman, and therefore brutal; neither should it be in any way dangerous to the boy's health or well-being. We trust, before Mr. Rutherford continues this form of punishment over the backs of boys' hands, he will himself undergo a course of it, so as to form a just conception of its severity, and utter barbarity, unworthy of any man who pretends to education and civilized human feeling. We suspect, that, after the first half-dozen strokes, he will be inclined to view the question in a different light. It is a peculiarly painful and tender place to strike, since the nerves lie stretched over a bony surface not protected by a soft pad as is the case with the front of the hand. Every educated person ought to know what a delicate organ the hand is, and how dangerous it is to risk inflicting severe injury upon it. Light blows upon the palm, sufficient to inflict smart pain, but not so as to produce injury, are permissible but certainly not such blows as the writer has seen where a passionate master has thrown his whole energy into the blow, and has raised a large wheal across the hand, and has almost drawn blood. If severe punishment is absolutely required, there is one place where it may safely be administered without fear of injury, *i.e.*, across the buttocks.

We trust if this report of Mr. Rutherford is true that he will at once put an end to so dangerous and inhuman a practice. Blows upon the head, over the ears, or the punishment under notice, are all to be condemned as dangerous, or unnecessarily painful, and ought to be sternly put down. We earnestly trust the school authorities will take an early opportunity of setting themselves right with the public.

Notes on Current Topics.

Dermatology in Berlin University.

A considerable amount of excitement has been existent for some time past in medical circles at Berlin, owing to the fact that a practitioner of not altogether irreproachable antecedents has been placed prominently forward in high quarters as a candidate for a University professorship, a new chair, that of dermatology, having been created for his acceptance. It is also very well understood that the services held to entitle the practitioner in question to signal favour were rendered to Prince Bismarck, and are held by the latter as having effected his restoration to health. It is enough, however, to know that the whole sympathies of scientific medicine in Berlin are arrayed against the appointment, and as leader of the dissentient party in the Imperial Parliament, Professor Virchow made a vigorous protest on the occasion of the demand for funds with which to endow the new chair being made. Notwithstanding its want of success, the opposition of Professor Virchow was both timely and proper; the fact that the "healer" of Prince Bismarck has risen to popularity in the practice of his peculiar method of curing disease says nothing in defence

of his fitness to undertake the duties of professor of a branch of medicine in a State-supported institution; and in the unappreciative attitude adopted towards him by practitioners and students alike, it can be seen that the manner of his accession to dignity will not be lightly forgotten.

Ulcerative Endocarditis.

THE expectations aroused respecting the lectures announced to be delivered at the Royal College of Physicians of London by Dr. Osler, of Philadelphia, have not been disappointed, and the literature of medicine has, in them, received an addition which can hardly be valued too highly. Dr. Osler has succeeded in accomplishing just what was especially demanded in connection with the subject he has attacked—that is, he has *methodised* the work already done by others in the fields of observation and speculation. It would, however, be unfair to the Gulstonian lecturer did we not add that he has also done a good deal more than this, for he has provided us with ample food for reflection in the shape of experiences gathered in the course of his own individual labours among the subjects of the disease in question. Especially interesting is that part of Dr. Osler's first discourse in which he points out the intimate relation of the mysterious blood-plates or hæmatoblasts, which have so deeply engaged the attention of Bizzozero, Hayem, and others, to endocardial and endarterial outgrowths. The importance of the observations summed up in Dr. Osler's address is undoubted, for they must materially tend to amplify, as well as simplify, the views held by pathologists respecting the causation of the phenomena observed as being produced by them. On the subject of micrococci as evidenced in constant association with cardiac vegetations also Dr. Osler communicates much that is of the highest interest; and throughout the series of lectures, indeed, there is to be found abundant evidence both of the careful manner in which their author has prepared their substance and of the opportunities for further adding to the improvements in our knowledge that have resulted from his researches.

Hanging!

THE barbarous exhibition at Exeter recently, when three unsuccessful attempts were made to hang John Lee, has once more directed public attention to the greatest blot on British civilisation—viz., the frequency of capital punishment in Great Britain, and the mode of putting it in execution. Sir William Harcourt said the other day in the House of Commons that when a public execution excites sympathy on behalf of the criminal, and not abhorrence for the crime on account of which he suffers, the end and aim of capital punishment are defeated. Can any sane man suppose that abhorrence for crime can be engendered by the judicial torturing of a human being, no matter how depraved he may be? By what code of morals can the State be justified in torturing a wretched being because he has tortured or done some other fellow-creature to death? That the punishment by death is unfortunately not deterrent of crime has been abundantly demonstrated, and that its abolition would not be followed by increased crime is practically shown in France, where it is all but abolished (three executions in one year), and where the crime of murder is less frequent than in Great Britain. Turning to Sir William V. Harcourt's dictum, we have had executions in Scotland recently which excited widespread and profound sympathy for the unfortunate men who thus expiated their crime; especially was this the case when four men were executed (two at a time) for a crime in connection with which there were believed to be extenuating circumstances, such as absence of premeditation and the elements of a quarrel; we refer to the execution of the four poachers—two in Glasgow and two in Edinburgh. Under any circumstances, if capital punishment is to be retained, it should be restricted to the worst of crimes, and the humanity which comes to the aid of the brute should surely be extended to unfortunate man. Is it too much in these days to ask that the strangling to death of men be abolished, and that the diabolical pomp and religious mockeries of the gallows should disappear? If man's life must needs be taken, can science command no more humane method of taking away life than the barbarous method to which the law of Great Britain at present assents? We unhesitatingly answer in the affirmative. It is not necessary here to expatiate on these methods. Thackeray describes his feelings on seeing a public execution. He left the sickening scene with an inexpressible horror of murder, *but it was of the murder he saw committed.*

The Grievances of Militia Surgeons.

SIR J. E. EARDLEY WILMOT, M.P., has consented to move in the House of Commons that the case of the Militia Surgeons, in respect to their just claims to compensation for being deprived compulsorily of their appointments from the exigencies of the service, and not from any fault of their own, be referred to a committee of the House.

What the Poor of Dublin drink.

IN the monthly report of the Superintendent Medical Officer of Health for Dublin, we find record of the prosecution of three dairymen for selling butter-milk adulterated with water to amounts varying from 40 per cent. to 143 per cent. Query, What is the nutritive value of one part of bad butter-milk to three parts of water?

The Case of Dr. Bradley.

THE memorial from Sheffield to the Home Secretary asking for the release of Dr. Bradley has reached our hands. The circumstances of the case are already familiar to our readers, and there can certainly be no more complete proof of the justice of our appeal on his behalf than the signatures to this memorial. Headed by Dr. Bartolomé and by the medical staffs of the six hospitals of Sheffield and Rotherham, it contains the names of no less than 96 of the leading members of the profession in that district—in fact, of all the practitioners of any note in the neighbourhood. Considering that this is but one out of many memorials presented from various Midland towns in England, from the Irish Medical Association, and from the Queen's College, Belfast, it can hardly be disputed that at least a *prima facie* case for further inquiry by Sir W.

Harcourt has been established. So far as—by the closest inquiry—it has been possible for us to form a careful judgment, we declare the sentence passed upon Dr. Bradley to be the most outrageous act of injustice perpetrated within our recollection by jury or judge.

To Ladies only!

The most recent form of quackery has been introduced by a woman of the name of Potts, who "hails from America." Her plan has been to take St. James's Hall for the purpose of delivering lectures to ladies only. The first lecture could be attended by invitation only, but in future seats will have to be paid for. We publish (p. 223) a letter from a lady, the wife of a medical man, who attended the first lecture, on which occasion it seems that the hall was crowded, and who has given us a *résumé* of what took place. A great many diagrams were displayed which had nothing to do with the subject, except to involve the audience in mystery. A few commonplace remarks were made on the management of health, and then the object of the lecture became apparent. The rest of the discourse was intended to convey to the minds of women that they possessed an organ which was always in a state of disease, and that if a female suffered a pain of any description in the *head* or elsewhere, it was a proof of disease or of mal-position of the uterus, which would assuredly result in a long-continued and serious malady. There was, however, a way to prevent such misfortunes, and that, it need scarcely be said, was to seek the advice of Mrs. Potts, which could be obtained for £2 2s. per visit, or else of the man whom she has with her.

We trust that English women will not be beguiled into attending these lectures because they are delivered by a female doctor (American). If they do, we conclude from what we have heard that they will hear nothing from which they can derive benefit, but may be terrified into the belief that they are suffering from some dreadful and uncontrollable disease.

A School of Pharmacy for Ireland.

The propriety of establishing a School of Pharmacy in Ireland has been pressed upon the attention of the Council of the Pharmaceutical Society of Ireland by the students who are going forward for its examination and by others interested in pharmaceutical teaching. The Council has not, however, been able to undertake the organisation, having no fund for the purpose, nor any authority to apply the Society's money for such a purpose, and it has been obliged, therefore, to confine its support of the proposal to a declaration of approval. The promoters of the scheme are, however, not to be discouraged, for they have started a company for the purpose, and are seeking to raise £1,000 in £5 shares, upon which they anticipate a substantial dividend. There is certainly a requirement for such a school in Dublin, for without it, no satisfactory means exist for obtaining a respectable knowledge of pharmacy.

The service behind an apothecary's counter which is called an apprenticeship teaches the student to mix prescriptions, paper up bottles, and make ledger entries, but, generally speaking, it does not teach them pharmacy, and when their indentures are discharged, they are almost as ignorant of the characters, qualities, and reactions of drugs as when they began. It is not possible to teach these subjects either in a lecture-room or a shop, and there is, therefore, a need for the proposed school, but whether there is a sufficient number of pharmaceutical students to pay expenses and dividends is a matter which we must leave to the consideration of the share-takers.

A Fruitful Source of Disease.

In spite of reiterated warnings, the German people still continue to indulge their appetite for raw or imperfectly-cooked pork in its various forms, and as a consequence evidence is constantly accumulating to prove how seriously detrimental to the national health the practice really is Little by little the fact has at length been made abundantly clear that trichiniasis is contracted by those human beings mainly who consume pork derived from the more carnivorous wild swine abounding in the woods and forests, while, on the contrary, persons whose pork diet is derived from animals carefully fed on large dairy farms, do not suffer from the dread affection in question. A recent incident which occurred in Germany also goes a long way to prove that it is not a sufficient test of "measly" pork, as is often assumed, to examine the eye or ear of the slaughtered animal with the assistance of the microscope. A dentist in Berlin, himself accustomed to microscopic research, and of considerable scientific attainments, received a ham from a friend in the country, who had partaken of its fellow. Both the dentist and his family, and his friend, were seized with trichinosis, and at least one of those attacked fell a victim to the disease. In this case the eye of the pig had been carefully examined without result, but on subsequent examination of the hams, patches of trichinised pork were at once discovered.

The Teachings of the Paris Cholera Epidemic.

Dr. Dujardin-Beaumetz recently communicated to the French Academy of Medicine some interesting data concerning the recent epidemic of Asiatic cholera in Paris (*Deutsche Medizinal Zeitung*). The first case appeared during the 3rd, the last on the 15th Nov. Nov. 5 when the general condition of the city was one of remarkably good health, there were already reported in Paris, at several places simultaneously, some ten or fifteen cases. The epidemic rapidly increased up to the 10th. Comparing the mortality of this epidemic, viz., 4·05 deaths for each 10,000 inhabitants, with that of former, epidemics, the following result is obtained:—1832, of 10,000 inhabitants, 234·16 died; '49, 185·31 died; '54 78·0 died; '73, 4·6 died; '84, 4·05 died. This proves the gradual but certain decrease in the severity of the epidemic. In Toulon last year 669 persons died of cholera, viz., 12·6 of each 1,000 inhabitants; but considering the great number of individuals that left the city or suffered from the disease somewhere else, the mortality-rate has in fact been a much higher one. The same may be said of Marseilles, where 49·4 per cent. died of each 10,000. Certain it is that weak and sickly persons, as also specially "topers," contributed by far the greatest majority of deaths. An attempt to connect the march and spread of

the disease with the distribution of the water had to be given up. Two aqueducts run parallel in the streets of Paris, one carrying the water from the Ourcq, the other from the Vanne. To determine the mooted question, it would have been necessary to inquire in every house from which line the water consumed had been procured; and even then the result would not have been deciding, as both lines so intimately anastomose with each other that it is an impossibility in most houses to say from which line the water had been obtained. But the information has been nevertheless gained, that the districts provided with water from the Ourcq suffered most severely, or rather, that in the sections most affected this water was the one by far most used. Of special salutary effect seem to have been the police measures for the transport and the disinfection of the sick and their residences.

Leeds General Infirmary.

THE authorities of many a London hospital must envy the happy position in which the governing body of the Leeds General Infirmary find themselves as regards the support of the hospital. Here, instead of being driven to make piteous appeals for assistance in keeping the wolf from the door, an entirely different condition of things is revealed by the annual report, for we learn that, while enjoying during 1884 a total income of £16,102, the expenditure amounted only to £14,316. Of the receipts the public contributed £11,000, the balance ensuing from the endowment fund. Nor does the work accomplished compare unfavourably with the outlay, or even with that achieved in any metropolitan hospital of corresponding proportions: during the year 23,076 patients were under treatment, and no fewer than 3,807 of them rank as in-patients, the daily average of beds in occupation being 230. An instructive item of the report is that relating to the expenditure on stimulants. In 1873 the sum paid in this connection was £670; in 1884 only *seventy-eight pounds* was thus expended; and with this the following figures deserve consideration: Average duration of treatment of each case, 21 days; corrected mortality, 4·18 per cent.

Ad Eundem Fellowships in the Irish College of Surgeons.

WE learn that the Council of the College has decided to avail itself of the opportunity now afforded by the change of charter which is in progress to obtain powers to enable the College to co-opt as Fellows of the College, but without examination, the Fellows of the London and Edinburgh Colleges of Surgeons. The proviso is, however, made that such Fellows shall be engaged in the *bona-fide* practice of surgery in Ireland, and shall have obtained their Fellowships by examination. This act of the Council is, in fact, a reciprocation of the act of the London College, which, when seeking its last charter, caused a similar clause to be inserted therein.

We should be, as might be supposed, altogether hostile to the co-option or creation of Fellows as has been done by other colleges, without any examinational guarantees, and upon the simple payment of fees, and we look with the greatest suspicion upon the existence of such a system in the Irish College of Physicians, however strictly it may be guarded, for the present, by the ballot. Just now the Fellows of the College may be depended upon not to elect amongst themselves any save the highest rank of physicians, but the day may come, at any time, when the mercenary party will obtain a majority on the College, and, if that occurs, we shall see Irish Fellowships sold openly, as they were for years sold in Edinburgh. This objection does not apply to the proposal of the College of Surgeons, because no one will be eligible for the Fellowship *sine examinatione* unless he shall have been fully examined by the London or Edinburgh Colleges, and unless he is practising within the purview of the Council, and even if he complies with both these requirements, his co-option as Fellow will be entirely discretionary. We do not anticipate any objection to this clause on the part of the Government.

Tapeworm treated successfully by Chloroform.

DR. J. WALTER WOOD, of Port Richmond, S. I., has had (says the *New York Medical Record*) an instructive experience in the chloroform treatment of tapeworm. The patient, a boatman, aged twenty-four, had suffered from diarrhœa and frequent desire to defæcate. As he could not stop work, Dr. Wood directed him to take nothing but milk the following day, and nothing at all after 2 p.m. At 9.30 p.m. he came to the office, and was given two grains of calomel and immediately afterward one drachm of Squibb's spirit of chloroform in three ounces of mucilage of acacia. He was then directed to lie down, and in ten minutes was in a profound stupor, from which he could not be aroused by shaking. The pulse, which was formerly seventy-two, was now reduced to forty. At the end of half an hour, electricity was applied, and the patient aroused sufficiently to permit the administration of three drops of croton oil enveloped in vaseline. He then relapsed into his former state and could not be permanently aroused until an hour had passed from the time of taking the chloroform. He complained of headache, staggered when attempting to walk, and compared his sensations to those of a man recovering from a debauch. Half a grain of podophyllum was then given, and the man allowed to go home. He was directed when going to stool to use a pail half filled with water so as to avoid breaking the worm, and not to disturb the contents of the vessel. At a quarter past two o'clock in the morning a tapeworm measuring twelve feet in length was passed entire. Dr. Wood states that he shall in his next case use a much smaller quantity of chloroform.

THE Croonian Lectures of the College of Physicians of London commenced yesterday, and will be continued on March 12, and 17, by Dr. Hermann Weber, on the "Hygienic and Climatic Treatment of Consumption."

IN an examination on physiology some years ago at South Kensington, the question was put, "What is bile, and what are its uses?" One candidate's answer was, "Bile is formed in the stomach, and is used for cleaning carpets."

A Doctor's Revenge.

A sad story reaches us from a Paris correspondent illustrative of wifely infidelity, and its not unusual sequel. It appears that a Dr. Aimé Quenel, of Gilly, Belgium, had reason to doubt his wife's morality, and after severe remonstrance for her alleged misconduct, her paramour in the intrigue, fearing the consequences, left Belgium and went to reside in Paris. Subsequently he was followed thither by Dr. Quenel's wife, who became his mistress and lived with him. The outraged husband, on ascertaining her whereabouts, followed her thither, tracked the seducer, and on Friday last knocked him down in the Boulevard Haussman and shot him with a revolver. The victim, M. Bayotte, was at once taken to the Beaujon Hospital, where his wound is considered mortal. Dr. Quenel, meanwhile, is under arrest.

The Cocaine Craze.

The medical journals have abounded of late in letters and notices written in praise of the virtues of cocaine, and it has evidently created quite a furore in ophthalmic practice. It now appears that those who would loudest sing its praises are not content to confine themselves within reasonable grounds, or of professional decorum. We notice with no little concern some few sensational paragraphs have lately made their appearance in the lay press, and the latest takes the form of the puff-direct in *Chambers's Journal* of this month. Mr. C. S. Jeaffreson, F.R.C.S.E. of the Eye Infirmary, Newcastle, writes, under the sensational heading, "A New Anæsthetic," to say that he has tried it with wonderful success. He goes on to say: "I am so frequently being asked questions upon this subject, and the matter is of such vast importance to the general public, that I make no apology for stating my experience of this new drug in the public press. I have no doubt that its introduction will mark a new era in ophthalmic practice; and a knowledge of the great benefits which, by its agency are likely to accrue to suffering humanity cannot be too prominently brought before the public." On this point we venture to differ with Mr. Jeaffreson, and are inclined to believe that an apology is due to his professional brethren in Newcastle for resorting to what they will think with us is, after all, a very objectionable form of advertising.

Mr. John Francis Marshall Miles, The Grove, Dingle, has been appointed to the Commission of the Peace for Kerry, upon the recommendation of the Right Honourable the Earl of Kenmare, K.P., Lieutenant of the county.

Dr. Sylvanus P. Thompson, of University College, Bristol, has been appointed Principal and Professor of Physics at the City of London Guilds Technical College. Professor Thompson thus succeeds Professor Ayrton, F.R.S., who has now been appointed Professor of Physics at the Central Institution.

The Irish College of Surgeons has followed up its decision to admit women to its diplomas by recognising the London Medical School for Women. We understand that application for similar recognition will shortly be made by the Royal Free Hospital, in Gray's Inn Road, where the lady students pursue their clinical studies.

Dr. Szpilmann ("Berichte Deut. Chem. Gesellschaft") finds that air, and still more pure oxygen, promotes the multiplication both of the bacilli of anthrax and those of putrefaction. Ozone, on the other hand, is fatal to the latter, but has no injurious action upon the former.

The Examiners of the London Apothecaries' Hall have recently passed a resolution calling the attention of the deans of the medical schools in London and the provinces to the fact that the students who have lately presented themselves before the Court of Examiners have shown, when examined on recent morbid and microscopical specimens, very insufficient knowledge of the subject of morbid anatomy and pathology.

Dr. J. Seegen (*Biolog. Central Blatt*) sums up his results on the formation of sugar as follows: they confirm the conclusion that sugar, in a normal constituent of the blood, ranges in dogs from 0·1 to 0·15 per cent. The blood on leaving the liver contains twice as much sugar as that entering the organ. In three animals, weighing respectively, 7, 10, and 41 kilos., the quantities of blood issuing from the liver in twenty-four hours were 179, 233, and 423 litres. Consequently 179, 233, and 423 grms. of sugar were daily introduced into the circulation. In the carnivora this sugar is formed from the albuminoids of the food consumed, the greater part of the carbon ingested being utilised in the formation of sugar. The formation of sugar and its transformation in the blood rank among the chief functions of the mutation of matter.

Scotland.

[From our Northern Correspondents.]

Longevity in the Highlands.—In the Registrar's notes for the last quarter of 1884 we find that in the parish of Moy and Dalarossie one of the deaths recorded was that of a woman 100 years old. In Kirkhill one of the 5 deaths recorded was that of a female 94 years of age—the oldest inhabitant of the parish—and another, that of a male 86 years of age. In Glenelg only one death took place, that of a pauper, aged 92. In the southern district of Gairloch the death of a woman 97 years of age was registered in December. In Reay, Sutherlandshire, the last entry in the death register is that of a woman 104 years of age.

The Faculty of Physicians and Surgeons, Glasgow.—The March meeting of the Faculty of Physicians and Surgeons took place on Monday, the 2nd inst., and as some crumbs had to fall from the Faculty table, there was a large attendance of Fellows—as there always is under similar circumstances—in the interests of the place-hunters. On this occasion there was an unusual and undignified amount of personal canvassing. The result of the election illustrates the ultimate triumph not unfrequently attendant on the policy of being thick-skinned and keeping "pegging away." The office of examiner will not now be so valuable

as it was heretofore, as by recent manœuvres a serious blow has been struck at extra-mural teaching, and a process of speedy disintegration from within has been set in motion at the Faculty. The senior Fellows of Faculty have themselves entirely to blame for this, So long as corporations are to exist, the right of the Faculty was as inalienable as that of the others, and its present crippled position is a matter for regret. Perhaps, however, this is a step towards the one portal system which is inevitable.

THE CHAIR OF BOTANY IN THE UNIVERSITY OF GLASGOW.—We understand that Dr. Bayley Balfour, who was recently appointed Sherardian Professor of Botany in the University of Oxford, has resigned the Chair of Botany in the University of Glasgow.

AMBULANCE CLASSES IN DUMFRIES.—The Ambulance movement has something of the contagiousness of the "Salvation Army." It is extremely popular in Scotland, and is consequently spreading. Two ambulance classes which have been conducted in Dumfries by Dr. Dryden in connection with the St. John's Association, were closed on Tuesday, the 3rd inst., with an examination by Dr. Lediard, of Carlisle. There were between sixty and seventy pupils. A ladies' class is now being formed. Where all the ambulance pupils are to find an outlet for their talent and instruction it is somewhat difficult to imagine. We can, however, easily conceive an extensive patronage of the lady contingent.

THE FEVER HOSPITAL QUESTION IN EDINBURGH.—At a meeting of the Public Health Committee of the Edinburgh Town Council, held last week, at which the Lord Provost was present, the resolution of the Infirmary managers to give up the maintenance of a hospital for infectious diseases after the 1st of July next was submitted. After a good deal of conversation on the point, it was, we understand, resolved that the legal aspects of the question should be carefully considered by the legal advisers of the city. It appears, therefore, that we are not to be saved the expense and annoyance of litigation, and that much public money is to be spent by the city in trying to shirk their just liability to provide a hospital for infectious diseases.

PROFESSOR OGSTON'S SERVICES ACCEPTED FOR EGYPT.—Professor Alexander Ogston, of Aberdeen University, has obtained from the War Office the necessary authority to accompany the new expedition under General Graham, and left for Egypt on the 27th ult. Dr. Ogston's success in gaining this rather exceptional permission—the authorities having hitherto refused all offers of medical assistance on the ground that the medical staff and corps of the Army were amply sufficient for all needs—lay in his very strong representation that, as at Aberdeen he had to teach students, many of whom destined themselves for the Army Medical Service, it was advantageous—not to say necessary—that, when the opportunity offered, he should make himself practically acquainted with military surgery. It has been arranged that the Professor's duties at the Infirmary will be performed during his absence by Dr. Hall, while Dr. Mackenzie Davidson will officiate for him at Marischal College.

GRATUITOUS MEDICAL SERVICES.—At the eighth annual meeting of the subscribers and friends of the Glasgow Public Dispensary, held last week, Professor McKendrick enunciated some very practical opinions on the subject of gratuitous medical services. In moving the adoption of the report, he observed that the institution owed its existence, not so much to the desire—to the necessity, rather—for giving assistance and medicines to the suffering poor as to maintain a principle, and that principle was that a considerable number of the suffering poor should at all events have the opportunity of contributing towards the expense of the medicines with which they were supplied, and towards the expense of the institution. They knew quite well that the 2,440 cases relieved there during the past year did not perhaps bulk very largely when they took into consideration the immense number of cases treated in our great public infirmaries, and even if the Public Dispensary disappeared altogether, the patients would be looked after at one or other of our great public institutions. But it was notoriously the fact that a considerable number of people went to the dispensaries attached to our great hospitals and obtained advice and medicine gratis when they ought to pay something—not so much for the value of the money they contributed as for the moral effect upon themselves of having to do something for the good they received. It was well known that on asking patients to pay a small sum for the bottle of medicine they took away, in some cases a sovereign had been tendered and change requested to pay 1d. or 2d. for the bottle, showing there was not so much poverty in the matter. He had worked out a few calculations that morning of the statistics given in the report before the meeting. He found that the total cost for each consultation was about 1s. 8d. There was another aspect the public should bear in mind, not only in connection with that charity, but all charities where medical assistance was given. The medical officers in connection with that institution received nothing for their labours. Now, if the comparatively small sum of 2s. 6d. were allowed for each consultation, it would appear that the medical officers had contributed in time and labour about £76 5s. Such an institution gave an opportunity to some of the younger members of the profession to acquire experience which otherwise they might not have.

Literature.

SANKEY'S LECTURES ON MENTAL DISEASE. (a)

DR. SANKEY'S Lectures now appear in the form of a second edition with some histological illustrations. He arranges his work in five parts. 1st. Mental Physiology. 2nd. Mental Disease. 3rd. Symptomatic Mental Diseases. 4th. Treatment. 5th. Legal Relations of Insanity. The first part treats of mental science under the heads of (*a*) Mental Products. (*b*) Mental Processes, or Statics. (*c*) Mental Processes or Dynamics. Dr. Sankey has not been happy in his selection of these terms, and we certainly anticipate confusion to the student from the synonymous use of mental processes and statics which really represent two opposite conditions. The treatment of this section, though somewhat wanting in cohesion and solidarity, is wonderfully free from obscurities of expression, and is by no means deficient in practical interest of pertinence to the primary object of the Lectures. This is a great deal more than can be said for most psychological expositions in medical literature. The Lectures on Mental Disease proper are remarkable for their originality and the altogether exceptional standpoint from which the writer views the classification of insanity. Dr. Sankey's classification has at least the merit of simplicity—and probably he errs on the side of simplicity—but his vigorous protest against the elaborate system of classification in use will be appreciated by many readers. At the same time we are not enamoured with his own classification into idiopathic insanity and symptomatic insanity. In the first place, the names are objectionable as applied in the Lectures, and no rigid line of demarcation can be drawn between the two. In the second place, the varieties of in-

(a) "Lectures on Mental Disease." By W. H. O. Sankey, M.D., F.R.C.P. Lond. Second Edition. 1884. London: H. K. Lewis.

sanity which are respectively relegated to each class cannot always find their appropriate place in one division more than the other. The chapter on Treatment is too meagre and arbitrary—the observations on the various baths, for example, are very imperfect; and no discrimination is made between suitable and unsuitable cases for any particular form of bath treatment. The chapter on the Legal Relations of Insanity is an excellent one. An appendix is given on other classifications, and on hæmatoma auris. Altogether the book may be commended as a contribution to psychological literature, which, though neither exhaustive or likely to supersede other first-class books, may be looked upon as complementary and an excellent corrective to others of its kind.

SANITARY PROTECTION. (a)

Mr. Kaye Parry's pamphlet is published opportunely, coming as it does at a time when the connection between sewage and disease is attracting so much attention, and when every medical man is expected to be able to give an opinion as to the safest and best sanitary fittings. Its title, however, is a little unfortunate, as "sanitary protection" is dealt with in a much wider sense than that now generally applied to the words. Indeed, the author has succeeded in compressing into a very small space a considerable amount of practical information as to the principles and practice of sanitation. Beginning with those theoretical considerations which must govern all systems of removal of sewage by water-carriage, he proceeds to apply these considerations, first to public, then to domestic drainage.

The chapters on Practical Drainage, and Sanitary Plumbing contain full descriptions of the errors most frequently met with, and their remedies; sanitary inventions, both new and old, are also fully dealt with.

In an appendix a sample report is given on the drainage and water-supply of a house. This is illustrated with sketches of the discovered condition of affairs, and the recommended alterations, and shows in a concise manner the system by which the drains, &c., of a house can be best examined.

The pamphlet is well written and well illustrated, and may be read with interest and profit by medical men.

Correspondence.

TO LADIES ONLY!

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—A large number of ladies, including the wives and families of many medical men living in London, received, last week, a card and circular of invitation to hear a lecture to "Ladies only," to be delivered by a Mrs. Anna M. Longshaw Potts, Doctor of Medicine, at St. James's Hall, Piccadilly.

On the afternoon in question the Hall was crowded, very many young girls being present, and among the audience was my wife, who, accompanied by a lady who is at the head of one of the largest nursing establishments in London, attended in no spirit of carping criticism, but with an honest wish to be instructed. I may say that my wife is acquainted with something more than the first principles of physiology, and understands enough about gynæcology to appreciate at their proper value the statements of the lecturer.

At my request she wrote down a simple unvarnished account of this lecture while it was fresh in her memory, and having read it over, I have thought it might be of interest to readers of the journal to hear the impression produced upon at least one of the audience:—

On entering St. James's Hall this afternoon to hear Mrs. Potts' lecture, I think every one must have been struck with its peculiar appearance. All round the balcony were hung at intervals portraits (?) in groups. The names were underneath, and I could read Garibaldi, Lord Wolseley, Bismarck, Scott, Baroness Coutts, Mary Somerville, Fanny Burney, Gladstone, D'Israeli, Garfield, and many others. One group consisted of four heads very suggestive of prize-fighters, but the only name I fancied I could read was "Jem Dillon." All across the platform were diagrams; some of them were full-length figures showing the arrangement of muscles, &c., and of the internal parts, while others showed the different parts separately as seen by the eye and by the microscope. With the exception of one or two, none of these were referred to during the lecture. More portraits were interspersed among the diagrams, Her Majesty the Queen being in the centre. There were also two skeletons draped!

Being rather far back in the hall, I could not hear Mrs. Potts' introductory remarks, so I went forward and heard her give some very sound advise to mothers upon the necessity of personal superintendence in the general management and feeding of their children, this being far too often left almost entirely in the hands of servants. She also warned them against getting up too soon after a confinement, advising them to remain in the recumbent position for at least three weeks, and also to avoid lifting or carrying older children for several months. Then, after apologising to any who might object to her touching such things, Mrs. Potts brought forward a female pelvis with a few lumbar vertebræ and the heads of the femora attached, and proceeded to explain the different parts, and the meaning of their names. She said it was so much better, instead of having to tell a doctor that you had "a sore haunch," to say that you had a pain in the ilium, or pains in the ilii (sic); a pain in the pubic region was much more intelligible than "a pain low down." Women have so many "low downs!" The sacrum, she said, got its name from the word "sacred," being one among the sexual parts worshipped in ancient religions. She brought in the subject of sex worship, with details which could be useful to no one present, and which might be hurtful to many. Then, again, in saying how important it was that a woman's pelvis should be large, she told how three young girls had come to her to see "if they were big enough to get married." Two were satisfactory, but the third was very slender, and was distressed because she thought she might not be married. Mrs. Potts, however, consoled her by telling her it depended on the size of man she chose. She should not marry a man with broad shoulders, thick neck, &c. "But what if I am engaged to a big man," asked the girl. "Ah! then I am afraid you will sacrifice yourself; but girls should remember that life is precious, and should hesitate to throw it away."

Mrs. Potts hoped mothers would not mind their daughters hearing anything she said, as it was right that they should know all these things, and if there were any present who had not attained to womanhood, why, it was not her fault.

Both my companion and I are advocates of the instruction of girls and boys in the general laws of life and health; but when we considered what the thoughts must be which the lecturer was at that minute exciting in the minds of the young girls who formed so large a part of the audience, our sentiments were akin to disgust, and had it not been that we were determined to sit the lecture out, we would there and then have left the hall. Surely if such points as these are ever to be raised, a lecture is neither the time nor the place in which to do it.

After again apologising, Mrs. Potts undraped the skeletons and showed the difference in breadth of shoulders and hips in the male and female.

In the remainder of her lecture she spoke of uterine derangements. They were very common, she said, as indeed, they must be if they are really indicated by the symptoms she detailed as those by which women might know whether they were quite right or not. Pain on the top of the head, with a burning sensation, pain in the lower part of the back, or in the abdomen—it might be to the right or to the left—a feebleness or trembling of the legs, &c. It was not necessary to have all the symptoms; but if some were present, then the uterus was out of place, or out of healthy condition. Some women, she said, were able to go about and pay visits; to walk and dance; they could eat and sleep tolerably well, and did not feel anything particular the matter until perhaps some duty had to be performed which they did not care about, and they would then find themselves quite unfit for the exertion, and would sit down and cry, "they didn't know why." According to her, uterine derangements are the sole cause of hysterical symptoms.

She thinks active exercise, such as the use of the skipping rope, or the going up and down stairs two or three steps at a time, most injurious; very long walks, or too much

(a) "Sanitary Protection." By W. Kaye Parry, M.A., Bac. Eng. Dub. Univ., Engineer to the Dublin Sanitary Association, &c. Dublin: John Falconer. London: E. and F. Spon. (Illustrated.)

dancing, she also condemns, and all for the same reason, viz., that they shake the uterus out of its place. She illustrated the position in the pelvis of this organ and its enveloping membrane by spreading a lace pocket-handkerchief over the pelvis of the female skeleton, meaning, I suppose, to represent the peritoneum covering the uterine ligaments, but I did not quite understand the illustration. To those quite unacquainted with the subject the impression conveyed, I am sure, would be that a woman with a healthy uterus was the exception, and not the rule.

Pointing to two of the diagrams, she showed in one a woman with the uterus in its right place and all the other organs healthy, with a cheerful expression and a good complexion; and in the other a woman whose uterus had fallen a little, and in consequence her heart, stomach, and every other part had also sunk, the corners of her lips were drawn down, she was pallid, and her throat curved outwards. She unrolled and showed two diagrams of prolapsus uteri, and one with a normal and a deformed pelvis, and the size and condition of a child's head at time of birth.

Mrs. Potts considers her work to be a mission to women, and she proposes to give a prescription (gratis) at each lecture. On this occasion it was 1 drm. arnica to 1 gill water, to be applied on soft cotton or linen, to be fixed by a T-bandage over the sacrum when that part is tender.

The lectures on Tuesday evening, and this afternoon, were by invitation, but at the future ones the tickets will be 5s., 3s., 2s., and 1s. Arrangements have been made with a shop in Regent Street where ladies who do not like to ask for them "from a man" at Austin's office may get them.

Mrs. Potts does not know how long she may remain in England, as she has urgent calls from America, but while she is here will be glad to help any ladies who may desire her advice, her fee being £2 2s. a visit! She is at home daily from 10 till 3, at 83 Portland Place. If gentlemen go to her she does not see them professionally, but Dr. —— (the name was mentioned), who is with her, will be glad to attend to them.

Yours, &c.,

19th February, 1885. F.R.C.S.

PROFESSOR GERMAIN SEE ON PHTHISIS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The work of Professor See, of Paris, entitled "La Phthisie Bacillaire" (Paris, 1884) is before me at this moment, and, as its views have not as yet attracted much notice, as far as I am aware, in this country, I should like with your permission to give a short summary of what that original thinker advances.

Laennec sixty-four years ago clearly put forth the doctrine of the unity of phthisis and the specific character of the malady, and Villemin, in 1865, by a most persevering series of experiments, established that phthisis is a virulent disease, since it can be transmitted by inoculation on the lower animals. Pasteur enlarged the field of observation, and Koch, in 1882, has been able to describe the parasite, or true agent of tuberculosis. How does practical medicine reconcile itself to the idea of a parasite causing a disease so long considered as non-specific?

In the first place, says See, diagnosis has largely profited by Koch's discovery; and many cases of doubtful phthisis have been proved to be that disease by the microscopic examination of the sputa, since the bacillus in the products of expectoration is the undeniable and constant accompaniment of tuberculosis in all its stages, and even in the insidious commencement of the complaint.

Besides this, says See, it is the averred factor of phthisis, and the destructive agent of all organs which the parasite attacks; and if this be a bold innovation, it follows at least logically from the facts up to this time acquired by science, the *ensemble* of which is beginning now to permit us to conceive, and perhaps to build up, the theory of so-called infectious, virulent, or specific diseases. Up to this day such diseases have had an invisible principle assigned to them, but now we have in place of a word the very culprits themselves. Perhaps this may be called "a revolution" likely to disturb clinical experience and therapeutics; but such a revolution will not disturb the old clinical observer, who merely will find pathological parasitism asked to account for facts which have long been known to him. Again, the idea of the *vis medicatrix naturæ* reappears, and the organism is seen to be the theatre of a struggle between the life of the human being and the parasitic world, our hereditary enemy.

Our most learned microscopists have publicly avowed the inanity of the distinctions which have been established, and have ascertained that analogy which is almost complete between the tubercle, the syphiloma, and the products of farcy, although these diseases are perfectly distinct. Clinical medicine is unable to clear up this difficult point, since it depends on pathological anatomy and symptomatology. Is tuberculosis the etiological element is henceforth rigorously defined; that is, it is the bacillus parasite which produces the tubercular lesion, and the functional disturbance which follows; it is against this parasite that all prophylactic care of the threatened individual will be directed and all curative remedies when the disease has commenced.

Phthisis, says See, is bacillar; there is no other kind; it is a virulent disease due to a special specific micro-organism, always inoculable on animals, transmissible from diseased to healthy persons by way of direct contagion, far more frequently propagated by heredity, very frequently localised in one organ, and thus has been capable of cure without compromising the rest of the organism.

These assertions of the distinguished professor of the Hotel-Dieu of Paris are so categorical, so plainly stated, and so bold, that I merely put them down for the moment in his own words, reserving for a future letter a further consideration of the important theory they contain and its influence on treatment.

Your obedient servant,

C. R. DRYSDALE.

THE AMALGAMATION OF DUBLIN HOSPITALS.

IN our editorial of last week on this subject we stated certain writers who have discussed this subject in the Dublin newspapers, "with the apparent object of shutting up the House of Industry Hospitals by withdrawing from them their entire income, have not hesitated to create an impression favourable to their cause by misrepresentation, if not by deliberate falsehood." At this statement Dr. Nixon, Physician to the Mater Misericordiæ Hospital, who had contributed to the correspondence, feels indignant, and he calls upon us to repudiate its applicability to him. This we might be called upon to do if we had applied the observation to him individually, but we do not by any means recognise the right of any one contributor to a correspondence to ask for a reclamation as to an observation applied to the correspondence as a whole. We have, however, in this instance no objection to say that the phrase used does not apply to Dr. Nixon's letter, though it is perfectly true of the correspondence as a whole, and, in fact, one response was devoted to giving the lie direct to five particularised statements contained in another letter, which statements were not only misrepresentations (or worse), but palpably malicious. If the physician of one hospital thinks fit to resort to the public newspapers to give expression to views depreciatory of another hospital, and if he does this in company with other correspondents who make use of misrepresentations for arguments, he has, we think, no reasonable cause of complaint if he comes in for a share in the knocks which are going.

WE understand that the Governors of Dr. Steevens's Hospital have definitely refused to join in the amalgamation scheme, and are prepared to sacrifice their Government grant of £1,300 a year sooner than cooperate. Very well! So much the worse for Steevens's Hospital; so much the better for the Government, who

will save that sum, or have it available for some other institution; so much the better for the sick poor, who will have the advantage of Steevens's Hospital and also of the new hospital. We do not suppose that the defection of the Steevens's Board will give much uneasiness to Lord Spencer.

Obituary.

DR. MARCUS EUSTACE.

We very much regret to record the death, at the early age of 54, of Dr. Marcus Eustace, joint proprietor of the Hampstead Private Lunatic Asylums, near Dublin. Dr. Eustace obtained his first qualification in 1854, having previously studied in the University of Dublin and the school of the College of Surgeons. He took the M.D. of the University in 1864, and a few years ago was elected a Fellow of the King and Queen's College of Physicians. His practice has always been associated with mental diseases, in the treatment of which he was very successful. He was greatly esteemed for his social qualities and for his benevolence of character.

Novelties.

NEW NEEDLE-HOLDER AND SURGICAL NEEDLE AND THREAD.

By J. Ward Cousins, M.D. Lond., F.R.C.S.,
Surgeon to the Royal Portsmouth Hospital.

The special feature of the holder consists in the novel device by which the opening, shutting, and fixing movements are accomplished. The blades are surrounded by a triangular collar, with rounded angles, fixed just below their points, and under the control of the thumb by means of a lever. When the instrument is grasped by the hand this collar can be easily rotated. In its long axis the blades are released by a recoil spring, but by a slight movement they are securely fixed, and the points are brought into close contact with each other. It is adapted for the introduction of every kind of needle, and it is not liable to get out of order. The pressure at the points can be accurately regulated by the hand, and thus the risk of breaking fine needles is greatly diminished. The long lever attached to the thumb-plate is intended to facilitate the insertion of deep stitches in plastic operations. The rotatory action of the instrument is the chief element of novelty, and this marks the difference between it and the holders now in general use. By slight movements of the thumb on the lever complete control is obtained over the needle. Sir Spencer Wells' short scissor-shaped holder is suitable only for the introduction of large needles, and the ordinary spring instrument gives no variation of pressure at the points except the slender accommodation obtained by covering them with soft metal. The holder is made by Messrs. Maw, Son, and Thompson, and it is represented in the engraving carrying a surgical needle and thread.

ESSENTIAL OIL OF CAMPHOR IN RHEUMATISM.

This oil, which is now making its way into European practice, is obtained as a by-product in the process for obtaining camphor from the wood of *Laurus camphora*, and has for centuries enjoyed the highest reputation among the Chinese and Japanese as a remedy in muscular and articular rheumatism. In the process of distilling the camphor wood the oil and camphor are carried over together into a receiving trough and separated by draining.

This oil, now introduced into this country by Messrs. Wright, Layman, and Umney, manufacturing druggists, has been examined by R. H. Oishi, and the results of his investigation show that it consists of a saturated solution of camphor in a complex mixture of terpenes of the hydrocarbon series and oxyhydrocarbons isomeric with camphor and other aromatic bodies. Upon submitting the oil to fractional distillation that portion obtained between 180° to 185° C. was found to give figures coinciding with the formula $C_{10}H_{16}O$, and another fraction between 178°—180° C., after three distillations, upon combustion gave figures equivalent to $C_{12}H_{20}$.

In addition to combining the properties of turpentine and camphor, it possesses the advantage of being far more cleanly than the fatty solutions of camphor which have hitherto been in vogue in this country, while its low price places it within easy reach for experimental purposes. The oil is very mobile, of a dark brown colour, and has a strong but pleasant odour, between that of sassafras and camphor.

The Mortality of Foreign Cities.—In the principal foreign cities the rates of mortality per week per 1,000 of the population, according to the latest official returns, were:—Calcutta 34, Bombay 24, Madras 57, Paris 26, Geneva 29, Brussels 30, Amsterdam 27, Rotterdam 24, The Hague 28, Copenhagen 20, Stockholm 24, Christiania 29, St. Petersburg 33, Berlin 23, Hamburg 25, Dresden 28, Breslau 25, Munich 32, Vienna 29, Prague 36, Buda-Pesth 22, Trieste 31, Rome 27, Turin 35, Venice 33, Alexandria 34, New York 26, Brooklyn 20, Philadelphia 24, and Baltimore 23.

Vital Statistics.—The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 21·4 per 1,000 of their aggregate population, and gave the following annual rates:—Birkenhead 20, Birmingham 19, Blackburn 21, Bolton 25, Bradford 18, Brighton 19, Bristol 24, Cardiff 31, Derby 22, Dublin 30, Edinburgh 16, Glasgow 29, Halifax 16, Huddersfield 14, Hull 15, Leeds 19, Leicester 18, Liverpool 25, London 20, Manchester 24, Newcastle-on-Tyne 30, Norwich 29, Nottingham 23, Oldham 18, Plymouth 26, Portsmouth 13, Preston 32, Salford 26, Sheffield 21, Sunderland 29, Wolverhampton 20. The highest annual death-rates from diseases of the zymotic class in these towns were—From whooping-cough (measured by last week's mortality), 2·6 in Preston, in Bristol, and in Wolverhampton, and 3·4 in Norwich; from measles, 7·5 in Cardiff, and 12·5 in Sunderland; from scarlet fever, 2·1 in Preston; and from "fever," 1·1 in Norwich The 33 deaths from diphtheria included 16 in London, 3 each in Nottingham and Liverpool, and 2 each in Glasgow and Leeds. Thirty-eight deaths were ascribed to small-pox in London and its outer ring of suburban districts, 2 in Birmingham, 2 in Sunderland, 1 in Brighton, and 1 in Liverpool.

The Medical Society of London.—The following officers and Council were last week elected for the ensuing session:—President: William Miller Ord, M.D. Vice-Presidents: Richard Douglas Powell, M.D.; Sydney Jones; John Langdon Down, M.D.; Samuel Cartwright. Treasurer: Arthur Edward Durham. Librarian: William Henry Allchin, M.B., F.R.S.E. Honorary Secretaries: James Kingston Fowler, M.D.; John Henry Morgan, M.A. Secretary for Foreign Correspondence: Felix Semon, M.D. Council: Thomas Lauder Brunton, M.D., F.R.S.; Smith Houston Davson, M.D.; Sir Joseph Fayrer, K.C.S.I., M.D., F.R.S.; David W. Finlay, M.D.; Alfred Pearce Gould, M.S.; F. De Havilland Hall, M.D.; Francis Mason; Edmund Owen; Isambard Owen, M.D.; George Richard Turner Phillips; Thomas Pickering Pick; Walter Pye; Joseph Peeke Richards; Arthur Ernest Sansom, M.D.; Charles Brodie Sewell, M.D.; William Heath Strange, M.D.; T. Tillyer Whipham, M.A., M.B.; William Henry White, M.D.; Charles Theodore Williams, M.A., M.D.; Alfred Wiltshire, M.D.

Royal College of Physicians, Edinburgh.—The following candidates having passed the necessary examinations, received last week their licence to practise:—Charles Thomason, Dornford, Wantage, Berks; Asher Gross, Leeds; and Robert Evans, Pwllheli, N. Wales.

Notices to Correspondents.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular* may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean and flat after it has passed through the post.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

DR. C. B. WITHERLE (St. Paul, Minn.).—Sorry we cannot reciprocate, our exchange list being already too full.

MR. TOLLER (Richmond).—Yours is a very common complaint, due to lowness of the system generally. Any respectable practitioner in your neighbourhood would know how to treat it. It is against our rule to prescribe in these columns.

DR. GRAILY HEWITT.—Paper on "The Restoration of the Perineum" received with thanks; proof will be sent you before insertion.

DR. MYRTLE (Harrogate) is thanked. The request will be attended to.

ACNE ROSACEA.—The presidential address before the Willan Society of London to hand; will appear as soon as space permits.

DR. B. O. C.—We hope to find space for your communication in our next.

AWARDS AT THE LATE HEALTH EXHIBITION.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—By request of Jury No. 9 of the late Health Exhibition we forwarded at the commencement of last August several filters, which the circular stated were "to be tested." They have just now been returned to us, and to our astonishment we find that they have *not* been tested, not a drop of water having ever been passed through them. You will understand that the nature of spongy iron renders it easy to affirm this with certainty. It appears almost unnecessary to point out that the only known way to test filters as to their sanitary merits consists in a chemical and microscopic comparison of water before and after filtration through them. Such testing can, indeed, have been the only reasonable object in retaining filters for almost seven months, four of which were beyond the close of the Exhibition.

Surely nothing could show more clearly the hollowness of at least some of the awards made by the jury. Will the committee or the jury allow this stigma to rest on them as a body, or will they name the individual who is responsible for the blunder? It is perhaps expecting too much that that party will have sufficient courage to come forward himself, and explain by what means he arrived at his conclusions, which were opposed to all scientific and practical evidence on the subject.

We remain, Sir, your most obedient servants,
for the Spongy Iron Filter Company,
F. G. L. MILLER, Manager.

A. E. D. asks: In view of the Franchise Bill becoming law at an early date, please let me know if I am obliged to allow the political agents of any party to inspect my dispensary books, or can they be examined by any persons except the Dispensary Committee, and by what authority?

[No one has any right to inspect the dispensary books except the duly authorised officer of the Dispensary Committee and the inspector of the Local Government Board.—ED.]

MR. ARNOLD LYNDON (St. Bartholomew's).—The report came to hand as we were at press. It would be more convenient were we to receive reports on Monday in future.

M. LE SOUDIER (Paris) will please receive our best thanks.

A QUERY.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Having a somewhat peculiar case under my care, I wish to elicit an opinion thereon. It is this: I have a near friend, a female patient, about 33 years old (unmarried), who suffers from a unique complaint. As she sits, walks, or stands, there is a croaking of wind in the colon. I can compare it to nothing except the noise made by a regiment of frogs or sundry distant explosions of firearms. I have advised a well-regulated diet, and I have given as medicine bromide of potassium, bicarbonate of potash, tincture capsici, tr. nucis vomicæ, tr. aconiti (Fleming's), and chlorodyne. Whether she does not progress with the medicine or not is a question, as some patients in their wisdom expect a single dose of medicine to cure any ailment, no matter of what duration or what gravity. At any rate, I wish to elicit an opinion from some brother practitioner who may have come across a similar case, as to its probable nature and suggested treatment. I enclose my card, and am, Sir, yours sincerely,

PUZZLED QUERIST.

Meetings of the Societies.

WEDNESDAY, MARCH 11TH.

HUNTERIAN SOCIETY.—At 7.30 p.m., Council Meeting.—Dr. Herman, Cases of Dermoid Pelvic Cysts.—Mr. Corner, Cases of Uterine Hæmorrhage with Impending Death cured by Removal of the Ovaries.

EPIDEMIOLOGICAL SOCIETY OF LONDON.—At 8 p.m., General A. C. C. De Renzy, The Prevention of Heat Apoplexy.

ROYAL MICROSCOPICAL SOCIETY.—At 8 p.m., Mr. J. W. Stevenson, A New Catadioptric Illuminator.—Dr. J. D. Cox, Structure of the Diatom Shell; Siliceous Films too thin to show a broken edge.—Exhibition of Nobert's Original Machine for Ruling his Lines.—Messrs. J. B. Cheshire and W. W. Cheyne, The Pathogenic History of a New Bacillus.—Mr. F. Fowke, The First Discovery of the Comma Bacillus.

BRITISH GYNÆCOLOGICAL SOCIETY.—At 8.30 p.m., Specimens by Drs. Aveling, Granville Bantock, Edis, and others.—President's Inaugural Address.—Dr. Aveling, A Case of Double Pyosalpinx.

THURSDAY, MARCH 12TH.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—At 8 p.m., Living Specimens.—Mr. Nettleship, Total Detachment of Retina of long standing, with retention of some sight.—Mr. A. S. Morton, Choroidal Atrophy.—Dr. Brailey, The Condition of the Ciliary Nerves in certain Diseases of the Eye.—Dr. Mules, Evisceration of the Globe (with living specimen).—Mr. Nettleship, Note on the Spontaneous Disappearance of Diabetic Cataract.—Mr. A. H. Benson, Tubercular of Cornea.—Mr. J. B. Lawford, Case of Tubercle of the Choroid (with ophthalmoscopic drawing and microscopical specimens).

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At 5 p.m., Dr. Hermann Weber, Croonian Lecture on the Hygienic and Climatic Treatment of Consumption.

PARKES MUSEUM OF HYGIENE.—At 8 p.m., Mr. A. Wynter Blyth, Household Poisons.

FRIDAY, MARCH 13TH.

CLINICAL SOCIETY OF LONDON.—At 8.30 p.m., Dr. Bastian, A Case of Thrombosis of the Basilar Artery, with profound coma, extreme lowering of the rectal temperature, and death in five and a-half hours.—Mr. Barwell, An Unusual Sequela of Ovariotomy.—Mr. Davies-Colley, Three Cases of Colotomy, with delayed opening of the Intestine.

ROYAL INSTITUTION.—At 9 p.m., Sir F. A. Abel, Accidental Explosions caused by Non-explosive Liquids.

Vacancies.

Belmullet Union, Knocknalower Dispensary.—Medical Officer. Salary, £110 and fees. Election March 20. (See advt.)

Coombe Lying-in Hospital, Dublin.—Assistant Physician. For particulars apply to Dr. S. R. Mason, 92 Harcourt Street, Dublin.

Croom Union, Adare Dispensary.—Medical Officer. Salary, £145 and fees. Election March 23. (See advt.)

Devonport.—Royal Albert Hospital.—Assistant House Surgeon. Applications, with testimonials to the Chairman of the Managing Committee, not later than March 17.

New Ross Union, Fethard Dispensary.—Medical Officer. Salary, £20, and £15 as Medical Officer of Health. Election March 16. (See advt.)

Sussex County Hospital.—Assistant Physician and Assistant Surgeon. Applications, with testimonials, to the Secretary, by March 25.

Tiverton Infirmary, Devon.—House Surgeon. Salary, £100. Applications, with testimonials, to the Hon. Sec., before March 14.

Appointments

OLDHAM, H. F., B.A., M.B., B.Ch. T.C.D., Resident Medical Officer to the Monsall Fever Hospital, in connection with the Royal Infirmary, Manchester.

PALM, T. A., M.D., C.M.Ed., Medical Officer for the Thorncombe District of the Axminster Union.

PERKS, R. H., F.R.C.S.E., Resident Medical Officer to the Royal Albert Hospital, Devonport.

STEPHENS, W. J., L.R.C.P.Ed., Honorary Physician to the Brighton and Hove Dispensary.

THOMSON, T. P., M.B. & C.M., Medical Officer and Public Vaccinator for the Alberbury District of the Atcham Union.

WEST, W. A., L.K.Q.C.P.I., L.R.C.S.I., District Surgeon of the Sydney Hospital.

WHITE, J. W. L.K.Q.C.P.I., L.F.P.S.Glas., M.R.C.S., Medical Officer for the Fifth District of the Bedminster Union.

WOOLERTON, E. G., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer for the Wendover District of the Wycombe Union.

Deaths.

BROWNE.—March 2, at Crindan, Dumfries, W. A. F. Browne, M.D., LL.D., F.R.C.S.E., late Her Majesty's Commissioner in Lunacy for Scotland, aged 78.

COTTERELL.—March 4, at the residence of Dr. Rayner, Great Malvern, Thos. R. Cotterell, M.R.C.S., late of Charlbury, Oxon., aged 68.

EUSTACE.—March 1, at his residence, Elmhurst, Glasnevin, Marcus Eustace, F.K.Q.C.P.I., aged 53.

EVANS.—March 3, at Sutton Coldfield, Helen, the beloved wife of Alfred Evans, M.R.C.S.

HOPKINS.—March 1, at the residence of his brother, Dr. John Hopkins, 93 Camberwell Road, Camberwell, S.E., Rees Hopkins, L.R.C.P., M.R.C.S.E., of Pontypridd, Glamorganshire, aged 39.

HOWARD.—Feb. 25, at his residence, New Buckenham, Norfolk, Horace F. Howard, M.R.C.S. Eng., aged 55.

SHILLITOE.—March 1, Richard Rickman Shillitoe, F.R.C.S., of Hitchin, aged 65.

THOMPSON.—Feb. 28, at Bramble Hill, Honiton, P. H. Hanggard Thompson, M.R.C.S., formerly of Monmouth, aged 80.

WILLIAMSON.—Feb. 20, from sunstroke, on board H.M.S. *Petrolus*, in the Red Sea, Dr. J. Irving Williamson, son of Dr. C. Williamson, Athy, co. Kildare.

WILLING.—March 2, at Wood Green, George Frederick Bruton Willing, L.R.C.P., M.R.C.S., L.M., aged 64.

WOOD.—March 1, at his residence, South Norwood, Surgeon-Major W. E. Wood, late of Her Majesty's Indian Army, aged 62.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 18, 1885.

CONTENTS.

ORIGINAL COMMUNICATIONS.

On the Restoration of the Perinæum. By Grailly Hewitt, M.D., F.R.C.P. Lond., Professor of Midwifery and Diseases of Women, University College; Obstetric Physician to University College Hospital 227

The Operation of Laparotomy. Hair-pin (3½ in.) introduced into Rectom, and removed from the Sigmoid Flexure of Colon. By Thomas Bryant, F.R.C.S., Member of the Council and of the Court of Examiners, Royal College of Surgeons of England, &c. 227

Dislocation of the Jaw. By J. S. McArdle, F.R.C.S.I. 230

Clinical Lecture on Displacements of the Uterus. Delivered at the Chelsea Hospital for Women. By Fancourt Barnes, M.D., Physician to the Chelsea Hospital for Women, the British Lying-in Hospital, the Royal Maternity Charity, and Obstetric Physician to the Great Northern Central Hospital 231

CLINICAL RECORDS.

The Middlesex Hospital—Two cases of Diffuse Lipoma. Under the care of Mr. Henry Morris. Reported by Mr. W. Rogers Williams, F.R.C.S. Eng., Surgical Registrar) 233

PAGE

TRANSACTIONS OF SOCIETIES.

Clinical Society of London—

A Case of Thrombosis of the Basilar Artery with Profound Coma, Extreme Lowering of Rectal Temperature, and death in 5½ hours 233

An Unusual Sequela of Ovariotomy 234

Academy of Medicine in Ireland—

Transplantation of Skin-Flaps without Pedicle for Cicatricial Ectropion 236

Treatment of Flat-Foot 236

Abernethian Society—

Injuries and Diseases of the Spinal Column 236

Concussion of the Spine 236

Fractures of the Spinal Column 236

SPECIAL.

Amenities, Literary and Professional 237

Brief Notes from American Practice 237

SANITARY DEPARTMENT.

The High Death-Rate at Preston 238

Legal Provisions relating to Milk-Dealers 238

Reports of Medical Officers of Health .. 238

PAGE

LEADING ARTICLES.

Reform at the English College of Surgeons 239

Weak Heart 240

A Novel Instance of Quackery 240

NOTES ON CURRENT TOPICS.

Northumberland and Durham Medical Society 241

Foreign Bodies in the Rectum 242

Patent Medicines 242

Restoration of the Perinæum 242

The Irish Prisons Administration 242

Volunteer Medical Staff Corps 243

The Irish Poor-law Medical Superannuation Bill 243

The late Army Medical Competitive 243

New Irish Poor-law Inspectors 243

Presentations at the Levée 243

The Manufacture of Aërated Waters 243

The British Gynæcological Society 244

Scotland 245

Literature 246

Literary Notes and Gossip 247

Novelties 248

Correspondence 249

Notices to Correspondents 49

Original Communications.

ON

THE RESTORATION OF THE PERINÆUM.

By GRAILY HEWITT, M.D., F.R.C.P. Lond.,

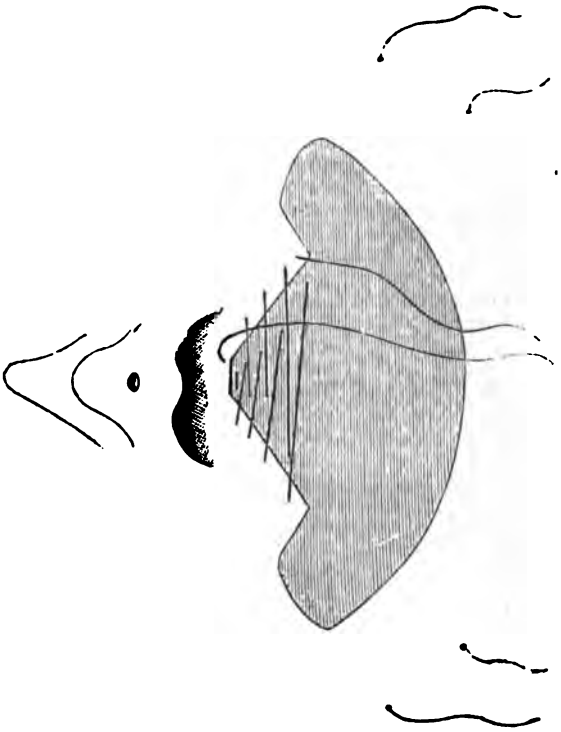
Professor of Midwifery and Diseases of Women, University College; Obstetric Physician to University College Hospital.

The necessity for restoration of the lacerated perineal structures in cases of prolapsus uteri, the indications for the operation, and the best method of operating so as to ensure a satisfactory result have been very frequently discussed of late years. I am desirous of giving the results of my experience and observation on the subject.

The most important principle to be kept in view appears to me to be the necessity for building up the perinæum in a pyramidal shape, the base of the pyramid corresponding to the external surface of the perinæum, the apex of the pyramid being about two inches from the junction of skin and mucous membrane. Most operators at the present day have apparently had this principle more or less in view in designing their operations. The difficulty consists in procuring a sufficient thickness of the recto-vaginal septum between the edge of the perinæum and the apex of the pyramid just alluded to. For unless the floor of the vagina at a distance of about 1½ in. from the outlet can be so approximated to the under edge of the triangular ligament as to offer an effective resistance to the downward impetus of the prolapsing structure (most frequently the base of the bladder in the first instance) the operation will be ineffectual.

In the year 1869 I described in the *Lancet* a method of operating which was intended to secure the object above expressed. I have since that time frequently practised it, and found it reliable and satisfactory, and it has, I am able to say, been also found satisfactory by others who have given it a trial. My belief is that it will be found to compare favourably with other methods which have been since introduced and recommended.

The paring of the perineal aperture itself is in this operation conjoined with removal of a triangular piece of the vaginal canal about two inches in length. The whole can be removed in one piece by the scissors, and when ready for the sutures the bared surface presents an outline like that shown in the woodcut appended.



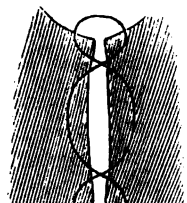
The plan I have adopted for securing union of the more internal part of the wound, which has been found in other operations a difficulty, is to use a stiff wire (No. 2) and approximate the edges by the post-mortem

stitch (as shown in the cut), and when the wire has been inserted the wire is to be drawn tight into a straight line. The wire then acts as a splint. The upper end of the wire is bent round and cut off; the lower end is easily dealt with. The deep sutures, also represented in the figure, are inserted in the ordinary way, great care being taken to bring the rectal wall into approximation with the new vaginal floor. This is a point requiring great attention, as the tightening of the vaginal floor suture necessarily separates the new floor from the rectum. The deep sutures are everywhere embedded in the tissues, and when tightened should produce concentration of the soft parts towards the centre of the pyramid constituting the new perinæum. As regards the fixation of the deep sutures, I employ little vulcanite beads nearly ½ in. in diameter, through which the wire (No. 2) passes, and is securely twisted round a little projection of the ebonite bead. I consider approximation of the deep parts of the wound better obtained thus. The beads sink into the flesh, but do not obstruct the circulation or cause sloughing, as used to be the case with quill sutures. Superficial sutures of the ordinary kind are further required.

The internal floor suture generally works its way out, having accomplished its object: the deep sutures are removed after three days; the superficial sutures are removed later.

This operation in principle resembles most closely Savage's and Hegar's operation. Other operations in which flaps are raised and not removed, but readjusted so as to secure a somewhat analogous result in constricting the vaginal outlet, may possibly be preferable in certain cases when it is thought unadvisable to run a risk of loss of substance on failure of the success of the operation. The paring of the surface can, however, always be effected without removing much tissue.

The restoration of the perinæum in cases where the rectum is much involved in the laceration is more difficult. I may here mention that I successfully operated by a somewhat novel procedure on a case of this kind which was sent over to me from Ireland in 1883. The rectum was found torn for about two inches in length. An operation performed had failed, and the edges of the laceration retracted. I resolved to deal with the rectum and sphincter recti in the first instance. The edges of the rent were freshened and widely on each side, so as to give the recto-vaginal septum a much increased thickness when the edges were brought together. The edges were approximated in a peculiar way by a series of separate sutures. Each suture was inserted so that when the insertion was completed its outline resembled a figure of 8 with a third enclosed space on the top of the figure 8. The woodcut annexed, showing the wire inserted ready for tightening, will explain the object and action of this suture. The idea was to secure thus more completely coaptation of the central part of the opposed surfaces. The introduction of the sutures in this manner occupied a little extra time, but the suture appeared to effect its object very perfectly. The ends of the sutures were fastened on the rectal surface. A series of six or seven sutures were employed. When these had been inserted the rectum was closed, and the perinæum itself was found to be very fairly restored, and further operation was therefore not necessary. This new method of suturing the opposed surfaces would be obviously applicable to ordinary cases where the rectum is not involved.



36 Berkeley Square, London, W.

MR. ARTHUR THOMSON, M.B., M.R.C.S., Senior Demonstrator of Anatomy in the University of Edinburgh, has been appointed to the Lectureship on Human Anatomy in the University of Oxford.

THE OPERATION OF LAPAROTOMY.

HAIR-PIN (3½ IN.) INTRODUCED INTO RECTUM, AND REMOVED FROM THE SIGMOID FLEXURE OF COLON.

By THOMAS BRYANT, F.R.C.S.

Member of the Council, and of the Court of Examiners, Royal College Surgeons, England; Surgeon to, and Lecturer on Surgery at Guy's Hospital; President of the Clinical Society of London.

CASES of laparotomy for the removal of impacted foreign bodies in the intestinal tract are not so common as to make the particulars of any special case uninteresting. The one here recorded is very exceptional, and it may be said very successful. Since it went on from the first steadily towards recovery, although a pleurisy and bronchitic trouble complicated its progress. In the treatment of the case the greatest simplicity was observed. Simple iodine water was the antiseptic employed, and Lembert's suture used to stitch up the wound in the bowel. The sutures were introduced through the peritoneal covering of the bowel before the walls were incised. The wound in this way being closed at once without any manipulation after the removal of the hairpin. The use of cold, as maintained by Leiter's metallic coil, had doubtless a good effect in preventing peritonitis.

Nelson B., æt. 9, was admitted into Job Ward, Guy's Hospital, on Jan. 13, 1885, under Mr. Bryant's care. (*a*)

Patient had measles when quite a baby. When three years old he had rheumatic fever badly. He has never been a strong boy since that time, having had a small appetite, and never eating any meat, except a piece of rabbit, chicken, or fish. About three years ago he had a second attack of fever, which was not so bad as the first. When four years old he had a fall and hurt his head. For this he was laid up four months, being delirious at times. Has not shown any signs of permanent injury since to his mental powers.

History of present injury.—He had been in his usual health, attending school until June last, six months before his admission, when after a bath he was put to bed. About two hours later his mother found him fretting and crying, but it was late that night before he told her that he had pushed a long hair-pin, bent end first, up his rectum. Patient also told her that he had tried to get it out again, but could not. It was not until the lapse of several days that he suffered much pain. His father did not for a long time believe that he had done anything of the kind; consequently he did not seek advice for two and a-half or three months when Mr. Bisshopp, of Tunbridge Wells, saw him. At this time he was suffering from severe abdominal pain, coming on in paroxysms; sometimes he was screaming all night. Mr. Bisshopp made an examination *per rectum* under chloroform, and on pushing his finger up as far as he could reach, he could just feel the pin, apparently impacted in the wall of the intestine, or close outside. He could not get hold of it to remove it, and thought that the patient, on trying to get it away, must have pushed it into the gut. At first he was able to attend school, though now and then he was in pain, and stayed at home; but since the beginning of last November—that is, for ten weeks—he has been confined to the house, the pains coming on very suddenly. Three times the pain has been so great as to cause him to faint away, with much sickness and intense pain in the lower part of the abdomen on the left side. He has also had sharp twinging pains in the arms and legs. His mother says there is a gathering in his stomach, which causes him great pain when passing a motion. After a motion he is better for a few days. The last was eight days ago. At times he has bladder symptoms and he has to micturate suddenly. And oftentimes when in these pains he is very helpless. Sitting over warm water relieves him in these pa-

(*a*) For the clinical details of this case we are indebted to Mr. Shells.

roxysms. Latterly he has slept in bed in a sitting position.

Condition on admission.—Patient is a fairly nourished, not very strong looking, little boy. On examination the abdomen presents a very considerable degree of fulness on the hypogastric, and both inguinal regions. The upper part of the scrotum and pubic regions are also full, giving somewhat the appearance of a hernia. There is resonance over the lower part of the abdomen, with the exception of the pubic region, which presents dulness. Both the inguinal regions are very tender to the touch, especially the right. When the left groin is pressed or touched he likewise winces, and complains of pricking pain in the right groin. With careful touch a hard body, feeling as though it might be the bent end of a hair-pin, can be felt, one inch at the inner side, and slightly below the left ant. sup. iliac spine.

Jan. 13. Placed on middle diet. Eggs, ij. Pil. Doveri, iv. gr. o. n. s. o. s. Hot belladonna fomentations to be continually applied to the lower part of the abdomen. Ol. Ricini, ʒij.

14th. Urine passed this morning, neutral or slightly alkaline, pale straw colour. No albumen. Contains some phosphates. Sp. gr. 1028. No blood nor sugar.

15th. Seen for first time by Mr. Bryant, who, having felt what he believes to be the pin one inch within the left anterior superior spinous process of the ilium, proceeded to operate for its removal. Patient having been placed under chloroform by Mr. Parsons, Mr. Bryant made an oblique incision, about 1½ inches in length extending about half an inch from the left ant. sup. iliac spine inwards and slightly downwards. There was but little fat beneath the skin. The external and internal oblique muscles were carefully divided upon a director, as also the transversalis muscles. Mr. Bryant next carefully divided the transversalis fascia and peritoneum upon the bent end of the hair pin, which had been felt throughout, and served as a guide. The bowel was now laid bare, and grasped between the fingers and thumb, upon the bent end of the pin. The right groin was gently pressed during this step of the operation to keep the pin forward. The pin was found to be lying obliquely in the direction of the skin incision, namely with the bent end towards the ant. sup. iliac spine, and the forked end towards the pubes. Making the bowel tense over that end of the pin, Mr. Bryant then carefully divided it, previously passing two fine carbolised gut sutures through the margins of the incision. The pin was extracted from what was probably the sigmoid flexure of the colon, and proved to be a very large one 3½ inches in length and black painted. The gut sutures in the bowel were now carefully tied, and the peritoneum and skin incision sewed up with three carbolised gut sutures. The wound was washed with iodine water. Two narrow strips of india rubber straping were placed between the stitches. A pad of iodoform gauze was then laid over the wound, and one of cotton wool superposed, and the whole kept firm with a spica. It should be stated that while the patient was under chloroform, and prior to operation, Mr. Bryant passed his finger up the rectum, but could not feel the pin, as it was out of reach. He did this thinking the pin felt rather deeply placed from the front. There was very slight bleeding during the operation, only two small vessels requiring to be twisted. On being replaced in bed the patient cried a good deal from pain, and was ordered tinct. opii, gr. iv., aq. chloroform, ʒj., every four hours. Cold was applied to the wound by means of a Leiter's coil, and iced soda water and milk was ordered. So far as could be judged he had borne the operation well. Pulse E. 96.

16th. About 1 a.m. his pulse was about 120, and very hard. He was sick twice about 1 o'clock, but afterwards spent a very quiet night comfortably dozing, and suffering little or no pain. This morning his temperature was 103, and his pulse hard and bounding, 112 per minute. The bowels had not acted since the operation. Passed about three ounces of muddy urine, acid, sp. gr. 1020, full of lithates and urates, no albumen, no sugar, and almost total absence of mucus, no pus, no blood, salmon coloured. The lower part of the abdomen is tender, and the patient cries out at times with pain. Was seen by the house surgeon at about 12 noon, who found his pulse 124, and considered there was some peritonitis. Towards 5 p.m. patient seemed worse, his breathing being rapid, respiration 40, and his face flushed. Prior to this he had been ordered pil. opii, gr. ½, every four hours. On examination with the stethoscope symptoms of both bronchitis and pleurisy were revealed. His pulse at the time was 120. A mustard plaster was applied to his chest. There was a pleuritic rub on the right side especially, and râles on both sides of the chest.

17th. At 2.30 a.m. his pulse was 120, respiration 60, temperature 99·2. Had five ounces of milk given during the night, and a Dover's powder, gr. v., at 2 a.m. and 6 a.m. At 10.30 a.m. his temperature was 99, pulse 110, and respiration 44. His face was pinched and drawn, considerably flushed, but the breathing was rather better. Every now and then he coughs a little, which appears to hurt him very much. Two specimens of urine passed during the night were examined, both were very turbid, and salmon coloured, with profuse deposit of urates, contained no albumen, acid, no sugar, mucus, or pus, sp. gr. respectively 1042 and 1045. The high sp. gr. is probably due to the small quantity passed, four to five ounces each time, and larger percentage of solids to liquids. The pulv. doveri, gr. v., was ordered to be repeated every six hours. At 11.30 a.m. a steam kettle was placed beside the patient for inhalation. During the afternoon his condition remained unaltered, the cough was rather more troublesome perhaps. He passed a pretty fair night, his temperature being at no time above 99.

18th. There is some cyanosis in the patient's appearance this morning, his pulse and respiration are much the same as last evening, namely, 128 and 44 respectively. His temperature his rather higher, 101·5. The urine passed this morning was more in quantity, a full pint, and clear, rather darker than the normal, sp. gr. 1037, no albumen, sugar, mucus, blood, nor pus. Acid re-action gave a white proportion of phosphates on boiling, which cleared up with nitric acid. Patient seems brighter this morning. The bowels have not yet acted. He seems fairly comfortable Later in the day his temperature rose, and at 6 p.m. reached 103·2, at night he was slightly delirious. Vin ipecac, m. ix.; oxymel scilla, m. xx.; syr. tolut, ʒss; aq. ad. ʒi, every four hours; milk, ʒxij. At 10 p.m his temperature had fallen again to 100·2. As he seemed very low brandy ʒiij. was ordered. ʒiij. every three hours.

19th. At 1 a.m. brandy, ʒiij, milk, ʒxij., ice. Repeat pil. doveri, gr. v., every six hours, repeat mixture every six hours, omit ice bag to head, soda water. At 6 a.m. this morning his temperature had fallen to 98·2, and he seemed much better in his breathing and general condition. The Dover's pill had been ordered in the night for the pain of the cough. The bowels have not yet acted; ice is given frequently to suck. Examined urine passed this morning, cloudy, salmon coloured, full of urates, slightly acid re-action, no albumen, sp. gr. 1037, no blood, sugar, and a very slight proportion of mucus. At 8.30 p.m. brandy omitted.

20th. The improvement in the patient's condition is maintained, patient breathes much better, and the temperature is lower; he takes interest in what is going on around him. He passed a fairly good night, sleeping from 12 to 3.30 a.m., and not being much troubled with his cough; he was not delirious in the night; steam kettle left off to-day. Passed about half a pint of dark yellow clear urine of neutral or very slightly acid reaction, of sp. gr. 1033, contains no albumen, sugar, blood, or urates.

21st. Temperature this morning 98, respiration 28, pulse 100. Looks very much better, passed a very good night. The same treatment was adhered to, ice to suck, milk, ʒvj., and soda water. Pill given at 12 and 6 a.m.,

and medicine at same time. The stitches were taken out of wound to-day, good union having taken place. The appearance was healthy, there was but little redness round the edges of the wound, and less tenderness round the part; the abdomen was not so distended as when the patient came in; milk, ʒvj. Dulness over left base, coarse crepitations all over, slight tubular breathing at angle of scapula; cough troublesome and painful.

22nd. Patient passed a good night, and there has been no further rise of temperature. His cough was rather troublesome this morning, pulse was 106 and stronger; he is looking very much better, the bowels have not yet been opened. Omit pil. Doveri at 12 a.m. and 6 p.m., milk, Oj.

23. The pleuritic rub has disappeared. He passed a fair night, but the cough was more troublesome, the Dovers pill was ordered to be repeated every twelve hours; milk, Oij., beef tea, Oj. In other respects patient is doing very nicely, his breathing is more easy, he takes his food well.

24th. Again passed a good night, has no pain from the wound except when pressed. His temperature for the last two days has not risen above 99; repeated pil. Doveri, gr. v., ὸm nocti. Dressed to day. Washed wound with warm iodine water, and applied iodoform and lint. All going on very nicely. There is still tubular breathing at the right side.

25th. Continued improvement, to record to-day Ordered enema oliva, ʒiv.; beef tea, Oj.

26th. The bowels acted well during the night from the enema, (the 11th day after operation.) Patient looks very well this morning, the Dover's pill was ordered to be left off, and the Leiter's coil to the abdomen omitted. The mixture to be again repeated, and two eggs beaten up in milk given. Examination of urine—normal colour, alkaline reaction, sp. gr. 1030, no albumen.

27th. Passed a good night. Was sitting up in bed this morning evidently fast improving. Temp. 98·6. His cough is much less troublesome. Repeat mixture three times a day. Fish, bread, and butter.

30th. Wound dressed, it has nearly healed up. There is now no abdominal swelling nor hardness. Patient has nearly, if not quite, lost his cough, and is doing well in every respect.

Feb. 2nd. Patient is still making good progress. Has never passed any blood or pus with his motions. Got up for the first time in the evening.

6th. Has been getting up daily for a few hours; this morning the first thing, and is apparently none the worse.

8th. Discharged. The wound has quite healed up, and the boy seemed well in every respect.

DISLOCATION OF THE JAW.

By J. S. MCARDLE, F.R.C.S.I.

WILLIAM M., æt. 26, was admitted to St. Vincent's Hospital on the 19th November, 1884. Five years ago he suffered a dislocation of jaw which was followed immediately by several attacks of epilepsy; it was then reduced, and once or twice after reduction similar attacks recurred. On February 1st, 1884, whilst yawning, he dislocated his jaw for the second time, epilepsy again appearing. For several months before admission no epileptic symptoms had shown themselves. He came under my care on the 25th November with well marked bilateral luxation, the range of motion was fairly good. The last molars of the lower jaw coming in contact with the first and second of upper, speech was considerably impaired, and mastication difficult, he was pale and emaciated, his face looked drawn and haggard, and the projection forward of the lower jaw rendered it less attractive still. Although the chances of reduction in this case seemed slight the wretched condition of the patient made me desirous of attempting replacement. On November 28th, that is ten months after the accident, I reduced the dislocation with the aid of the instrument exhibited. (I have since modified this key so that it can be used in all varieties of maxillary dislocation.) The operation was performed without an anæsthetic, the jaw fixed by an elastic bandage which allowed the mouth to be slightly opened, and the patient was kept on liquid diet for some days. On the second day after operation the temporo-maxillary joint became painful and swollen, the pain increased, and on the 1st December an epileptiform attack occurred; on the 2nd, 3rd, and 4th several attacks occurred each day. On the 4th the bandages were removed, on the 5th a cautery was applied over the nape of the neck, and bromide of potassium administered; since then there has been no tendency to displacement, he has been able to take solid food with comfort, and there has been no attack of epilepsy.

The points in this case to which I would wish to draw attention are:—1st. The possibility of reducing so ancient a dislocation. 2nd. The avoidance of an anæsthetic. 3rd. The method of retaining jaw by an elastic bandage. 4th. The occurrence of epilepsy.

Looking over recent surgical records I find no mention of a reduction after four months. Most writers are of opinion that attempts at reduction after that time will prove ineffectual. The case which I have just noted as well as another, which I recorded some time ago, have shown me that there is not extreme difficulty in replacing the bone, that retention in the proper position is quite simple, and that especially in females an attempt should be made to set the jaw to rights, were it only for the purpose of removing deformity. There is now a record of cases in which ancient dislocations have been reduced.

Physic	reduced one after	63	days.
Demarquay	,, ,,	83	,,
Donor	,, ,,	90	,,
Pollock	,, ,,	120	,,

And my last case was after 300 days.

This list, although short, is proof of the feasibility of attempting reduction after a considerable time. It is strange that the temporo-maxillary joint differs so much from other joints in this respect; but, if it be true that the inter-articular fibro-cartilage passes forwards with the condyle it is easy to understand the rapidity with which a fairly useful joint is formed in front of the emenentia articularis. If, in the reduction, this cartilage returns to the glenoid cavity there will be no difficulty in explaining the early recurrence of functional activity in the restored parts.

I avoided the use of an anæsthetic in this case, first, in order that, after depressing the jaw, I might have the aid of the muscles in restoring and retaining the jaw in position; second, the pain is inconsiderable if the manipulation be decisive; third, to avoid the sickness which follows etherisation.

The danger of fixing the jaw by an immovable appliance was brought painfully before my mind after my first operation for dislocation of the jaw. Soon after reduc-

tion, and when a web bandage had been applied vomiting set in. A great part of the material ejected passed through the nares, but some accumulated in the pharynx and produced severe dyspnœa. Since then I have taken the precaution of using elastic bandages which allow the mouth to open slightly, but are still sufficiently firm to prevent re-dislocation.

The relation in which epilepsy stands to dislocation is hard to be sure of. There are many cases (one of them noted by Robert Smith) in which the dislocation resulted from epileptic convulsions, but in our case the state of things seems to be reversed. The dislocation and epilepsy standing in relation to each other as cause and effect. Now, whether this be so or not as regards the early epileptic attacks, those from which he suffered since reduction seem to have arisen from the irritation produced by the replacement of the jaw, and although the fits were exactly similar to previous ones there was no recurrence of the displacement, notwithstanding the fact that all retentive apparatus had been removed.

Several months have now elapsed since reduction was effected, the patient can masticate well, speech is normal, and his appearance is very much changed for the better.

Clinical Lecture

ON

DISPLACEMENTS OF THE UTERUS.

Delivered at the Chelsea Hospital for Women.

By FANCOURT BARNES, M.D.,

Physician to the Chelsea Hospital for Women, the British Lying-in Hospital, the Royal Maternity Charity, and Obstetric Physician to the Great Northern Central Hospital.

(*Continued from page* 208.)

The causes of retroversion are similar to those of prolapse and retroflexion in general. The exciting causes comprise any conditions which tend to increase the weight and bulk of the uterus. Congestion, pregnancy during the early months, subinvolution fibroids, and fibroid enlargement all cause retroversion by making the uterus bulky and top heavy. Relaxation of the vaginal walls from childbirth or from loss of part of the perineal body, by depriving the uterus of the necessary support is an important factor. Perhaps the majority of retroversions find their origin in the puerperal state when there are several causes acting together. A bulky subinvoluted uterus, relaxed uterine ligaments, often laceration of the perinæum, continued dorsal decubitus of the patient, frequent presence of a distended bladder pushing the womb backwards, aided more often than not by a book or other pad placed beneath the binder and pressing the uterus down into the pelvis. This combination not unnaturally produces complete retroversion. For this reason it is often advantageous, especially where retroversion has been known to exist before pregnancy, to apply a Hodge and secure the uterus in position before the patient gets up from the lying-in bed. The most prominent symptom, in addition to those already enumerated in retroflexion, is obstinate constipation. And here unfortunately matters revolve in a vicious circle; for the efforts to evacuate the loaded rectum press the retroverted fundus still lower down, whilst the fundus in its turn becomes more jammed in the sacral hollow, and increases the constipation by still further pressing on the rectum. It is here that the action of enemata finds fitting place by pushing the fundus upwards while softening and liquefying the contents of the bowel and opening a passage for the escape of fæcal matter. The diagnosis of retroversion is similar to that of retroflexion. Conjoined manipulation by the finger in the vagina and the hand over the pubes reveals the absence of the uterine body. The finger behind the cervix detects the body of the uterus pressing back on to the rectum. The sound passes backwards instead of forwards, and usually travels beyond the normal length of 2½ inches. In addition to the conditions already mentioned as masking the diagnosis of retroflexion, the possible presence of a small ovarian tumour in Douglas' pouch has to be considered. The replacement of the retroverted uterus may often be effected by the finger alone pushing the fundus up on one side of the sacral promontory, or by the sound alone, or by sound and finger together. Where there are adhesions binding the uterus down replacement is sometimes impossible, though it is occasionally effected by repeatedly pressing the fundus up, and in time stretching the band of adhesion. This may be practiced while the patient is wearing some form of Hodge's pessary which may aid the reposition during the intervals, and secure the ground gained at each stretching. As the stretching of adherent bands in such cases is often intolerably painful, it may be necessary to place the patient under the influence of chloroform. Care must be taken during these manipulations not to use unnecessary violence, and thus, by exciting fresh inflammation round the uterus, add to the difficulties sought to be overcome. The reduction of the retroverted uterus is frequently undertaken with the patient kneeling in the genu-pectoral position, so as to obtain the aid of gravity and atmospheric pressure of the air admitted into the vagina. The position is not a comfortable or congenial one to the patient, and does not in my opinion offer such advantages over the semi-prone, or Sim's position, as it is sometimes called, to counterbalance the annoyance and discomfort to the patient. When the retroverted uterus is also gravid the reduction may be more easily accomplished by the finger in the rectum, pushing up the fundus, while the finger of the other hand is tilting down the cervix in the vagina. Sometimes reduction can only be accomplished by the upward pressure of an air or water bag distending the rectum. When this fails recourse is compelled to the induction of abortion, unless, indeed, this takes place spontaneously. In the treatment of either a retroversion or retroflexion after reduction of the same some form of Hodge is undoubtedly by far the most satisfactory means in the majority of cases. The block tin form can be measured and moulded to the individual case. A convenient form of pessary for backward displacements is often found in the padded posterior bar. Dr. Clement Godson has lately shown a padded Hodge with the posterior bar filled with glycerine. I have found this answer admirably where there has been tenderness of the uterine body and an unusually capacious posterior vaginal pouch. Not unfrequently retroversion, like retroflexion, is complicated with prolapse of an ovary into the retro-uterine pouch. This is frequently replaced in position coincidently with the reduction of the displaced uterus. When the ovary gives rise to pain, or is unusually tender, as is not unfrequently the case, the application of loaded vaginal tampons containing belladonna, morphia, or atropine may give relief. The general treatment of the patient in all cases of course goes side by side with the local measures.

Nor must it be forgotten that endometritis is a frequent result or concomitant of uterine displacement. In retro-uterine medication, such as the application of iodine or nitric acid to the uterine cavity by diminishing the bulk of the uterus and restoring its firmness and tone, assure its maintenance in its normal position. Abrasion of the os uteri, which may have been caused by undue friction against the anterior vaginal wall must be treated in the same way. By the above measures discharges from the mucous membrane of the uterus and os uteri, which might be put down to the irritation caused by the pessary in the vagina, are eliminated, and progress towards recovery established.

Anteversion and anteflexion remain to be considered. Anteversion is the normal position of the uterus when the patient is in the erect posture. It results from any condition which increases the weight of the uterus, or

which relaxes the uterine supports. In the early months of pregnancy this is well illustrated. The body of the uterus is felt lying above the vaginal wall. It is only in very marked cases of anteversion that any symptoms arise. These are chiefly due to pressure on the bladder, which irritates that viscus and excites frequent desire to pass water. The cervix may press against the posterior vaginal wall sufficiently to cause some irritability of the bowel or dyschezia. Leucorrhœa, dysmenorrhœa, dyspareunia, and menorrhagia may result in some cases. Examination of the vagina detects the os uteri high up under the sacral promontory, the anterior vaginal wall is on the stretch. Conjoined manipulation discovers the fundus behind over the pubes and the finger in the vagina. The diagnosis is simple, and it is hardly possible to confound anteversion with any other condition. As it is the exception when any symptoms arise from anteversion the necessity for any treatment is not urgent. It should be directed to removing the cause of the displacement. The hyperplasia, or subinvolution, must be dealt with by medicaments applied to the uterine cavity and cervix. The most rapid and safe method of reducing the size of a hypertrophied cervix is the ignipuncture by the thermo-cautery. The treatment by pessaries is hardly called for. The most useful instrument is Graily Hewitt's cradle pessary, but even this often causes injury and pain by pressing too heavily on the base of the bladder. On the whole, when anteversion of the uterus results simply from hypertrophy or subinvolution the safest plan is to remove the cause and leave the effect to disappear with it.

Anteflexion of the uterus consists in the bending of the body on to the cervix of the uterus at an acute angle. As the normal condition of the uterus is one of slight antecurvature the anteflexion, like the anteversion, is really an exaggeration of the natural state. Perhaps it is for this reason that some practitioners have denied that either anteversion or flexion are of any importance, or are accompanied by any symptoms. This, however, is not always the case. This anteflexion may be congenital or acquired. If the natural antecurvature of early childhood persists or gradually increases a flexion may result which is pathological, and gives rise to symptoms. Usually this form is associated with more or less imperfect development of the uterus, which is small, ill-developed, and frequently presents a conical shaped cervix with a round small os uteri. Often the whole pelvis with its containing organs share in the arrested development. The vagina may be small and the whole sexual apparatus defective. Treatment in such a case is naturally not productive of much good. The acquired anteversion when present in single women results from a softness of the uterus itself. It is common in weakly, ill-nourished, anæmic girls. It may be produced by small fibroid growths in the anterior wall or by accident, such as a fall or a blow. The unusual softness of the tissues is, however, the most common cause.

The symptoms depend upon the variety of the flexion. As might be expected, in the congenital cases the prominent trouble is amenorrhœa, or scanty menstruation with dysmenorrhœa. In acquired anteflexion the same train of symptoms may be observed as in the backward displacements of the uterus. Dysmenorrhœa is often one of the most distressing symptoms of the complaint. The menstrual fluid accumulates in the cavity of the uterus, and is only forced through the bent cervix after much pain and suffering. It often escapes in the form of clots, and is then still more painful in its passage. The pain is often so severe that the patient rolls on the floor in agony. Vomiting from reflex irritation is seen in severe cases. The pressure on the base of the bladder causes frequent desire to pass water, these symptoms are increased on standing or walking. Leucorrhœa, dyspareunia, or endometritis are also often present. While the flexion lasts sterility is the almost necessary result. On examination by the vagina the fundus is felt through the anterior vaginal wall on a level with the os uteri. The finger can be pushed into the angle formed by the bending of the body on the cervix. Conjoined manipulation enables the fundus to be pressed between the hand outside and the finger in the vagina. The os uteri looks downwards and more or less forwards. The presence of a fibroid tumour in the anterior wall of the uterus is distinguished by the sound passing in the normal length and direction, whilst the tumour is perceived in front of it.

The treatment of anteflexions often demands much perseverance, patience, and skill. It varies with each individual case. When the body alone is bent down on the cervix, which retains its normal position, the passage of the sound alone may be sufficient to remedy the condition.

There is a patient upstairs in the hospital at the present time who was admitted on the 2nd of this month. She has been married two years, is aged 23, had menstruated naturally until her first pregnancy. She has had one child, which was born a year ago, since then she has been ailing. She has had pain over the sacrum, much yellow discharge, and the menstrual discharge has been considerably increased in quantity. On examination the body of the uterus was felt bent at an acute angle to the cervix. The found, however, passed in easily, and at once straightened the uterus. The cause of the flexion in this case was extreme softness resulting from subinvolution. The treatment has since consisted in passing the sound covered with cotton wool steeped in tincture of iodine twice a week. The uterus has remained straight, and as it becomes firmer and healthier under the intra-uterine medication will permanently retain its natural position. When we come to consider the treatment of the flexion by pessaries there is a large choice of instruments before us. Of all the vaginal pessaries I think Graily Hewitt's cradle pessary is the most useful. It adapts itself more closely to the altered shape of the vagina, and sets up less irritation than any other I have tried. The pessary which I have designed consists of a combination of Graily Hewitt's cradle with a Hodge pessary. It answers very well in some, especially where there is morbidly soft condition of the uterus, and where the fundus may be at one time anteflexed, at another retroflexed. It is then supported in front by the cradle portion of the instrument, and behind by the cross bar of the Hodge. It is also useful in cases of prolapse of the uterus with cystocele. The cradle portion forming an efficient support to the anterior wall of the vagina. Various forms of stem pessary have been designed to straighten the flexed uterus. The galvanic stem pessary, consisting of alternate layers of copper and zinc wire, keeps the uterus straight at the same time that it sustains a slow kind of chemical action, owing to the constant production of chloride of zinc. This increases the menstrual flow as well as stimulates the mucous secretion of the uterus. Slightly curved vulcanite stems are useful where it is thought that a rigid stem is necessary. If it is found that an ordinary straight stem is forced out an expanding one, such as Chambers' may be used. In the use of any stem pessary still greater care is required than in vaginal pessaries to see that any tenderness or inflammation round the uterus had been controlled before the stem is applied. When the stem is adjusted care should be taken to keep the patient quietly at home resting, though not necessarily in bed, until tolerance of the instrument has been established. At the first approach of pain a stem pessary like any other should be removed. In choosing any stem the uterine cavity should first be measured with the sound, and the stem chosen for introduction should then be at least a quarter of an inch less than the length of the uterine cavity. This prevents any jarring against the fundus uteri on exertion or coitus. If the above simple rules are observed stem pessaries may be certainly used without danger to the patient. I cannot believe that the serious and even fatal results published by some practitioners would have ensued if due care had been taken. In

cases where the cervix is bent up on to the uterine body, Sims, Emmet, and others have adopted the plan originally suggested by Marshall Hall of dividing the cervix, and so making a straight cervical canal.

Clinical Records.

THE MIDDLESEX HOSPITAL.

Two Cases of Diffuse Lipoma.

Under the care of Mr. Henry Morris.

(For the report of these cases we are indebted to Mr. W. Roger Williams, F.R.C.S. Eng., Surgical Registrar.)

Case I.—A large, pale, flabby man, æt. 44, of dark complexion, and a hawker by trade. He was admitted with abscesses in connection with a large tumour of the buttocks, and a frequent cough.

From his buttocks there depends in loose folds a soft, quasi-fluctuating, subcutaneous growth, reaching nearly to the knees. It forms a kind of petticoat, reminding one of the ludicrous models to be seen in some museums of the Hottentot Venus. The condition here presented is indeed analogous to that known as "Hottentot bottom." Whether it is to be regarded as an example of reversion to that state, or simply as an instance of like causes producing like effects, or merely as an accidental coincidence, must, I think, remain matter for conjecture until we have learned more about the history of such cases.

The attachment of the growth is very diffuse, embracing not only the whole of both buttocks, but encroaching also on the adjacent parts, especially over the sacrum, and the back of thet highs. Indeed, the growth extends down the back of the right thigh, nearly as far as the upper part of the popliteal region. Its margins are ill-defined. The overlying skin is loose and movable. There are some old scars in the sacro-coccygeal region. There is also a separate lipomatous growth the size of a man's hand on the back of the lower part of the right leg. The skin over the most dependent part of the growth is purplish, and feels cold. Here are several small abscesses, resulting from necrosis of bits of the growth. It was for these that he came to the hospital. There is no paralysis or weakness of either of the lower limbs.

He gave the following account of his disease. Twenty-one years ago he fell down the hold of a ship on to his buttocks, which were very badly bruised. In consequence a large abscess formed in the sacro-coccygeal region. He was in hospital ten months on this account. When he left he could only walk with difficulty, and with the aid of a stick. The swelling, however, had quite subsided, and the abscesses had closed. A year later, when he thought he had quite recovered from the effects of the injury, he first noticed a flat lump, over the lower part of the sacrum, in the seat of the former injury and abscess. This has since steadily spread, over the buttocks, &c., until it has attained the present dimensions. The growth on the back of the left leg first appeared four years ago.

He has generally had good health, until about a year ago; he has since been weak, and has had a persistent cough. No history or signs of syphilis.

His father died, æt. 50, of heart disease; his mother, æt. 60, of cause unknown. Patient is one of family of four. Two others now alive and well. No history of tumour, cancer, or phthisis.

The abscesses were evacuated and drained, but fresh ones constantly formed. They discharged oily, fœtid pus, often with necrotic fatty fragments.

At length, after being in hospital for 143 days, and after recovery from an attack of cutaneous erysipelas of the diseased part, the sinuses closed, and he was sent to the Convalescent Home at Eastbourne. He returned to the Hospital a week later with fresh abscess formation, and his cough was very troublesome, and his general health much impaired. Large pieces of the growth now sloughed away, and he got erysipelas again. Well-marked symptoms of phthisis then developed, and he died of this disease 42 days after readmission.

At the necropsy the growth was found to consist entirely of hypertrophied fatty tissue. Both lungs contained extensive tubercular deposits, many of them softening, and several small cavities.

Case II.—A well-nourished and healthy-looking, grey-haired man, æt. 60, admitted with a diffuse, pendulous, fatty tumour beneath the chin. In the middle line it reaches as low as the junction of the 1st and 2nd pieces of the sternum. Its attachment is to the whole of the front of the neck, from the inferior maxilla above to the top of the sternum below. On careful examination fine lobulation can be detected, but the mass is so soft and quasi-fluctuating as on first examination to convey the impression of a cystic tumour. Laterally, soft, flat expansions pass backwards on each side beneath the lower jaw to the back of the neck.

The tumour was first noticed thirty years ago. It came without any injury or other known cause. During the last 5 years the patient has followed the occupation of a painter; for forty years previously he was a sailor. He has had syphilis, from which cause both legs were ulcerated 10 years ago, and the scars are now visible. Otherwise he has had very good health. He has been a great smoker.

His father died, æt. 70, cause unknown; his mother died, æt. 83, of old age. Patient is one of a family of seven. All the others are now alive and well. There is no history of tumour, cancer, or phthisis in the family.

The patient has also a cancerous ulcer the size of half-a-crown in the floor of the mouth, beneath the front of the tongue. This he first noticed six months ago.

After being in the hospital for 450 days he died of asthenia, from spread of the cancerous disease, and shortly before death the right lingual nerve was divided to relieve pain.

At the necropsy the body was emaciated. The growth in the neck consisted simply of hypertrophic fatty tissue. The whole of the fat of the neck appeared to have been affected, superficial as well as deep, but the bulk of the mass was superficial. This part after removal weighed 26½ ounces. The tongue and floor of mouth destroyed by cancerous ulceration, beneath which was a large abscess in connection with necrosis of the inferior maxilla; the lymphatic glands on both sides of the neck enlarged and cancerous. A cretaceous plate, as of old cured tubercle, at the apex of the left lung. No other noteworthy changes.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

Friday, March 13th, 1885.

The President, Mr. T. Bryant, F.R.C.S., in the chair.

A CASE OF THROMBOSIS OF THE BASILAR ARTERY WITH PROFOUND COMA, EXTREME LOWERING OF RECTAL TEMPERATURE, AND DEATH IN 5½ HOURS.

Dr. Charlton Bastian read the details concerning this case. A fairly healthy man, æt. 43, having had no previous brain symptoms, was found insensible shortly after the onset of an apoplectic attack, and admitted under his care at University College Hospital (at 6 p.m. on Nov. 16, 1884) in less than one hour. The patient was then profoundly comatose; breathing irregular and slightly stertorous; face pale, cold, and clammy; all limbs flaccid; pupils equal, somewhat contracted; no conjugate deviation of eyes; all reflexes abolished. No cardiac bruit; heart's action tumultuous. Rectal temperature at 6.10, 98; at 6.20, 97. At 7 the pulse was 80, fairly full, but irregular in force. The respiration was very irregular—a few rapid breaths, then a pause followed by a long deep expiration. Rectal temperature, 96·2. At 7.50 the rectal temperature was below 95; the pulse and respirations nearly as before. The pupils of medium size, and quite insensitive to light. At 8.45 the pulse 100, the respirations 17 per minute. At 10.15 rectal temperature still below 95; pulse can only be felt with difficulty, irregular, and at times imperceptible. Respirations unaltered. All limbs still flaccid. At 10.45 death occurred, the rectal temperature having remained below 95 to the end. At the autopsy the basilar artery, in its posterior half, was found to be dilated into a small fusiform

aneurism with thickened walls, and this, together with the middle cerebellar arteries which came off from it, were found to be completely occluded by a soft colourless clot. Other large vessels were pervious, and only slightly diseased. The lateral ventricles contained a slight excess of serum, and the veins on their walls were all distended. No lesions were found in any part of the brain. There was no appreciable diminution in the consistence of the pons. Heart healthy, containing no clots, and no notable disease of the valves—merely some slight thickening. Thoracic aorta showed many raised whitish patches. The lungs were congested and œdematous, and showed hæmorrhagic extravasations into both lower lobes. Other organs were congested and notably tougher than natural. Dr. Bastian pointed out that it was extremely rare for death to take place in less than twelve hours in cases of occlusion of one or other of the cerebral vessels. He had been unable to find any case on record in which it occurred so rapidly as in this instance. In the cases of thrombosis of the basilar artery recorded by Hayem in 1868 death did not take place in less than from 16—21 hours. The clinical history of the present case resembles in the closest manner what might be found in a case of large cerebral hæmorrhage. This is seen especially by the great depression of the rectal temperature, which in about two and a half hours from the onset of the attack had sunk below 95. Last year he had brought before the Society the record of a case of cerebral hæmorrhage in which the temperature in the rectum sank to 94·5, and where, as in the present case, it continued thus depressed till death occurred three hours afterwards. The fact that thrombosis had occurred in the lower half of the basilar artery, and thus cut off or greatly diminished the supply of blood to the respiratory centre, doubtless accounted for the suddenness with which the fatal issue was brought about. The centres for the third nerve, which are situated at the back of the anterior half of the pons varolii seem to have been partially paralysed rather than stimulated. Hence there was not the very contracted condition of pupils which often goes with hæmorrhage into the pons and has caused such cases to be mistaken at times for instances of opium poisoning. The clinical features presented by thrombosis of the basilar artery vary greatly in different cases, according as the upper or the lower half of the vessel becomes blocked, and also according to the rapidity or slowness with which complete occlusion occurs. The present case afforded a further illustration of the extreme difficulty, or even impossibility, in some cases, of making a positive diagnosis between cerebral hæmorrhage and thrombotic occlusion of some large cerebral artery. Still, in no other artery except the basilar would such occlusion be at all likely to reduce the temperature to such a degree as in the present case. Bonneville never found the rectal temperature reduced below 98 in cases of incipient softening due to occlusion of other vessels. Lesions in the pons varolii are altogether exceptional in the remarkable amount of variation which they may cause in the general temperature of the body. Here we have an incipient softening, or the conditions leading to such a lesion, depressing the temperature below 95 for some hours, whilst in the terminal stage of softening of the pons, as he had seen, the temperature might rise as high as 110.

Dr. HALE WHITE said he thought that all were agreed that there were inhibitory centres in the cerebellum which exercised a restraining influence, and that if these centres were irritated the temperature would fall. Cases of lesions to the pons presented many difficulties, and in these the temperature varied considerably. In the majority of such cases the temperature rises—probably in four-fifths of the cases—whatever may be the lesion in the pons, the calorific fibres in this locality being destroyed and, their inhibitory influence cut off. He thought the exception proved the rule, and that in this case the thrombosis was of so grave a character that shock might be accredited with the fall of temperature. When the hæmorrhage was greatest, the premonitory fall in temperature would be greatest. If this case had survived for a longer period, in all probability, the fibres being gradually destroyed, the temperature would yet rise.

Dr. MARKHAM SHERRITT, of Clifton, had seen a case of thrombosis of the basilar artery, which followed the more usual lines. This was in an anæmic girl, who was thought to be suffering from heart disease. When first seen she was lying in bed, and able to move the limbs; she was quite conscious, her speech rather thick and words blurred; the pulse, respirations, and temperature normal. The case was then thought to be one of hysteria. A day or two afterwards she became insensible, was sweating profusely, her skin was hot, respirations hurried, pupils moderately dilated, but contracting with light; the conjunctivæ sensible to the touch; the reflexes were normal, the temperature 106° Fah., the perspiration was remarkably free, running down in streams; the breathing became stertorous; there was some spasm of the limbs, and the patient speedily died. On post-mortem examination the heart was found healthy. There was no valvular lesion in the brain. The basilar artery, and the circle of Willis, with the exception of the anterior communicating artery, were found to be plugged.

Dr. EWART thought that the fall of the temperature might be the secondary result of the fall in the respirations, and that the present case ought not to be reckoned amongst those which go to prove its connection with a fall of temperature.

Dr. BASTIAN, in reply, said he was of opinion that in this case the temperature was lowered from shock, in the same way as it is lowered in cerebral hæmorrhage: that this lowering of temperature is exceptional when the occlusion is sudden. In more chronic diseases of the pons the temperature frequently rises very high. In a case of extensive effusion into the right hemisphere, post-mortem examination showed considerable flattening in the convolutions of both sides. Possibly pressure upon the cortex might have something to do with the rise of temperature.

Mr. R. BARWELL read a paper on

AN UNUSUAL SEQUELA OF OVARIOTOMY.

At the latter end of last October, Mr. Barwell removed the left ovary of an unmarried woman, æt. 29. The local results were perfect; but certain sequelæ ensued which have not hitherto been recorded, but on questioning other surgeons, Mr. Barwell found the event not to be isolated, and notably that Dr. Keith, Mr. Thornton, Mr. Dent, and others, had met with a like complication. Louisa H——, æt. 29, of fair complexion, and mobile temperament, came into Charing Cross Hospital, under the care of Dr. Black. In his absence Dr. A. Routh had charge of the case, and consulting with Mr. Barwell, it was agreed that ovariotomy should be performed. This was postponed for reasons unconnected with the patient until 28th October, when Dr. Black had returned. At that date Mr. Barwell removed the left ovary, first withdrawing 23 pints of fluid; the pedicle was tied with silk, and allowed to fall back into the abdomen. The usual mode of suture was employed. During the three subsequent days menstruation recurred, and some hæmaturia was observed; it then ceased. On the third day the thermometer stood for two hours at 102·4°, but with this exception, she never had a temperature worthy of notice. The deep sutures were removed after 48 hours, the abdominal wound was healed on the 2nd November; there was hardly any tenderness in the left groin, or elsewhere. The patient, who was naturally very docile and amenable, showed on the 3rd November a contradictory and aggressive temper; on the 5th (that is 8th day of operation) this had developed into insanity. 7th November. She was so violent that she had to be secured, and this could only be effected by giving a little chloroform. A subcutaneous injection of morphia m iv. only calmed her for three hours. 21st. With various phases of comparative violence and calm, but with incessant talking, this patient continued entirely insane, sleeping only in short snatches about two hours out of the twenty-four until the 19th. She then began to show signs of amelioration, especially in saying that she knew she was mad. On the 21st, Mr. Barwell ordered an ice-bag to the head, after this she slept more, and gradually improved; on the 28th, she would be pronounced sane. During all December she was well enough to take walks, but was for various reasons kept under supervision till 29th December, when she was discharged in perfect mental and bodily health. In spite of several attacks of violence, and of struggling, the abdominal cicatrix had held well, and there was no sign of hernia, nevertheless it was thought prudent to provide her with a belt. Several views can, of course, be taken of this case. 1. That there may have been hereditary tendency to insanity. 2. That insanity may follow any of the major operations, ovariotomy not more than any other. 3. That it was the result of disturbance of the urinary organs (kidney). 4. That it was the result of disturbance of the generative organs. 5. That

it was mere coincidence.—1. Great pains were taken to find any trace of mental disturbance in the patient's family. None could be discovered. Her father had died of cerebral apoplexy at an advanced age. 2. If insanity be an occasional sequela of surgical operations, the matter is not known to me, nor is it mentioned in surgical writings. 3. The amount of blood lost by the kidney, if any, was insufficient to produce grave effects. Hæmaturia is not uncommon after intra-peritoneal operations performed under a carbolic spray. 4. Although disturbance of the generative organs appears at first sight to offer the easiest explanation, it must be noted that the sort of insanity was not of the kind usually associated with abnormal states of that system. Perhaps some may see an analogy between puerperal insanity and mental disturbance in this case. 5. Mere coincidence might be justly considered the best way of accounting for insanity thus following ovariotomy, if this were an isolated instance, but I am acquainted with several other examples. Thus, to Dr. Keith, one (after hysterectomy); Mr. Thornton, two (ovariotomy and hysterectomy); a case at St. Thomas's Hospital; and one by Mr. Dent. Thus, mere coincidence will not account for the circumstances which it appears desirable should be known in the profession.

Mr. Thomas Bryant said he remembered that Mr. Lawson Tait had read a paper some time ago, in which symptoms of mania had occurred during convalescence from ovariotomy. He had seen mania occur in two cases after ovariotomy, and although in his experience of general surgical cases it was rare, he could not help thinking there was some connection between it and the operation of ovariotomy. In these cases there was no kidney mischief.

Mr. Doran mentioned the case of a young married woman who had both ovaries removed; she had previously presented no mental symptoms, but was the subject of an attack of acute mania three weeks after the operation; she was still deranged. He did not think Mr. Barwell was correct in thinking that the mania was connected with disturbance of the genital organs.

Mr. Meredith had seen symptoms of insanity come on two weeks after the operation, but once for four weeks after the removal of a large tumour weighing 70lbs. no bad symptoms resulted, and then the patient was seized suddenly with acute melancholia; she was apathetic but not really violent. The symptoms lasted for two months without intermission, and then disappeared suddenly. There were no urinary symptoms, and no hereditary tendency. He had seen acute mania following amputation of the breast.

Dr. Edis said that patients were often very nervous and subjected to high nerve tension before the operation. In many, the nervous system was immobile. He remembered the case of a farmer's wife who was hypochondriacal, with oval face, dark skin, weighing her words, as if with a sinister meaning, who after the operation of ovariotomy developed symptoms of melancholia. She became quite well, the symptoms lasting for ten days. He thought the symptoms of insanity were not so unusual as one might imagine, because attention had not been much drawn to their occurrence after ovariotomy.

Dr. Blandford said he was not well acquainted with the statistics of cases which had undergone this operation, but he was inclined to think there were many circumstances connected with ovariotomy which might give rise to mental symptoms. The patient had before her mind for some time before the operation what she had to undergo, not taking much food, and her bowels locked up with opium, and opium had a peculiar effect upon some persons. He did not think the mania had anything to do with urinary trouble. He thought that cases should be carefully recorded, to see if there is any connection in the circumstances surrounding the operation which might give rise to mania.

Dr. Barwell in reply, said that although he might not have been exactly correct in his description of the mania he hoped its occurrency was unusual. His object had been fully achieved if he had succeeded in directing the attention of the profession to the matter. Every operation of course must disturb the thoughts for a little time, but in simple cases of this description the patients recovered with remarkable ease. He thought the case of Dr. Edis was hardly comparable with his, as that case was probably half mad before the operation was performed.

Colotomy with delayed opening of the intestine.

Mr. Davies Colley read the notes of three cases in which after the bowel had been found by the usual operation for left lumbar colotomy he had delayed opening it, for one, four, and six days respectively. He considered that in the ordinary mode of operating there was considerable risk of peritonitis, or of suppuration in the connective tissue planes in the vicinity of the colon, and that these dangers were much diminished by delaying the opening of the bowel, until the deeper part of the wound had had time to be sealed by reparation lymph. This plan had previously been adopted at Guy's Hospital by Mr. Howse with successful results. The chief difficulty was to find out a mode of securing the protruding bowel in such a way as to avoid the extravasation of its contents or the strangulation of its walls. He had found that this could be satisfactorily effected by means of a clamp consisting of two steel bars, upon which were placed rounded ivory studs, about ½ inch apart. Upon approximating the steel bars by means of screws near their extremities, the two pairs of ivory studs could be made to hold the coats of the bowel at two points. At the first dressing the screws shall be relaxed, or the clamp might be altogether removed. By adopting this plan in two of the cases, rapid repair had followed, and there had been very little constitutional disturbance. In many cases in which the operation had to be performed on account of intestinal obstruction, it was obvious that this delayed opening of the bowel was not practicable. Mr. Davies Colley further submitted that a similar plan might be desirable in cases of tumour of the large intestine. The loop containing the growth might be left protruding from the wound for a few days and then removed by the knife, cautery, or some caustic agent. Again, it might be expedient in cases of colotomy to draw out a complete loop containing the whole calibre of the colon, and to remove this loop after an interval of a few days. In this way the operation would insure a perfect artificial anus, for the opening would now be the terminus, and not merely a lateral outlet of the intestinal tract.

Mr. Bryant said he was particularly interested in these cases, and went with Mr. Colley in all his arguments. He was of opinion that this method simplified the operation and diminished its dangers; it tended more especially to allow of drawing the bowel out of the wound, doing away with the chance of permitting the fæces to pass down and so cause irritation. If we could do away with the passage of any motion through the wound we should double the value of the operation. Sometimes to draw out the knuckle of the intestine is impossible, but in the majority of cases a fair quantity can be drawn out, opening it at a later period and thus enhancing the operation.

Mr. Howse quite agreed with Mr. Colley in many of his remarks. The nutrition of the colon was very feeble as compared with that of the stomach. The method he found best was the following, viz., to use a simple pair of loose forceps over which an india rubber tube was slipped and passed as far as the wedge. By this arrangement the intestine would be held firmly and the risk of sloughing, if not entirely obviated was considerably diminished. It would be an advantage to open by a small incision and then inserting a catheter about No. 8. He wished to add a few words upon the possibility of colotomy. If done at all it was best done by drawing out a loop of the intestine, the only practical time was at the first operation when the parts were not softened by inflammation, and adhesions set up by which the relative position of parts was obscured. When the loop of intestine had been left out for twenty-four hours it could be cut into.

Dr. Cripps thought that Mr. Colley's method hardly simplified the matter as it made two operations instead of one. He said that a ready means in many cases of colotomy was to cut down upon the bowel. That a No. 7 catheter should be passed through the rectum, the instrument being attached by an india rubber tube to a Higginson's syringe, and the intestine thus inflated with air, by which means the part would be made rise in the wound.

Mr. Colley in reply, said that the clamp was less cumberous than the forceps. He had tried the plan of injecting air, but had not found any great advantage from it. He did not think it made the operation more easy.

ACADEMY OF MEDICINE IN IRELAND.

Surgical Section.

A meeting of the Surgical Section was held at the

College of Surgeons on Friday evening, 23rd January, Mr. COLLIS, F.R.C.S.I., in the chair.

Mr. STOKES, F.R.C.S.I., read the minutes of the previous meeting, which were confirmed.

TRANSPLANTATION OF SKIN-FLAPS WITHOUT PEDICLE, FOR CICATRICIAL ECTROPION.

Mr. SWANZY read a paper on transplantation of skin-flaps without pedicle, for the cure of cicatricial ectropion. He reviewed the steps of the proceedings as usually practised, and gave particulars of six operations he had recently performed, four of them being successful, and two unsuccessful. The successful cases were exhibited. (This paper appeared in full in our issue for February 25th, page 161; abstract of the proceedings of the Academy not having been supplied.)

Dr. BENSON considered the communication of importance, not only to the ophthalmic surgeon, but to the general surgeon, since the transplantation of pieces of skin wholly removed from attachment, as carried out by Mr. Swanzy with a fair average number of successes, was such an advance in plastic surgery that it might be adapted for many purposes besides that of restoring eyelids. In the late Surgical Society he had himself read a paper on the same subject, giving the results of eight cases of transplantation from the arms to the eyelids without pedicle, and with a tolerably fair average of successes, though not so large as Mr. Swanzy had. He asked as to the failures, whether the lid was made better by the operation, even though the flap sloughed. He also inquired the time of the return of sensation in the transplanted skin. The use of carbolic acid as a dressing he condemned, the effect being to irritate the wound, and he preferred vaseline.

Mr. WHEELER observed in the formation of new noses, when the flap was taken from the forehead, sensation returned earlier than when taken from the cheeks, or by Squire's operation.

Mr. STORY remarked that all the nerves had to do when the flap was taken from the forehad was to continue growing to restore sensibility; but when the skin was transplanted *en masse* from the arm without pedicle the new nerves had to join on to the skin beneath, and, therefore, the early return of sensibility was not to be expected. In Dr. Benson's case the return of sensibility was exceedingly slow. He asked Dr. Swanzy to state his percentage of successes in the operation. Where the pedicle existed, the operation if neatly done was almost invariably successful, whereas the transplantation of skin *en masse* was precarious. Of Dr. Benson's eight cases, only one was a perfect success, the whole flap lived, and the epidermis peeled off. However, in six out of the eight, the results were successful.

Mr. SWANZY, in reply, was mindful that Dr. Benson had anticipated him in the operation. His experience of it was extremely favourable. Of seven cases, two had been complete failures, while the rest were, surgically and therapeutically, complete successes. The two failures occurred in the same patient, and arose from the untimely cutting away of the sutures. As a rule, the epidermis came away, but he did not desire that result, the flap not being unlike the skin of the cheek where it remained, and the tissue underneath had not to go through the nasty granulating process. He did not note the return of sensation, but it did not take place within a week or a fortnight.

TREATMENT OF FLAT-FOOT.

Mr. STOKES read a paper on astragaloid osteotomy in the treatment of flat-foot; and

Mr. KENDAL FRANKS read a paper on the treatment of flat-foot by Ogston's operation.

On the motion of Mr. CORLEY, seconded by Mr. ORMSBY, the discussion on both papers was, qwing to the lateness of the hour, postponed to next meeting.

The Section then adjourned.

THE ABERNETHIAN SOCIETY.

AT the nineteenth meeting of the session 1884-85, held on Thursday, March 5, the House Surgeons (St. Bartholomew's Hospital) opened the discussion on

INJURIES AND DISEASES OF THE SPINAL COLUMN.

Mr. LEWIS dealt with the subject of caries of the spine. In speaking of the treatment of caries he drew attention to the fact that Pott treated all his cases by rest in bed. He objected very much to the use of instruments. He says: "These pieces of mechanism are calculated to obviate and remove what does not exist; they are founded on a supposition of actual dislocation, which is never the case." Mr. Lewis objected to prolonged rest in bed, because it deprives the patient of fresh air and exercise, and the debility so induced militates strongly against repair, and also the abscesses track backwards among the muscles of the back, instead of tracking along the natural drainage tube formed by the sheath of the psoas magnus muscle. He advocated plaster of Paris jacket combined with fresh air and exercise wherever possible.

Mr. TAYLER continued the discussion, taking the subject of congenital malformations of the spinal column. Stating briefly that the tails of tailed children usually consisted of fat, but that cases were on record where the tail was formed by an increase of the actual number of the vertebræ, he passed on to consider spina bifida, which, he said, was the most important congenital malformation, as it could be benefited by surgical interference. Having described a spina bifida, he spoke of the various kinds of treatment, recommending the partial evacuation of the cyst and the injection of about half a drachm of Morton's fluid.

Mr. W. T. H. SPICER dealt with lateral curvature of the spine, and directed his remarks mainly to the subject of treatment. After pointing out the general relation which the nutrition of the muscles bears to that of the bones and ligaments, both in hypertrophy and atrophy, he illustrated this by what takes place in the spinal column, the wasting of the muscles in scoliosis going on *pari passu* with a weakening and relaxation of the ligaments. Next the conditions which bring about this wasting, the class of person, and the age at which it occurs, were commented on. These considerations led to the treatment, the first part of which prophylaxis, was most strongly emphasised; the hygiene of youth, the proper physical training of young girls, the avoidance of all errors in diet, dress, and occupation were insisted on at length. After condemning as a means of effecting a cure of scoliosis all rigid instruments, supports, or jackets, the fault of which was to impede respiration, and only further induce wasting of the muscles which support the spine, the treatment which in the writer's opinion was most satisfactory was indicated. The removal of any obvious cause, an inquiry into the kind of clothing worn, should first be made; then the careful practice of certain exercises, the nature of which was explained, calculated to improve the nutrition of the muscles of the body generally and of the spine in particular was advised. Several mechanical aids, the use of the sloping seat, and the wearing of elastic spinal bandages were spoken of. The combination of these methods with a sufficient amount of rest were relied on as a main basis for the treatment of the deformity

Mr. STEEDMAN read a paper on

CONCUSSION OF THE SPINE,

including under this heading all injuries to the spine short of fracture and dislocation, accompanied by signs and symptoms of affection of the spinal marrow, such injuries being due to direct or indirect violence. He said that the cord may be affected in three ways, viz.—1. By concussion, causing anæmia or a suspension of its functions, just as in concussion of the brain; 2. By compression the result of effused blood or inflammatory products in the spinal canal, either outside the membranes, between the membranes or in the cord; 3. By inflammation, acute or chronic, beginning primarily in the cord or secondarily to a spinal meningitis, the latter being the more common course. He then illustrated the signs and symptoms of concussion and compression by a case then under treatment in his wards, and spoke at some length on the course of those cases where symptoms come on weeks or months after the accident.

Mr. VOGAN discussed

FRACTURES OF THE SPINAL COLUMN.

He said they derive their chief importance from accompanying injury to the spinal cord. Position of spinal canal being that of least movement on bending of the column, the cord is advantageously placed. There are two great classes of fracture, direct and indirect. Direct injury usually causes fracture of processes, indirect as a bend of column crushes the bodies, and is the more serious. Fracture through the laminæ is serious, as the spinal canal is opened. Fractures

through the bodies in the cervical region are most serious, and in them there is more likelihood of the cord being crushed on account of the small size of the bodies, which are easily crushed. In lumbar region the cauda equina can be pushed aside or strands separated without being crushed. Diagnosis of seat of injury may be made by line of hyperæsthesia between wound and paralysed parts and by the exaggerated reflexes below the injury. Breathing may be impeded when the fracture is quite in the lower dorsal region by paralysis of abdominal muscles, the intestines becoming inflated and pressing up the diaphragm. Kidneys sometimes injured in fractures in lumbar region. Early alkaline urine, due to trophic kidney changes.

Special.

AMENITIES, LITERARY AND PROFESSIONAL.

We have just glanced through the latest specimen of contemporary medical literature. The *Family Doctor*, published weekly, professes "to supplement, as far as possible, the many comprehensive and valuable works with which the medical profession is so well stocked, by analysing, condensing, and criticising their more important (?) contents and applying them to public use and service," and all this at a penny the copy! This publication has commenced a "Dictionary of Diseases, &c., Remedies, Treatment, and Medical Terms." As is natural, these are to be considered alphabetically. We are told that "Abortion" is the term "generally used in describing the birth of a child before its full period of gestation!" That "acute abscesses are the result of a 'grossness' of the blood," &c.; that *two* poppy-heads boiled in a pint of water relieves the pain;" and that should there be sleeplessness advantage will be derived from a full dose of Dover's powder, the appropriate quantity of which can be supplied by any chemist if the age of the patient is specified. We are informed that "Acamatos" is a term "used in anatomy to describe, &c.," but it would be interesting to know what percentage of teachers of anatomy are familiar with or indeed, have ever heard of, the word. "Absconsio" is evidently regarded as a term with which the public should be acquainted. We cannot resist the temptation to reproduce for the benefit of our readers the following: "Acatalepsy.—Uncertain in the knowledge or treatment of a disease—a rather too frequent complaint in the profession." The amusing feature of the "Dictionary" is to be found, not so much in the fact that the "Treatment" is put into words for the benefit of the public, but in the more striking fact that it does not seem to have occurred to the mind of the writer that the "public" would not be much enlightened by such sentences as the following: "When there is any difficulty in judging betwixt the two (arterial and venous hæmorrhage), it is just possible there may be both. Treat accordingly!" Then we have the inevitable "Toilet" column, which is to be devoted to the complexion, to the hair and teeth, the eyes and the ears, the fingers and toes, &c. In the "Anatomy and Physiology" department we learn that the weight of the blood in the body corresponds with about one-fifth (!) of that of the latter, while the article "Nursing the Sick" contains some foolish adulations of Miss Florence Nightingale. We should be curious to know what degree of interest the public are likely to evince in a perusal of the account of a "Remarkable Recovery from a Severe Abdominal Wound without Antisepsis" (*sic*), contributed by Dr. Y. C. McMillan, whoever he may be. The "light-reading" style of literature has not been forgotton, for have we not a highly sensational description of a harrowing death-bed scene, given under the heading "Tales Worth Telling?" However it happens, we are unfamiliar with the names of some of the authors of articles in this new pennyworth, but Dr. Hermann Meyer's reason "Why the Shoe Pinches" might certainly be read with advantage by many a foolish female at the present day. Judging from the "Hospital Reports," we may fairly expect to hear our school children discussing the "Recovery from an Abdominal Gunshot Wound," and "Gunshot Wounds of the Small Intestines." The *British Medical Journal* has been pressed into service for the details of the post-mortem examination of the body of Private Brindley at Woolwich, but we strongly suspect that the account of the "Cerebral Abscess Opening into the Nose," for which acknowledgement is made to the *Lancet*, was inserted for the purpose of popularising such technical phrases as "diffuse hæmatoma," "paresis of rectum," "divergent strabismus," "priapism," (!) &c. We are not informed of the name of the writer who is responsible for the article on "Monstrosities," which appears under the innocent title "Freaks of Nature." We will content ourselves with styling it an exhibition of bad taste. We observe, in the "New Inventions" column, an account of the "New Self-Adjusting Tongue Depressor," of Dr. Ward Cousins, of Southsea. This gentleman's name, qualification and hospital appointment appear at the end of the paragraph. Before we conclude our remarks, we would ask how comes it that in the centre of the front page of this—the newest of our "contemporaries"—there appears a print of an eminent London medical baronet? The rest of the space is devoted to an account of his medical career, in which we read details of the long illness of his Royal patient. The writer of the article states that Sir William "is President of the Clinical Society"; a statement which would have been true a dozen years back; but we question whether Sir William Gull will feel flattered at finding his name and history among such arrant trash as that contained in the penny *Family Doctor*.

BRIEF NOTES FROM AMERICAN PRACTICE.

[FROM OUR EXCHANGES.]

A Case of Extra-uterine Pregnancy treated successfully by Electricity.—Dr. James Sibbald, of Philadelphia, records a case of this nature in the *Med. and Surg. Reporter*. The patient, a married woman, æt. 34, of spare build, 107 lbs. in weight, and exceedingly nervo-bilious temperament, married when she was 21 years of age, and miscarried five months later. Since the miscarriage she was never pregnant, though most desirous of being so. Menstruation had been regular and natural up to June 16th, 1884, when it ceased; a week later morning sickness commenced, accompanied by decided soreness and tenderness on pressure, gradually incressing in severity, over the right inguinal region. Irregular bloody discharges appeared, coming on every week or two, and lasting from a few hours to several days. On July 3rd she was suddenly seized with a violent pain in the abdomen, which caused her to fall in the street where she was standing, for which six days' treatment was necessary before the pain and tenderness were subdued. One month later, August 4th, she had another similar attack, which lasted five days; when taken she was sweeping the floor, and fell, overcome by the severe abdominal pain. After the acute symptoms of the first attack had subsided a vaginal examination revealed a soft mass on the right side of the uterus, very sensitive to pressure, and displacing that organ to the left. The sound was passed cautiously into the uterus a distance of over four inche without obstruction. "These facts, in connection with the cessation of menses, morning sickness, some enlargement and soreness of breasts, with occasional bloody discharges from the uterus, warranted a diagnosis of extra-uterine

pregnancy." On the 18th of August, in consultation with a Dr. Montgomery, the diagnosis was confirmed, and destruction of the fœtus, now in the 11th week of gestation, by electricity, was advised. Eight applications of the battery were made, which had the desired result. The mass is slightly perceptible on examination at the present time, the womb being still displaced to the left side. Menstruation has returned twice since, being perfectly normal, and no inconvenience is now experienced. Dr. Sibbald does not mention the strength of the battery used, or the manner in which the "poles" were applied.

WAS IT A SYPHILITIC FREAK?—In the *Detroit Lancet* Dr. F. A. Spalding reports an interesting case, in which the symptoms were those of quotidian remittent fever, the paroxysm coming on every evening. The patient, a mechanic, æt. 32, of medium stature, and of steady, industrious, economic habits, was the father of three healthy-looking children, whose teeth, however, showed marks of the syphilitic taint. The usual purgative and quinine course of treatment failed to afford relief or protection before or during the attacks. At the end of a fortnight, no benefit having been derived from treatment, one evening the patient was seized with excruciating pain in the head; he was bathed in cold, clammy sweat, and when seen, the chill and fever having passed off, the pulse was small and feeble, extremities were cold, and the condition of general prostration very marked. The intense pain was in the forehead and scalp, and on the right frontal prominence was a well-defined syphilitic node. Dr. Spalding says: "One will never see a better specimen of such nodes than was this one." A hypodermic dose of morphia and a stimulant gave him ease that night. He was put upon large doses of iodide of potass the next morning, and from that date never had another paroxysm of fever or of pain. He recovered with marked promptness.

POST-MORTEM EXAMINATIONS PER ANUM.—Dr. Welch, of New York, advocates this method of post-mortem examination where the ordinary methods are refused. Introducing his hand and arm through the rectum, he takes all he desires from the abdominal and thoracic cavities. Having made his selection of what he wishes to keep, he puts back the rest and stitches up the anus inside, so that no one knows a post-mortem has been made. We regret that there are not fuller details as to his method of procedure in removing the internal organs. In the absence of these details it seems rather a difficult and one-handed proceeding. He must be an enthusiast upon the subject of post-mortem examinations.

Sanitary Department.

THE HIGH DEATH-RATE AT PRESTON.

THE inhabitants of Preston appear to be much exercised at the high mortality rates prevailing in the town, to judge by the account of the meeting of the Preston Sanitary Association held there on February 9th last. Statistics for the fourth quarter of 1884 was produced, which show that the general death-rate was 29·9 per 1,000 living, the mean of 28 large towns being only 21·7, that the infant mortality was 206, being exceeded only by Bolton, whilst the total zymotic rate was twice and a-half that of England generally, and nearly double that of Lancashire. The rate for diarrhœa appears, from these statistics, to be in excess of most other places, and the "fever" rate is surpassed by Salford only.

In the course of the discussion which followed the production of these figures, various opinions were expressed as to the causes of this mortality. Some speakers connected it with filthy middens, rotten house-foundations, "jerry" construction, deficient ventilation, imperfect paving, accumulation of dirt and refuse in streets; others, again, referred to the ignorance of the population, their uncleanly habits, and the widespread errors in infant feeding. The proneness of the poorer classes to insure their children's lives seems also to prevail at Preston, and is in accord with the activity of insurance canvassers in these northern towns. Some divergence of opinion existed as to the propriety of adopting the model by-laws of the Local Government Board, though the necessity of discontinuing those in force was universally admitted.

In view of the scattered and at best vague ideas that are obtaining just now at Preston, an official investigation into the serious question recently discussed seems urgently needed.

LEGAL PROVISIONS RELATING TO MILK-DEALERS.

THE Lords of Council have lately objected to a clause in the Bradford Waterworks and Improvement Bill. This particular clause aims at giving the Bradford Borough power over furnishers of milk to people living in the Borough, though the dealers themselves may live outside. It seeks to compel these dealers to furnish a list of their consumers to the medical officer of health on payment of a small fee; and, further, to place them under the authority of the Borough Justices in so far as the provisions of the Contagious Diseases (Animals) Act are concerned. It is more particularly the latter part of the clause that the Privy Council objects to, and, indeed, at first sight it would seem that it was being requested to allow one sanitary authority to interfere with the affairs of another. And it might be suggested that the urban authority in such a case should communicate with the adjacent rural one with a view to the detection of possible infection of the milk produced on farms. But this latter plan would seem impracticable, since, in the absence of any local disease in the rural district, the authority of the latter would hardly be magnanimous enough to take any measures for the protection of its adjacent urban neighbour. Having regard to the important issues involved, and to the frequency with which scarlet fever, diphtheria, and enteric fever are spread by means of milk, and to the circumstances that analogous procedure obtains under the Public Health Act (1875) and the Adulteration of Foods Act, some extraordinary means of enabling large Boroughs to deal with possible sources of infection by milk outside their limits would seem worthy of adoption; and therefore it is to be hoped that the Lords of the Privy Council may reconsider their decision anent the controverted clause of the Bradford Act, pending the insertion of definite and stringent clauses upon the subject in some early amendment of the Public Health Act.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

Aston Rural District.—Dr. Bostock Hill reports a very low death-rate for 1884, amounting to only 14·54 per thousand living, whilst the infant mortality reached 20·7 per cent. of the whole. The zymotic rate was only 1·20, and lower than that of 1883. Only two diseases assumed epidemic form, viz., measles and whooping-cough, and their intensity was not great. Small-pox was introduced twice, but spread very slightly, owing to energetic measures of isolation, disinfection, and re-vaccination. Four cases of enteric fever and one death took place, all being connected with defective drainage and water pollution, one of them being distinctly traceable to importation from Kidderminster. Instances are given of the detection of "jerry" building, in which houses were without drainage or water supply, and of the partially successful efforts of the authorities to suppress these scandals. Offensive trades were inquired into, and a sausage-skin factory found to be producing noxious odours from decomposition of refuse. An interesting weather report for the year is given, and instructive tables of deaths and sickness appended.

Hastings Urban District.—Dr. Shaw reports for 1884 a birth-rate which was again below the annual average, and regrets his inability to compare it with the marriage-rate. The death-rate was only 15·93 per 1,000, which is 6 below the decennial average, and this in spite of a larger number of deaths amongst visitors. Infant mortality was higher, and due to fatal measles, whooping-cough, and diarrhœa in the third quarter. The zymotic rate

was also above the average, and amounted to 1·81 per 1,000. Small-pox sprang up in nine centres of Hastings during 1884, but, owing to prompt isolation, no epidemic occurred. Isolated cases of enteric fever took place, connected with defective drainage arrangements. An interesting instance of contamination of milk by food-circumstance of cows is recorded. In this, the animals had partaken largely of water polluted by sewage, and the milk contained micrococci and corpusculai matter in abundance. Fortunately, it was not circulated, and no disease was therefore produced. Dr. Shaw has some interesting general remarks to make on the subject of compulsory notification of infectious disease, and his opinion seems to incline towards its being made incumbent upon the householder, and not the medical attendant—a view always advocated by us in spite of our contemporaries.

Registered for Transmission Abroad.

The Medical Press and Circular

Is published every Wednesday morning. Price 5d. Post free, 5½d.

Post Free to Annual Subscribers . . . £1 2 6
„ If Paid in Advance 1 1 0

Post-office Orders and Cheques to be drawn in favour of—
A. A. Tindall, 20 King William Street, Strand, London, W.C.
A. H. Jacob, 3 Molesworth Street, Dublin.

Agents for Scotland:—
Maclachlan and Stewart, South Bridge, Edinburgh.
A. and W. Stenhouse, Hillhead, Glasgow.

Sole Agent for the Continent:—
John F. Jones, 31 Bis, Rue du Faubourg Montmartre, Paris.

ADVERTISEMENT SCALE—Whole Page, £5 0s. 0d. Half Page £2 10s. 0d.; Quarter Page, £1 15s. 0d.; One-eighth Page, 12s. 6d.

Small Announcements of Practices, Assistancies, Vacancies, Books &c., of Seven lines or under, 4s. per insertion; 6d. per line beyond

Considerable reductions are made from the foregoing Scale when orders are given for a series of insertions. Letters in this department should be addressed to the Publishers.

Subscriptions for France are received by Messrs. Baillière, Rue Hautefeuille, Paris—post free in advance, £1 3s. 6d. per annum.

Subscriptions for Russia are received by Messrs. Rajchman and Frendler, 18 Senatoren Street, Warsaw—post free £1 5s. 0d. per annum.

Subscriptions for the United States are received in New York by Messrs. Willmer and Rogers; Philadelphia, by Dr. Brinton: post free in advance, 5½ dollars (£1 3s. 6d.) per annum; or direct from the Offices in this country for the same amount, if remitted by International Post-Office Order.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 18, 1885.

REFORM AT THE ENGLISH COLLEGE OF SURGEONS.—II.

In continuation of the criticism, begun in our last issue, of the objections raised by the Council of the Royal College of Surgeons of England, to the suggestions for its internal reform, we would direct especial attention to that proposal of the Association of Fellows which provides that the six members of the Council who shall have served longest on the Council without re-election shall vacate their office every year, instead of three as provided for by Section 12 of Charter 7th Vict.

Against this improvement the Council urge that such a plan would reduce its longest possible period of office from eight to four years, and by this ingenuous admission of the reason which excites the antagonism to what would be a most salutary alteration they very clearly reveal the existence of a desire to perpetuate one of the most unsatisfactory arrangements of the existing *régime*. It is quite impossible to assign any virtue to the argument which they employ in this connection, to the effect, namely, that "The usefulness of any member of the Council very largely depends on his experience of all the varieties of College business, whether in the Council or in the several committees." To this we would say that it is the business of every intending candidate for a seat on the Council to make himself, beforehand, cognisant of all the duties that will devolve upon him as a member of Council, but we admit that so long as the Council retains its present form of a secret conclave, it is all but impossible to those outside of it to gain any knowledge of its proceedings and forms. The permanent abolition of this vicious secrecy, however, is an important article in the programme of reform, and it is in one sense exceedingly satisfactory to find the Council thus openly declaring their anxiety to hold on to the principle of long tenure of office, for such a proceeding is of itself a justification of the action on foot for securing the suggested alteration.

The whole force of the objection, however, will be at once removed, as soon as the demand of the Association for the publication of records of Council meetings is conceded, this demand being formally set forth in its proposals to the Council. By means of them the constituency of the Council will be always placed in a position to criticise the action of individual councillors, since the suspended minutes will of course contain the names of proposers and seconders of resolutions, and should also give a complete list of those voting for and against in every case. Such criticism, unprecedented in the past history of the College, will afford a wholesome stimulus to the Council, every member of which will necessarily feel that his particular manner of performing his duty will be apparent to all who have entrusted him with the protection of their interests, and so will the latter be proportionately assured of the best services of the candidates of their choice, while inefficient or indolent members of the Council will meet the deserved reproof of their inattention. Doubtless so plainly spoken an explanation of the determined intention of the reform party to do all that can be done to make future Councils responsible to the general body of the College for errors committed as well as blunders of diplomacy, will prove unpalatable to not a few of the old school conservatives, but, unpleasant as the duty of enlightening them may be, we have no alternative course open to us now, when the occasion demands that there shall be no sort of uncertainty respecting either intentions, or the means by which they are to be carried into effect. The object of the Association of Fellows is to obtain a thorough amendment of all that has tended in the past to deprive them of their rightful influence in shaping the progress of the corporation with whose interests and well-being their own are closely identified; and by accepting the changed conditions created by the earnest desire for a reformed management of the College of Surgeons,

we are convinced that the Council will be most wisely consulting the advantage not merely of their own body, but of that still higher and better consideration, the welfare of British surgery.

WEAK HEART.

EVERY physician in extensive practice is occasionally brought into contact with cases of heart failure, of which the essential nature is somewhat obscure, and which are frequently recorded when terminating fatally, as angina pectoris. As an example of the kind of illness typical of such affections some such history as the following may be taken:—An apparently healthy man of sixty or sixty-five of florid build and choleric temperament, is attacked soon after the exhibition of unusual excitement, with acute pains over the cardiac region, accompanied by shooting pains down the left side and arm, and a general sense of oppression. There is no loss of consciousness, no actual paralysis, although some degree of numbness may be experienced in the hand, but without materially diminishing the force of its grasp. Occurring in the absence of the physician, the bystanders administer stimulants, and resort to rubbing the arm of the sufferer with resulting relief to the symptoms; and in an hour's time probably the attack so far remits as to admit of the patient's moving about more or less freely; or a fatal termination may then and there occur. It is more likely, however, that, as in the most recent case of the kind we have encountered, an interval of rest will be noticed, and then, on a renewal of movement the symptoms will once more set in, this time perhaps less violently than at first, and apparently ending in the appearance of quiet repose, during which death ensues almost without any indication of its approach.

Very often the subjects of such illness are unable to recall that they have ever been similarly attacked; they have not, that is, as is usual among the victims of angina pectoris, been for a greater or less number of years suffering from spasmodic affections of the heart, and to their own knowledge this organ of their economy is free from any kind of disease. Nor, as far as our own experience goes, does auscultatory examination yield any positive or reliable signs, with the exception that its sounds are distant and indistinct, but the most careful observation will fail to make out anything deserving the name of diagnostic indications. Moreover, the evidences of cerebral lesions are altogether absent, and the suggestion of any such origin for the symptoms exhibited in the cases described must be entirely excluded on purely clinical grounds. Neuralgia also can hardly be accepted as explaining the phenomena, inasmuch as a sudden single attack of so violent a nature as to produce a fatal result is improbable, to say the least; and wherever this cause is responsible for death it is reasonable to assume that the final illness will have been preceded by less severe indications of cardiac neuroses. It is consequently necessary to look for some other producing cause of the effects, and this may with some assurance be assumed to reside in a deterioration of the heart itself. As already hinted, the subjects generally found to suffer in the manner under discussion are those in whom the existence of fatty heart might be reasonably suspected, and the *modus operandi* of the changes taking place under such conditions is not difficult to comprehend. As the structure of the walls degenerates the propulsive power of the heart is *pari passu* reduced, and a time ultimately arrives when its action suffices only to maintain the circulation, under conditions of ordinary and unexcited life. Even now, however, the habits of the individual are unconsciously adapted to the failing strength of the organ; all unusual exercise is avoided, and without at all being aware of the fact, the patient foregoes most of his customary exertion, the only point which presents itself to his mind being that he is "growing old." This may continue for a length of time, but should it happen at any moment that either by indulging in a fit of passion, or by taking sudden and violent exercise, that the heart is called upon to perform a labour beyond its diminished powers, then the strain becomes more than it can resist, and the attack described results. The popular remedy, a stimulant, usually in the form of whisky, which is at once administered, acts as a temporary aid to the exhausted organ, which however, is left in a still more exhausted state when its effects have disappeared, and being then still under call to continue its normal action, it responds with rapidly lessening strength to the needs of the circulation, and with or without a renewal of severe symptoms it slows into death.

Such we take it is a general explanation of a large proportion of the deaths which have of late figured in reports as being caused by angina pectoris, and the frequency of which has caused some degree of surprise. We cannot, however, hope that treatment is likely to be materially assisted by acceptance of this view, since the structural degeneracy of the implicated organ must necessarily militate against any permanent restoration of its function; the more especially as the occurrence of an attack of illness offers a certain indication of its being inadequate to meet the calls made on its resources. Such failure in fact is proof that the organ has advanced so far in decay as to render its performance of even ordinary work uncertain, and it is suggestive that a great part of the cases observed are seen in persons in whom, on *à priori* grounds, fatty changes are indicated. Possibly also, many other sudden deaths, the reason for which is often obscure, may have been brought about by similar means; and the subject is, at least one worthy of receiving attention.

A NOVEL INSTANCE OF QUACKERY.

ONE of the most unblushing instances of quackery, with which we are acquainted, and founded on the reputation of eminent English surgeons, has been brought to our notice by the principal victim of the snare, Dr. Urban Pritchard; and the circumstances are so peculiar, and of such special interest to Colonial practitioners that we propose briefly to describe them. At the close of 1884 Dr. Pritchard received a letter from a gardener in New Zealand, soliciting advice as to the treatment necessary for the writer to undergo with a view to obtaining relief from certain ear symptoms. This correspondent informed Dr. Pritchard that he had obtained his address from a book published by a certain Mr. Hannaford, of Auckland, and he thoughtfully enclosed a copy of the

work for the English aurist's perusal. The disgust and dismay of the latter is not difficult to imagine when he discovered the work in question to be a pamphlet descriptive of the wonderful curative effect of the "Infallible Deafness Remedy," which on the title page is described as follows: "Prepared from the recipes of the two most celebrated aural surgeons in the world, the late William Harvey, Esq., chief aurist of the Royal Dispensary for Diseases of the Ear, London, and Dr. Urban Pritchard, M.D., F.R.C.S., senior surgeon to the Royal Ear Hospital, London. Sole proprietor, J. B. Hannaford, &c., &c." Dr. Pritchard then remembered that early in the year 1881 he had received, through the secretary of the Ear Hospital, a letter purporting to come from a former patient at the institution, whose attendance dated 35 years before. This letter is now before us, and it is a most specious production well calculated to lull any possible suspicion that might be aroused as to the *bonâ fides* of the writer. After recounting the benefits conferred on the latter so long ago, it proceeds to state that the remedies prescribed "do not so entirely control the disease as formerly," and solicits advice as to treatment, under circumstances so faithfully described that, in opposition to his rule against prescribing for patients *in absentia*, Dr. Pritchard was induced to reply to it. It is on this letter that the association of Dr. Pritchard's name with that of the clever rascal in question is based, and it is professedly printed in the pamphlet. The letter there appearing however, is a palpable forgery, and we are assured by Dr. Pritchard that only a single sentence, and that only incompletely, is really extracted from his letter. It should be added that Hannaford gave, in his letter to the hospital, copies of the prescriptions given him by the late Mr. Harvey, the object being to afford a guide to those whose present advice was asked. The ingredients included in the recipes, mainly pot. iodide, plumbi acetas, croton oil, creasote, &c., are described as *costly* by the impostor who "prepares" them, and it is insisted in the pamphlet that they must be regularly taken for a month, at a cost of £3.

The plan of operations pursued is that common with quacks the world over, viz., first a citation of the enormities of other quacks, a declaration of philanthropic intentions, and the usual appeal to the known ignorance of the public and its too willing submission to unprincipled designs on its pocket. Hannaford, however, has shown a degree of ingenuity in obtaining the signature of Dr. Pritchard which rogues of his kidney are not always possessed of, but at the same time he is guilty of the most unmitigated lying, and especially when he declares that Dr. Pritchard received a fee from him for the advice tendered; Dr. Pritchard's whole knowledge of the man being, that he was an ordinary hospital patient. Moreover, the letter purporting to be from him is such an utter farrago of nonsense that it could not possibly have been penned by an educated man, much less an eminent physician.

It need hardly be said that the whole occurrence is a source of much annoyance to Dr. Pritchard, both on account of the manner in which he is made to appear cognisant of an impudent quack's attempts to fleece the public of New Zealand, and also from the undeserved reproach attaching to such an ignominious position as is assigned to him in the forgery to which his name is attached. It is quite unnecessary to add that Hannaford's indiscriminate sale of a prescription intended for a particular affection, is calculated to do an inordinate amount of injury; or that many persons must certainly suffer grievously from the employment of remedies of so powerful a nature as part of the preparations possess. Further, too, there can be no guarantee that the preparations are dispensed with accuracy, or even with intelligence. If Hannaford himself is responsible for them they certainly cannot be depended on, he himself admitting to utter ignorance of chemistry and pharmacy. If they are knowingly made up by pharmaceutical chemists, then equally they must be unreliable, as no dispenser of reputation or standing would consent to ally himself thus with a man whom he must know to be a fraudulent impostor. As the *Medical Press* containing this *exposé* is being sent to every member of the profession in the colony, the circumstances concerning this man and his procedure will be fully known, and we trust his nefarious operations will thereby receive a a check.

Notes on Current Topics.

Northumberland and Durham Medical Society.

At the last monthly meeting of the session of the Northumberland and Durham Medical Society, held at the Newcastle-upon-Tyne Infirmary, on Thursday last, Dr. Murphy, of Sunderland, communicated an admirable and exhaustive paper on "Placenta Prævia"; the full text of which we hope to publish at as early a date as possible. Appended to the paper is a list of no less than twenty-three cases of placenta prævia in which Dr. Murphy has operated, with the result that not a single maternal life was lost, and but a small percentage of children were born dead. The discussion was maintained for some time by practitioners of large obstetric experience, by whom, with one exception, the practice of forcibly dilating the os uteri with the hand was condemned as inimical to the safety of the mother, a general agreement being expressed with Dr. Murphy's preference for Barnes' bags, or the modification of them introduced by Dr. Steele, as dilators. Preceding the reading of the paper a large number of very important cases and pathological preparations were exhibited and briefly described by the surgeons responsible for them, among them being one of subclavian aneurism cured by ligature, and constituting a really admirable instance of successful surgery, more especially since it occurred in private practice, the operator being Dr. Morris. Another case, one of successful colotomy, performed for cancerous stricture of the rectum, the artificial anus having now been performing its duties for many months, afforded a brilliant example of the practice of our North of England brethren, as also did a series of three rhinoplastic operations on patients exhibited by Dr. Arnison. The result in all three cases was most successful, the new nose in even the least satisfactory case, one of lupus in a young woman, being a

thoroughly presentable organ. The society, in question, appears to be in a very flourishing position, and judging from this one example of its ordinary meetings at which we were present, through the courtesy of its excellent secretary Dr. Drummond, the work it is accomplishing in the North is of the highest.

Foreign Bodies in the Rectum.

THE difficulties that may be experienced by any practitioner in dealing with cases in which foreign bodies have been introduced into the rectum are well illustrated in the very instructive history of a case occurring under Mr. Bryant, at Guy's Hospital, and fully reported in another part of our present issue. Not that it is to be understood that medical men in general practice are expected to proceed, in such instances of injury, to the performance of a dangerous operation for removal, like that undertaken by Mr. Bryant; the risks attendant on a proceeding of this nature can only be ventured, with justification, by surgeons whose operative skill enables them to assume the responsibility of so grave a measure for relief; but met with as they are, with some degree of frequency, it ought to be insisted that an early recognition of the real nature of these cases is incumbent on the ordinary medical attendant, whose duty it also is to recommend their transference to special surgeons as soon as they are convinced that lesser means than a serious operation are inadequate to their relief. Mr. Bryant's case illustrates how much may be done under even unfavourable conditions, and to what extent care and skill may be trusted to ensure recovery when recovery is all but impossible, and we feel sure that the most enthusiastic Listerian surgeon will recognise in the record referred to the evidence of reliable precautions in the use of iodine lotion and antiseptic dressings employed in treating the case, though such observers might possibly urge that still greater success might have attended the adoption of the complete system of Listerian procedure.

Patent Medicines.

IN the HOUSE of Commons, last Thursday, Dr. Cameron asked the Chancellor of the Exchequer whether he had yet received from the Board of Inland Revenue those reports on the Medicine Stamp Act which, in the House of Commons on August 7th, he undertook to "study with care;" and if so, what action he proposes to take in the matter? The Chancellor of the Exchequer replied that he had considered this question in conjunction with the President of the Council, and had under consideration the propriety of introducing a Bill or Bills on the subject, but could not say when it would be possible to introduce them.

Restoration of the Perinæum.

THE restoration of the perinæum is a subject of such importance to obstetric practitioners, and the occasion for resorting to some method for securing it so frequently arises in the experience of those who see much of the special diseases of women, that the paper contributed to our columns by Professor Graily Hewitt will be welcomed by a large class of readers. The directions hitherto given by Dr. Graily Hewitt for the treatment of these distressing forms of laceration have met with approval from, and have been successfully adopted by, a very considerable proportion of the profession, and more than usual interest therefore attaches to the description of a modified suture which the distinguished obstetric physician to University College Hospital has depicted and explained in the article referred to. The applicability of the method to cases in which the rectum is involved, and clearly seen from the description, and to other less severe cases, is also, as its author affirms, equally suitable.

The Irish Prisons Administration.

IN noticing the appointment of Dr. McCabe to the position of Medical Adviser to the Irish Prisons Board, and the regrettable decision of the Government not to place the medical representative on an equality with the other members of the Board—we referred to the arbitrary and tyrannous administration of the prison system by the Hon. Charles Bourke, the chairman. There are some persons who can never learn the lesson of discretion and self-control, and the hon. chairman seems to be one of these, for no sooner has he narrowly escaped the dismissal broadly suggested by the Royal Commission than we find him occupying the stool of repentance and enduring the scourge of Parliamentary criticism by reason of another ebullition of the insolent autocracy which is in him. With a scratch of his pen he dismissed five warders of the Mountjoy Prison because they remonstrated against an order which, we venture to say, no other head of a department would have dreamt of issuing, and, having peremptorily refused to re-instate them, he then found it necessary to cancel the order, or, at least, to allow it to become a dead letter. Whether the hon. chairman or the warders were most worthy of censure may be judged when we, by some sacrifice of delicacy, state the terms of the order which he promulgated and they objected to obey. It appears that, from time to time, letters from certain political prisoners found their way outside the prison walls, and to prevent this, all supplies of writing paper were stopped. Still the communications continued, until it was suspected that the paper used in the water-closets was appropriated for writing purposes, and, as it was not possible to stop this supply, the hon. chairman conceived the idea of serving out to the prisoner the requisite quantity for each occasion, and making sure that it was not carried away by him for epistolary purposes. Accordingly he issued a mandate, in his well-known style that, upon each such occasion, a warder should accompany the prisoner to the closet, should there hand him a piece of paper, should remain outside until the prisoner emerged, and should then satisfy himself that the paper was not concealed on his person. The only surprise anyone experiences at this order is that the hon. chairman did not press his command one stage further and require the warder to *see* that the paper was appropriated to its proper use. Comment upon such a proceeding, and upon the fitness of such an official to govern any department, is quite unnecessary. We need only point out that the transaction is only the legitimate expansion of the principles applied by the same gentleman to the treatment of the medical officers of prisons throughout Ireland.

Volunteer Medical Staff Corps.

The Volunteer Medical Staff Corps was inspected on Saturday by the Director-General of the Army Medical Department. The Commandant, Sir Guyer Hunter, was present, but the Corps was commanded by Mr. Cantlie. All their movements, both in battalion drill and stretcher exercise, were wonderfully well executed, and the Director-General expressed himself both surprised and pleased at the discipline and efficiency of the regiment. He was gratified at the manner in which this new movement had been taken up by the students of the London schools of medicine, and believed that it would ultimately prove of great national service. A large number of the Medical Staff Corps will take part in the Brighton Review, one large company attached to each of the marching columns, and forming the second line of aid to the wounded.

Apropos of the Brighton Review, more interest is being taken at head-quarters in the Volunteer Medical Department than hitherto. Meetings of those medical officers who intend to take part have been held under Colonel Davies at the Horse Guards. The arrangements will be under the charge of Surgeon-Major Cross, and will consist mainly of—first line, regimental bearers, who will not leave their regiment; second line, Medical Staff Corps and bearer companies, who will take charge of the wounded in ambulance waggons, &c., until delivered over to the third line, the field hospitals.

Some twenty-four surgeons have sent in their names to accompany the marching columns, but a greater number could be employed, and any names should be at once sent in to the adjutants of regiments, with information as to the capacity in which they would like to serve, whether mounted or not.

The Irish Poor-law Medical Superannuation Bill.

We understand that the Chief Secretary will re-introduce this Bill after Easter, but with the alteration of "shall" into "may," so that the grant of pension will be still discretionary with the guardians; but the pension will be charged upon a general rate struck for the whole of Ireland, and it will be calculated on the Civil Service scale. This Bill is so far promoted by the Poor-law Officers' Association, and the Irish Medical Association has taken no active steps to support it, feeling that a discretion to grant pensions is of little value to medical officers.

The late Army Medical Competitive.

Dr. Heuston was entertained at dinner at Morrisson's Hotel, several evenings ago, by the late members of his Army Class who were successful in gaining Commissions in the Medical Staff of Her Majesty's Forces at the competitive examination recently held in London. In the unavoidable absence of Dr. S. Hickson, who obtained first place, Surgeon W. A. Carte, M.B., presided. Dr. Carte, in giving the toast of the evening, referred to the eminent success of the Irishmen, more than half of the successful candidates being sons of Erin. He (Dr. Carte) was particularly proud of the number of places gained by his fellow-classmen, including the *first* place taken by his friend Dr. S. Hickson, and ten other places, many of them high on the list. He warmly congratulated Dr. Heuston. The toast of the "Army Medical Staff" was ably responded to by Surgeon F. S. Heuston, who has since sailed for duty in Bengal. Mr. Samuel Hickson, above referred to, is a member of an old Co. Kerry family. He studied at the Meath Hospital during the entire period of his pupilage. He was also Captain of the Meath Hospital Football Club, and by the able and active management of his team won for the Hospital the Silver Challenge Cup two years in succession, thus showing that efficiency in the field of athletics is not incompatible with efficiency in the soberer paths of medical and surgical science.

New Irish Poor-law Inspectors.

We understand that Dr. George P. O'Farrell, of Boyle, and Dr. John Todd, of Newtown Stewart, Co. Tyrone have been appointed to be Inspectors under the Irish Local Government Board. Both gentlemen are medical officers of dispensaries, and we warmly approve the action of the Local Government Board in selecting as inspectors those who have themselves "followed the plough." There is no lack of either brains, industry, discretion, or attainments in the Irish Poor-law Medical Service, and—in this instance—the Board has secured in Dr. O'Farrell a very distinguished scholar. He was a Gold Medallist, 1st Sen. Moderator and Travelling Medical Prizeman of the University of Dublin, and holds the Doctorate of Medicine; Med. Of. Boyle Workhouse and No. 2 Disp.; Act. Surg. 5th Bat. Connaught Rangers; Medical Att. Constab. and Troops; late House Surg. St. Peter's Hosp., Lond., and Seamen's Hosp., Greenwich; Mem. Pathol. Soc., Lond.

Presentations at the Levee.

By command of the Queen, a levée was held on Saturday last at St. James's Palace, by H.R.H. the Prince of Wales; presentations on this occasion being considered as equivalent as if made personally to Her Majesty. The following members of the profession were thus honoured: Navy-Surgeon C. B. D'Eyncourt Chamberlain, Surgeon-Major J. G. Hall, Navy-Surgeon W. S. Lightfoot, Deputy Inspector-General W. H. Lloyd, M.D. (on promotion), Surgeon E. B. Townsend, R.N., Surgeon E. W. Von Tunzelmann, R.N. No members of the profession were at this levée other than those belonging to the combatant forces.

The Manufacture of Aerated Waters.

We learn from the *Pharmaceutical Journal* that a manufacturer of aërated beverages was lately much surprised on finding that his ginger ale and some other fancy drinks had lost all their aroma and pungency. For a long time no clue could be found to solve this remarkable disappearance. The materials used were carefully examined and found to be in every respect of unexceptionable quality. Suspicion at length fell upon the sulphuric acid employed for the generation of the carbonic acid gas. The feature that attracted attention was a somewhat unpleasant smell of nitrous acid emitted. The

result left no doubt that the cause of mischief was the nitro-compounds in the oil of vitriol, an oxide of nitrogen which produces a rapid change in many of the essences employed, being both an oxidising and a reducing agent. Dr. Thresh, it appears, in his investigations on the pungent principles of plants, has demonstrated their ready destructibility under the influence of oxidising agents; and it is not improbable that the effect produced by small amounts of nitro-compounds, acting under great pressure, on the active principles of ginger, &c., is similar to that which results from the use of strong oxygenated solutions acting at ordinary pressures. The important fact revealed by this investigation, Mr. Naylor observes, should act as a caution to makers of aërated beverages against the use of an acid impregnated with the oxides of nitrogen.

The British Gynæcological Society.

A BRAND new medical society—still another society! as people said in dismay when the subject was first broached—commenced its public career on the 11th inst., when the inaugural meeting of the British Gynæcological Society was held at the Medical Society's rooms, in Chandos Street. Whatever may have been the feelings and doubts of the promoters of it previous to the hour of meeting, by the time the President, Dr. Alfred Meadows, had taken the chair, all doubts had vanished, and in their place had come the comfortable feeling that a success had been achieved greater probably than the most sanguine had anticipated. Upwards of 80 Fellows and visitors were present, and when the announcement was made that the roll of Fellows already reached to 272, and that there was a sum of about £200 in hand, every sympathiser felt that he could now safely congratulate his neighbour. The society is a national, and not a merely local one, and the President very significantly brought the feature into prominence by calling upon Dr. Wallace, of Liverpool, to inaugurate the scientific business of the society by showing a specimen of multiple fibromata of the uterus removed by abdominal section. An interesting discussion followed, in which Drs. Routh and Edis and Mr. Lawson Tait and Dr. Bantock took part; Dr. Bantock drawing a parallel between the early days of ovariotomy and the present state of hysterectomy, and concluding with the hope that the time was not far distant when we should attack these tumours far earlier than we do now. Mr. Tait, on the other hand, was impressed with the great mortality that had attended the operation in the hands of all surgeons who had attempted it except Keith. Dr. Wallace, in reply, expressed the opinion that hysterectomy should not be performed but in exceptional cases. Dr. Aveling showed two Fallopian tubes, each containing a large quantity of pus—15 ounces in all. As the case from which they were removed will form the subject of a paper at an early date, they were not discussed. Dr. Bantock next showed a pessary removed from the vagina of a woman, æt. 67, where it had lain for many years, with a result disastrous to the wearer. In exhibiting the unsavoury specimen, Dr. Bantock took occasion to enlarge somewhat on the subject on which he has lately made known his views—the use and abuse of pessaries. The subject was plainly one of great interest, as was shown by the number of Fellows who were anxious to take part in it. Amongst these were Drs. Aveling, Robert Barnes, Coghill (Ventnor), Heywood Smith, Dolan (Halifax), Burton (Liverpool), and Routh. There was no denying that cases not unfrequently crop up in which a pessary had been the cause of much mischief, and the difficulty was to fairly apportion the blame for this. Some were for throwing it all on the unfortunate attendant, others blamed the stupidity of patients, who could not be got to follow their attendant's directions. Dr. Robert Barnes made the happy suggestion that when a pessary was inserted the patient should not only be told of it, but should receive a written note to that effect with instruction as to the proper plan of treatment to be carried out in regard to syringing, &c., whilst the instrument was carried. This part of the business was brought to a close by Dr. Bantock's reply. The President then gave his inaugural address, which was listened to from beginning to end with marked attention. As we shall have the honour of presenting it to our readers *in extenso*, we need only say that it placed the *raison d'être* of the new society in the clearest light, and also sketched out a programme for it, which, if worked out with even an approach to completeness, will make the society, not only an ornament to the nation, but a benefactor to the world. A vote of thanks, proposed by Dr. Robert Barnes, and seconded by Mr. Lawson Tait, and carried by acclamation, brought the meeting to a close.

M. DUSART, senior in the well-known drug house of MM. Rigaud et Dusart, Paris, has recently died. Deceased was the first to introduce gelatine capsules for the disguise of nauseous drugs, and was in every way a man of considerable scientific reputation.

COMPULSORY notification of infectious diseases is rigorously carried out in New South Wales. From a correspondent we learn that a practitioner in Sydney has just been fined £50 in each of three cases of small-pox under his care, for neglecting to notify the same to the Board of Health.

IT has been decided by the New Zealand Government that medical men in practice shall not hold the office of coroner. Several medical men occupying this position have resigned the office since the passing of the resolution last session, but Dr. Hocken, of Dunedin, has refused to do so, and it is expected he will be compulsorily dismissed.

THAT vexatious and constantly recurring subject commonly called the social evil, and its attendant results, is now attracting serious attention in our Colonies; and at a recent meeting of the Central Board of Health for Victoria, Australia, it was decided that the Chief Secretary should be requested to take immediate action to improve the present condition of affairs.

AT the annual meeting of the Hospitals Association, last Wednesday, all the officers and Council were re-elected with the exception of Sir Henry Acland, Dr.

Quain, and Messrs. Cross and Custance, whose engagements did not permit them to continue as active members of the Association, their places being filled up by the election of Lord Brabazon, Mr. Martin, M.P., Drs. Potter and Steele, and Messrs. Powell and Quilter.

Surgeon-General C. D. Madden, Surgeon-General in the Madras Presidency, has been appointed Surgeon-General with the forces in India, in succession to Sir Anthony Home, whose term of service will expire on March 22nd, 1885. Surgeon-General Madden will be relieved at Madras by Surgeon-General J. Irvine, who is now serving in Egypt. Mr. Madden served in the Crimea and before Sebastopol (medal with clasp, and Turkish medal), also with the 43rd Light Infantry, in the latter part of 1859 (medal). He served as Surgeon of the 4th King's Own throughout the Abyssinian campaign, and was present as Field-Surgeon of the 1st Brigade at the action of Arogee and capture of Magdala (mentioned in despatches, and promoted Surgeon-Major "for valuable services rendered during the campaign;" medal).

Scotland.

[From our Northern Correspondents.]

Glasgow University.—Rectorial Address.—It has been arranged that Professor Lushington will deliver his Rectorial Address to the students of the Glasgow University on Thursday, the 26th inst. The meeting will take place in the Bute Hall, and consequently, owing to the limited space at the disposal of the Senate, it will be of a more purely academic character than similar gatherings of late years.

The Fever Hospital Question in Edinburgh.—The report has been issued of the Committee of the Directors of the Royal Edinburgh Hospital for Sick Children, appointed on 9th February to confer with the Committee of Managers of the Royal Infirmary in regard to the continuance of the treatment of infectious diseases in the Infirmary and in the Hospital. The conference eventuated in the following decision: That after the most careful consideration, the Committee are satisfied that the treatment of infectious diseases in the Royal Hospital should wholly cease, and they unanimously recommend that the directors should come to a resolution similar to that recently adopted by the managers of the Royal Infirmary, and that the directors should intimate to the Local Authority that from and after the 1st of July next no patients labouring under any infectious disease will be received into the Sick Children's Hospital.

Aberdeen Royal Infirmary.—The quarterly meeting of the managers of this institution was held on the 9th inst., Lord Provost Mathews presiding. Dr. Profeit, Balmoral, in virtue of the Queen's annual subscription of £25, was elected a manager. The chairman stated that Her Majesty had already given £800 to the institution. A number of donations were intimated. A statement of the accounts of the Infirmary for the past year was submitted, which showed that the cash expenditure had exceeded the income by £232, and when there is added to this amount the deterioration written off the buildings and furniture of £183, a deficiency is brought out of £415. The permanent income of the institution has somewhat increased, while the church collections have, in a measure all over, decreased by the amount of £77. It was also stated that the income of the Convalescent Hospital exceeded the actual expenditure by £369.

Aberdeen University Senatus.—At a meeting of the Senatus of Aberdeen University, held on Saturday, the 7th inst., a letter was read from Professor Ogston explaining the circumstances under which he had left his class and gone to the seat of war in the Soudan. After consideration, the Senatus deemed it prudent and advisable to approve of the appointment of Dr. M'Kenzie Davidson for the purpose of lecturing and conducting the ordinary duties of the class of surgery during the present session, and, *quoad ultra*, requested the medical faculty to recommend a suitable substitute to conduct the examination for degrees. A letter was read from the local secretaries of the British Association, which meets in Aberdeen in September next, requesting that the rooms of Marischal College might be granted for the purposes of the meeting. It was agreed to grant the request. Professor Hay was appointed convener of the committee with reference to the proposed extension of the University buildings, in room of Professor Ogston.

Glasgow Death-Rate.—For the week ending with Saturday, the 7th inst., the Glasgow death-rate was 29 per 1,000 per annum, being the same as the previous week. The figures for the corresponding periods of 1884, 1883, and 1882 were 27, 31, and 25 respectively.

Health of Edinburgh.—The mortality in Edinburgh for the week ending with Saturday, the 7th inst., was 82, and the death-rate 17 per 1,000. Diseases of the chest accounted for at least 38 deaths, and zymotic causes for 7, of which 1 was due to fever, 3 to diphtheria, 2 to whooping-cough, and 1 to erysipelas. The intimations for the week comprised—fever 6, scarlatina 17, and measles 1.

Hospital Fees to Domestic Servants.—In July last the Glasgow Royal Infirmary passed a resolution that a special charge be made for hospital attendance on domestic and private servants. The act appears to have produced the contrary effect to that intended, and to have engendered a feeling of dissatisfaction, several subscribers having reduced the amount of their subscriptions in consequence. Last week the subject came again before the Committee of Management, and the chairman announced that they were willing to rescind the resolution, and this was unanimously agreed to.

"Revivalism" among Medical Students in Glasgow.—The latest outcome of medical student emotionalism is a phase of mental ecstacy very characteristic of Scotland, and termed religious "awakening." A meeting, largely attended, of Edinburgh and Glasgow medical students, was recently held in St. Andrew's Halls, Glasgow, with a view to the initiation of a religious quickening. We are accustomed to violent swings of the mental pendulum on the part of medical students, and we shall watch the development and progress of this the latest medical student eccentricity with some anxiety. We need hardly say that between the high moral fundamental principles of religion (which, by-the-way, are not the exclusive attributes of any one particular religion) and Scotch *piousity* long profitably cultivated in Edinburgh by lay and professional men we recognise an almost fathomless gulf.

On Monday week a "Poisons Bill" was presented in the House of Lords by the Lord President, and read a first time. The second reading was fixed for Thursday, but the Bill had not been printed when the order was reached, and it was therefore postponed.

Literature.

MACNAUGHTON JONES' DISEASES OF WOMEN. (a)

OUR predictions of the success of the first edition of this work have been amply justified by the appearance within a few months of a second and enlarged edition. We have already sufficiently expressed our opinion of the value of this manual both for students and practitioners; nor are we surprised that it has met with so wide circulation among "those in busy general practice for whom the information it contained was intended, and who have not time to wade through too ponderous, nor the inclination to master too technical a treatise." Though the matter contained in the present work exceeds that of the first edition by the addition of some 70 pages, the book is issued in a more portable and convenient size. The whole bears evidence of careful revision. The author has added a chapter on affections of the rectum, more especially appertaining to this organ in its relation to uterine diseases. This includes a summary of minor operations and explicit directions for their performance. Two chapters on the mammary gland follow; included in these are admirable tables for the diagnosis of tumours, both benign and malignant. A special chapter has been added on dysmenorrhœa, in which the author combats Dr. Matthews Duncan's views of the non-mechanical nature of this affection. The omission in the previous edition of a description of Dr. Alexander's operation for shortening the round ligaments has been rectified by the insertion of a full description of this operation in the appendix to the book. In conclusion, we can only emphasise our estimate of the value of this work of Dr. Macnaughton Jones' by repeating the opinion given of the former edition, that "it will become the most popular manual for students and practitioners." The price of the work brings it within reach of all, and we can only express our surprise that the publishers have been able to issue so elegantly finished a book at the trifling cost at which it is produced.

MATERIA MEDICA: PHYSIOLOGICAL AND APPLIED. (b)

THIS is a bulky 8vo of 726 pp. containing the following articles:—Aconitum, by B. E. Dudgeon, M.D. Crotalus, by J. W. Hayward, M.D. Digitalis, by F. Black, M.D. Kali Bichromicum, by J. J. Drysdale, M.D. Nux Vomica by F. Black, M.D. Plumbism, by Dr. Black, and in consequence of his decease edited by Dr. Hughes. One would suppose that such an effort as this should be of considerable value, and we may at once say that much information has been collected from various journals and other sources. To our mind, however, much of the labour is lost, and we hope that we are not blinded by prejudice in this statement. It is true that the writers take what they call the homœopathic standpoint, which we certainly believe does not enable them to take a view of the whole of this subject—indeed, confines and narrows their views to such an extent that we wonder men can be satisfied with such a standpoint.

But, notwithstanding this, they might do better work than they here offer as the result of their conjoint labours. For instance, they give us the history, toxicology, and so forth, of a drug. They collect a large number of cases of poisoning which may serve the purpose of those who are studying toxic doses, but such study must be made by the reader, for the writers give no help; for instead of a condensed or digested summary, we are only furnished with the cases;—a compilation—a fact-heap—which requires some knowledge to sift.

Then we are treated to "provings," as experiments on healthy persons with ordinary doses are called. It may be confessed that such "provings" as homœopathists have set store by ought to be of more service, and they have only themselves to thank for the distrust with which they are regarded. When a man seriously collects 2,250 symptoms produced by a drug, no wonder he has to make a large collection of subjective sensations, not to say passing fancies, many of which, to say nothing of the whole, make ma demand on our credulity. When these are collected dications for the administration of the drug, on the ho pathic hypothesis, the notion is enough to produce su these thousands of symptoms, *e.g.*, "creeping sensati arms, hands, legs, thighs," and elsewhere, "yawning," terrupted yawning," "cannot yawn perfectly," "distu of attention when reading," being "in a reverie," "una ness of ideas," "thoughts flighty." These are mild sam if we persisted in analysing such alleged symptoms readers would turn from the page with the 'disgust,' 'h and perhaps more serious sensations which are to be duced by a dose of one of the drugs of which this w treats. We already feel the "weariness" and feeb "deathly lassitude" that may follow further study, and therefore content ourselves by saying that the book is a big fact-heap—but the facts are of very various value moreover, the heap is not all composed of facts. reader must separate them for himself.

We hope, if the authors follow it up with the other vo or volumes they will take the trouble to arrange and cla the material, and not merely accumulate heaps of and fallacies.

MANUAL OF DISEASES OF THE EAR. (a)

THIS manual will, we think, be found to very wel the place its author intends it for. It is a handy size, got up, clearly written, and sufficiently illustrated. W out altogether abnegating his individuality, the au sufficiently suppresses himself to make his compilati fair exponent of the generally accepted aural surgery of day, while he also admits and duly credits a numbe views held by well-known aurists, but as yet not so wi adopted.

In examinations, Dr. Barr says bright diffuse dayli affords the best illumination, but we can scarcely supp that Glasgow can offer this more frequently than Dub Edinburgh, London, &c., and some of those who held to view outside Glasgow have abandoned it and adopted reflectors used by laryngoscopists. Dr. Barr, however, gi directions as to artifical light when daylight is not availa We observe, too, that he does not favour Brunton's specul which, however, seems to grow in favour. We fully ag with him as to its inferiority in simplicity, and its limita to diagnosis, but can scarcely deny that there are occasi when it is almost necessary, unless to the most experien expert, and we do not think its cost should stand in t way of a student who is attending a good clinique. W turned with interest to the account of diseases of the au tory nerve and labyrinth as a subject offering a temptati to the writer to stray beyond the due bounds of a manu intended for students and general practitioners, and we pleased to find a readable sketch of a difficult subject wit out any effort to assert more than is warranted. At th close of the book 122 formulæ are collected, followed by good index. It is only right to add that all the woodcu have been drawn expressly for the work—a considerable merit so far as pathological illustrations go—but as to o instruments possibly an extravagance.

Altogether we commend Dr. Barr's manual as a sa and sufficient guide to those beginning the study of au surgery.

BODILY DEFORMITIES AND THEIR TREATMENT. (b)

So much interest now-a-days is taken in the subject o orthopædic surgery that it was necessary that some concis manual in this important branch of medicine should b published. Mr. Reeves, an orthopædic surgeon of wel known reputation, has endeavoured to fulfil the want b giving the profession the general results of his lengthene experience at the Royal Orthopædic Hospital. The work

(a) "A Practical Manual of Diseases of Women and Uterine Therapeutics." By H. Macnaughton Jones, M.D., F.R.C.S.I., &c. Second Edition, pp. 500, Illustrations 200. London: Baillière, Tindall, and Cox. 1885. Price 7s. 6d.

(b) "Materia Medica: Physiological and Applied." Vol. I. London: Trübner & Co. 1884.

(a) "Manual of Diseases of the Ear." By Thomas Barr, M.D., Su geon to the Glasgow Hospital for Diseases of the Ear, &c. Glasgo Maclehose. 1884.

(b) "Bodily Deformities and their Treatment." A Handbook o Practical Orthopædics. By Henry Albert Reeves, F.R.C.S.E., Surgeo to the Royal Orthopædic Hospital, Senior Assistant Surgeon an Teacher of Practical Surgery at the London Hospital. Pp. 400. Wi 228 Illustrations. Lewis's Practical Series. London: H. K. Lewis 136 Gower Street, W.C. 1885.

has been written, as the author states, from the standpoint of a general surgeon interested in a special domain of surgery, who finds that success in the treatment of orthopædic cases depends very largely on extensive experience, personal supervision, and watchful care. The work contains all the recent improvements and advances in osteotomy for genu valgum and other bony distortions, and the author has endeavoured to do justice to all other kindred subjects in this rapidly growing surgical specialty. The book is fairly illustrated; some of the woodcuts might be better. It is, however, a good addenda to the works of Little, Adams, Brodhurst, Ormsby, Smith and others. From a careful perusal of its contents we are convinced that it will be found a very useful and practical guide to the knowledge we should possess on orthopædic medicine and surgery at the present date, and we congratulate the author and publishers on the result of their combined labours.

Literary Notes and Gossip.

We understand that Dr. Milner Fothergill is engaged in a work on "The Diseases of Sedentary and Advanced Life." The subject is a large one, and will afford ample scope for the suggestive vein of the author.

* * *

We understand that another international medical journal is about to become *un fait accompli*. The well-known *American Journal of Medical Sciences* is to appear simultaneously in England under the editorship of Mr. Malcolm Morris, following the lead of the *Annals of Surgery* now similarly published under the editorship of Mr. Keetley.

* * *

The prominent laryngologist of New York, Dr. Louis Elsberg, whose reputation had spread into Europe also, has recently died, at the early age of 49, of Bright's disease. The deceased physician was editor of the *Archives of Laryngology*, which, appearing originally in 1880, was published at quarterly intervals during the four succeeding years. He was the author also of numerous essays on throat surgery.

* * *

The American Public Health Association offers the sum of 2,800 dols. to be awarded as first and second prizes for papers on the following subjects:—1. "Healthy homes and foods for the working classes." 2. "The sanitary conditions and necessities of school-houses and school-life." 3. "Disinfection and individual prophylaxis against infectious diseases." 4. "The preventible cause of disease, injury, and death in manufactories and workshops, and the best means and appliances for preventing and avoiding them."

* * *

Various rumours and guesses as to the authorship of a novel called "Charley Kingston's Aunt," which has just now entered on its second thousand, have been indulged in in medical circles during the past few weeks. The tale came out under the *nom de plume* of Pen Oliver, and because of its sounding somewhat like an obverse of Mr. Oliver Pemberton, that gentleman was popularly credited with the authorship. We believe, however, we can set gossip at rest on the point by attributing the work to the pen of Sir Henry Thompson.

* * *

We understand that the new edition of Bernard and Huette's "Operative Surgery," translated and edited by Mr. A. T. Norton, of St. Mary's Hospital, is now passing rapidly through the press, and is expected to be ready in May. Owing to the vast improvements in surgery during the last few years, the work will necessarily be increased in size, and many new illustrations will be added. On account of the labour entailed in bringing it up to date, and the delicate nature of the hand-coloured plates, nearly two years have passed by since the former edition was out of print.

* * *

We are asked by Messrs. Cassell & Co. to announce that the first part of a new serial issue of "'The Family Physician,' a Manual of Domestic Medicine by Physicians and Surgeons of the principal London Hospitals," is to make its appearance on the 26th inst. The publishers further state that "the work has already gained an established reputation as a sound and reliable guide for family use." We do not know who *the physicians and surgeons of the principal London hospitals* may be, as daylight was not permissible in the first edition. In any case, we dislike medical guides for family use, as they do an incalculable amount of harm.

* * *

Dr. Austin Meldon, of Dublin, has a sixth edition of his work on "Gout" in the press. The sixth edition of Dr. Roberts' "Theory and Practice of Medicine" has appeared during the past few days. Dr. Thudichum has just issued a small work on "Coca and its Alkaloids." This remedy having created so much interest in medical circles of late, the little *brochure*, with the scientific reputation of the author, is sure to command a wide circle of readers. Dr. Brunton is engaged on two new works—"A Text-book of Pharmacology and Therapeutics," and "Disorders of Digestion;" the latter being the Lettsomian Lectures, which recently appeared in our columns, with additions.

* * *

The committee of the Alexander Memorial Fund inform us that the prize of £50 and gold medal of the value of £10 has been awarded to Surgeon John Martin, Medical Staff, for the best essay on "Antiseptic Surgery and its Application in Military Hospitals and in the Field." The subject for the next competition is on "The Relations between the Food and Work of the British Soldier, and their proper Adjustment in Peace and War; on the occurrence of Scurvy among Troops, and its Prevention; and on the use of Preserved and Concentrated Foods, with Suggestions for Alterations or Improvements in the existing Rations and Times of Meals." The competition is limited to executive medical officers of the Army on full pay.

* * *

It is not an unfrequent complaint by competitors in Prize Essays that unsuccessful efforts are not returned. We have before pointed out that this is in most cases their own fault. The conditions of competition sometime preclude the sending of name and address; hence adjudicators have not the means of returning essays. A case in point has just arisen with competitive essays for the £50 prize on Life Assurance offered by the Briton Medical Life Office, and awarded to Mr. P. J. Thomson, M.R.C.S., by Dr. Richardson and the other judges. Only about one-sixth of the unsuccessful essays have been returned, and the directors have now issued a third and final notice, that they will not hold themselves responsible for loss if these are not applied for forthwith.

* * *

Prof. Clinton Wagner, of New York, has brought out a work on "Diseases of the Nose" (Bermingham & Co.), which embodies the result of his large experience on this subject, and contains some excellent new wood-cuts. Dr. Wagner is well known as a bold and skilful operator, especially in the region of the nose and throat, though the high position he held in the U.S. army gave him enormous experience in general and military surgery. Perhaps some critics will think that in the present work he leans rather towards surgical interference, and uses the knife where more timid surgeons resort to écraseurs, snares, &c. But Dr. Wagner's boldness is associated with sufficient caution and skill. His book is eminently practical, his positions well fortified by cases, and we doubt not the work will be well received as a thoroughly reliable guide by a surgeon of wide and almost unique experience.

* * *

The demand for essays and articles of a quasi-medical nature appears to be rather on the increase in the columns of the lay press. While each leading daily paper has its "medical editor," the journals and magazines are not slack to requisition the services of medical "men with a literary turn of mind." One now scarcely takes up a journal without finding its contents embellished with chapters on medical subjects, and this month we have that model magazine, the *Leisure Hour*, devoting sixteen columns of letterpress to an article by the medical officer of health for Marylebone, Mr. Wynter Blyth, on "Practical Dietetics," and to another by Mr. James Mason, on "Music as Medicine." This growing tendency for physiological knowledge is in keeping with the intellectual progress of the age, and so long as it is confined within reasonable limits, and with an avoidance of quackery, it is healthful and good.

* * *

Mr. Dunnett Spanton's article on "Faith-Healing" in the columns of this journal appears to have made a veritable hit, if we may judge by the amount of attention drawn to it

in the lay press. The *Times*, *Daily Chronicle*, *Globe*, and *Saturday Review* devoted special leaders to it, whilst the *Standard* not only referred to it editorially, but quoted the article in full as illustrating its arguments. Nor was the interest confined to the London journals; the leading provincial journals hastened to insert the article and to comment thereon—a sufficient evidence, we take it, of the widespread interest in the subject, and the power of the press to counteract the baneful influence of charlatanism and fraud, even when disguised under the mantle of religious mania. We congratulate our *confrère*, Mr. Dunnett Spanton, on the successful issue of his *exposé*, and we thank the lay press for doing this journal the honour to assist in the good work.

* *

AN indignant protest against the assumption that the treatment of rabies by garlic is a new discovery is entered in the *New York Medical Record* by Dr. J. L. Conte. In a very interesting communication on the subject he gives quotations from a large number of writers on medicine, ranging from Paul of Egina to Audry and Portal, or from a date 420 years B.C. to the end of the eighteenth century, all tending to show that garlic was specifically recommended to the use of sufferers from the bites of rabid dogs. Dr. Conte is especially severe on those who have given prominence to the claims put forward on Mr. Bouley's behalf as the *discoverer* of the mode of treatment, and stigmatises the statements of such discovery of the medicinal value of garlic in hydrophobia as "an *unpardonable blunder* in medical literature." Certainly he has succeeded in demonstrating that the treatment is sanctioned by the authority of the most famous physicians of all time.

* *

THOUGH for many years past living in peaceful retirement, and away from the busy centres of medical life, Mr. Ebenezer Pye-Smith, F.R.C.S., had still many friends who treasured their intimacy with him, and not a few of them regarded him with an affectionate feeling of esteem which naturally arose out of the relations existing in former generations between pupil and master. Mr. Pye-Smith enjoyed very extensive practice, first in the City, and later in the eastward suburbs, and his name is associated with those of many of the most familiarly known practitioners, such as Peacock, Risdon Bennett, Oldham, Solly, with whom he was contemporaneous, and who helped to make the brilliant nucleus out of which the Pathological Society and other flourishing institutions sprung. In the person of his son, who occupies so eminent a position in scientific medicine, and is physician to Guy's Hospital, the fame of the elder Pye-Smith has been ably sustained and extended.

* *

THE most crushing blow that has yet been sustained by the anti-vivisection party in this country was delivered last week in convocation of the University of Oxford, when an attempt to interfere with the teaching of practical physiology in the University was defeated by a majority of more than 160 votes in a house numbering over 600. The occasion was one to confirm the payment of a sum of £300 per annum, for three years, towards supporting the physiological laboratory, under Professor Burdon Sanderson, and the payment of a histological demonstrator's salary. The opportunity was seized by the Oxford anti-science party, who, led by Canon Liddon and the Bishop of the diocease, opposed the grant on the ground that it would encourage the practice of vivisection. Such a total defeat as the project suffered, however, ought to be sufficiently conclusive evidence that even educated anti-vivisectors are powerless to prevent the development of scientific teaching under instructors whose authority is universally accepted and respected; and while congratulating Sir Henry Acland and Professor Sanderson on the brilliant triumph they have achieved, we may also anticipate that obstruction has at length received a death-blow.

* *

NEW BOOKS AND NEW EDITIONS.—The following have been received for review since the publication of our last monthly list:—St. Bartholomew's Hospital Reports, Vol. XX. Syllabus of Lectures on Physiology, by P. H. Pye-Smith, M.D., F.R.C.P. De l'Aphasie et des ses Diverses Forms, par le Dr. Barnard. The Inhalation Treatment of Disease, by Arthur Hill Hassall, M.D. Electricity and its Manner of Working in the Treatment of Disease, by W. E. Steaveneon, M.D. Handbook of the Theory and Practice of Medicine (sixth edition), by F. T. Roberts, M.D., F.R.C.P. The Student's Guide to Diseases of Children, by J. F. Goodhard, M.D., F.R.C.P. The Briton Prize Essay on Life Assurance, by P. J. Thomson, L.R.C.P. First Aid to the Injured, by Peter Shepherd, M.B., revised by Robt. Bruce, M.R.C.S. The Irish Educational Directory for 1885. Irish Medical Directory for 1885. The Antiseptic Treatment of Wounds, by W. Watson Cheyne, F.R.C.S. The Microtomist's Vade-Mecum, by Arthur B. Lee.

Novelties.

DR. HAGEDORN'S (OF MAGDEBURG) NEW SURGICAL NEEDLE AND NEEDLE-HOLDER.

A NEEDLE-HOLDER on an entirely new principle with new patterns of surgical needles have recently been introduced to London practice by Messrs. Krohne and Sesemann, surgical instrument makers, under the direction of the inventor Dr. Hagedorn, of Magdeburg. These instruments were described by Dr. Hagedorn at the last meeting of the German Medical Congress, in September last, and for their great advantages over the ordinary needles and needle-holders, have since been extensively adopted by the profession in England and in Germany. *The needles* are curved in a semi-circle, the point, which has a short cutting edge on its convex side, is flattened. The eye is in the level of the curve.

The advantages claimed by this new kind of needle are:

1. Being curved on the edge, they are more resistant, and the point follows without deviation the intended direction of the puncture.

2. The eye, perforating the flat side, can be made larger and tapering at the terminal end; in consequence of which, even a stout double thread will pass without difficulty through the puncture, which no surgeon will fail to appreciate.

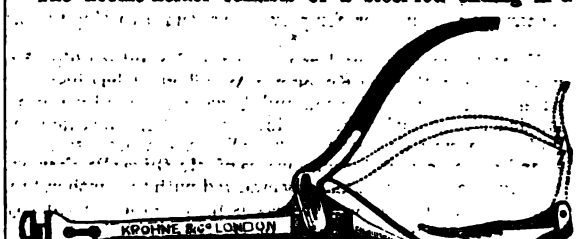
3. The needle, owing to its equal thickness, can be firmly and safely taken hold of at any point, whereby its direction will be much facilitated.

4. The cutting edge, being on the convex side, cannot be injured or blunted by the needle-holder, and may be easily re-sharpened by the surgeon himself.

5. The incision made by the needle is in a right angle to the edge of the wound similar to a button-hole. The two edges of the stitch-wound, on tying the suture, are drawn into close apposition, whereby their union is favoured.

6. The flat needles cause less injury, which is of high importance, especially in sutures of nerves and tendons.

The needle-holder consists of a steel-rod ending in a



handle, upon which a similar shorter rod is made to glide up and down. Both rods form, at a right angle with their anterior termination, the *jaw*, which is lined with copper.

The needle, of whatever curve, is held by it with equal firmness. The breaking of a needle is rendered impossible, even when the strongest pressure is applied. A needle held with this holder is grasped as firmly as if both would bodily form but one single instrument. Moreover, the needle can be disengaged with equal readiness. It holds the needle as firmly at the edge as near or at the point, even if the latter emerges ever so little, which is of great importance to the gynæcologist when applying sutures in narrow and deeply situated regions.

The point of the needle, after having passed through the tissues, can be seized without injury to itself or to the surrounding soft parts, being guarded by the jaws of the needle-holder.

This needle-holder, which takes up but little room, will, after a short practice, be managed with the greatest facility. It is made of several sizes and strengths. Two kinds are especially adapted for the use of gynæcologists. Professor Baerdeleben, of Berlin, in his "Lehrbuch der Chirurgie und operationslehre;" Prof. Olshausen of Halle, in his lately published "Klinische Beitraege zur Gynæcologie und Geburtshilfe;" Prof. Fistsch, of Jena, in "Krankheiten der Frauen," and other eminent Continental surgeons speak most favourably of Dr. Hagedorn's new instruments.

Correspondence.

THE MEDICAL ASPECTS OF THE DURHAM CASE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The unfortunate case of Lady Durham, which has been decided during the past week, opens up more than the mere question of her sanity or insanity at the time of contracting marriage. Lord Durham's only reason for endeavouring at all hazards to prove that insanity existed prior to marriage was doubtless that such a proof was necessary in order to obtain a dissolution of the marriage, a divorce on such grounds not being admitted by English law. The exclusion of insanity as a cause of divorce is attributable to a mistaken idea of justice in view of the wife's possible recovery, when the law contemplates with equanimity her resuming her conjugal rights. Surely at present there can scarcely be any difference of opinion as to the impropriety of any such resumption of cohabitation, even supposing that perfect recovery may have taken place. A woman whose mental equilibrium had once so far been destroyed as to necessitate her detection as a lunatic, ought, one would think, never to be encouraged, still less authorised by law, to become the mother of children who will inherit more or less of her mental instability, and so contaminate the offspring of a healthy father.

It seems to me that insanity on either side, ought *ipso facto*, when once legally established, to involve at any rate physical divorce, and this quite apart from any question of recovery, and the question is one calling for immediate consideration.

I am, &c.,
ALFRED S. GUBB,
Hôpital Français, London. M.R.C.S., L.R.C.P. (Lond.)

WE regret to announce the sudden death of the celebrated German physiologist, Professor Frerichs, which occurred on Saturday last.

The Illegal Use of Titles.—In the Cupar Sheriff Court on March 6th, Alexander Ross French, formerly a confectioner in Dundee, and now residing in St. Andrews, was charged with a contravention of the Dentists' Act, 1878. The charge set forth that the accused unlawfully used the title of "Dr." French, dental surgeon, by having the same on his door-plate, lamp, and signboard at his place of residence, and with unlawfully using the titles of "D.D.S.," resident surgeon, "Dr." and "D.S." The accused pleaded not guilty. His defence was that he had advertised that he was "not a registered dentist," and he contended that the titles used by him did not come under the jurisdiction of British law. After evidence, the charge was found proven, and the Sheriff imposed a fine of £10, with the alternative of seven days' imprisonment.

Vital Statistics.—The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 20·6 per 1,000 of their aggregate population, and were as follows: Birkenhead 16, Birmingham 17, Blackburn 19, Bolton 28, Bradford 21, Brighton 11, Bristol 21, Cardiff 37, Derby 18, Dublin 32, Edinburgh 18, Glasgow 29, Halifax 19, Huddersfield 19, Hull 14, Leeds 19, Leicester 22, Liverpool 22, London 19, Manchester 26, Newcastle-on-Tyne 29, Norwich 21, Nottingham 24, Oldham 22, Plymouth 15, Portsmouth 22, Preston 29, Salford 19, Sheffield 17, Sunderland 42, Wolverhampton 15. The highest annual death-rates from diseases of the zymotic class in these towns were —From whooping-cough (measured by last week's mortality), 1·6 in Preston, 2·4 in Bristol, and 3·2 in Cardiff; from measles, 1·7 in Bristol, 1·8 in Huddersfield, 7·0 in Cardiff, and 17·5 in Sunderland; from scarlet fever, 1·1 in Leeds, 1·3 in Wolverhampton, and 1·6 in Preston; and from "fever," 1·0 in Newcastle-upon-Tyne, 1·4 in Blackburn, and 1·7 in Norwich. The 28 deaths from diphtheria included 15 in London and in Edinburgh, and 2 in Newcastle-upon-Tyne. Small-pox caused 37 deaths in London and its outer ring of suburban districts, 2 in Liverpool, 2 in Manchester, 1 in Birmingham, 1 in Birkenhead, and 1 in Sunderland.

The "Whittle Hutchinson Fund."—On the 5th inst., at an ordinary meeting, the President of the Liverpool Medical Institution, Dr. Gee, presented Drs. Whittle and Hutchinson with a cheque for a little over £169, the outcome of the fund started in November last to express the sympathy of the profession with these gentlemen in their vexatious action-at-law in the case of Goode *v.* Whittle and others. Dr. Ewing Whittle, Dr. Glynn Whittle, and Dr. Hutchinson returned thanks, and expressed themselves as deeply grateful to their professional brethren for their sympathy and for the token of that sympathy which they had just received. The following are the names of subscribers not yet publicly acknowledged:—A Friend, £10; Dr. Grimsdale, £3 3s.; Dr. Waters (Chester), £3 3s.; Dr. Bell-Taylor (Nottingham), £2 2s.; Dr. Rogers (Rainhill), £2 2s.; Dr. Waters (Liverpool), £2 2s.; Dr. R. F. Owen (Tuebrook) £2 2s.; Dr. Harvey, £1 1s.; Dr. Fay, £1 1s.; Dr. Grimes, £1 1s.; Dr. Bowie, £1 1s.; Dr. Clarke, £1 1s.; Dr. J. Bligh, £1 1s.; Mr. Manifold, £1 1s.; Dr. Armstrong, £1 1s.; Dr. W. Williams, £1 1s.; Mr. Glazebrook (West Derby), £1 1s.; Dr. C. J. Cullingworth (Manchester), £1 1s.; Dr. T. R. Pennington (Pembroke Place), £1 1s.; Dr. W. H. Hughes (Ashton-under-Lyne), £1 1s.; Dr. Fawsitt (Oldham), £1 1s.; Mr. McCheane, £1 1s.; Dr. Dale, £1 1s.; Dr. F. M. Pierce (Manchester), £1 1s.; Dr. D. U. MacLennan (Appleton, Widnes), £1 1s.; Dr. Warburton, £1 1s.; Mr. J. L. Molyneux (Upholland), £1 1s.; Dr. Leatham, £1 1s.; Mr. Stone, £1 1s.; Dr. J. Matthews (Waterloo), £1 1s.; Dr. Carruthers (Runcorn), £1; Dr. James Atkinson (Crewe), £1; Mr. T. D. Leigh, 10s. 6d.; Dr. Lupton, 10s. 6d.; Dr. T. Starkey Smith (Warrington), 10s. 6d.; Mr. T. Herbert Bickerton, 10s. 6d.; Dr. Hyla Greves, 10s. 6d.; Dr. R. T. Davies (191 Heyworth Street), 10s. 6d.; Dr. John E. Allen (Todmorden), 10s. 6d.; Mr. C. G. Lee, 10s. 6d.; Dr. Berry (Wigan), 10s.; Dr. Crutchley (Alsager, Stoke-on-Trent), 5s.; Mr. T. W. Dartnell (South Dispensary), 5s.

Notices to Correspondents.

TO OUR CONTRIBUTORS.

THE following accepted contributions have been received, and are hereby acknowledged, with thanks. Each communication will be inserted as far as possible in the order received:—

BERNARD, ARMAND, B.A., M.B. (Liverpool), The Treatment of Secondary Syphilis.
BURNIE, WM., M.D. (Bradford), On the Treatment of Pneumonia.
BURTON, J. E., M.R.C.P. (Liverpool), Abdominal Surgery during 1884 at the Liverpool Hospital for Women.
DAVIES, E. J. (Liverpool), Antipyrin in Puerperal Pyrexia.
DRYSDALE, C. R., M.D., F.R.C.S. (London), On Acne Rosacea.
DUGGAN, J., L.K.Q.C.P. (Turloughmore), On Cholera Morbus, its Prevention and Treatment.
EBSTEIN, Prof. W. (Göttingen), The Nature and Treatment of Gout (*continued.*)
FOSTER, JOHN, M.D., F.R.C.S. (Bradford), On the Physiological Aspects of Education.
GORDON, Surgeon-General, C.B., M.D., Note on the History of Medicine and Medical Opinion from the Earliest Times.
GUNN, C., M.D., M.K.Q.C.P. (Dublin), Cases in the Accident Ward of Jervis Street Hospital.
GWYNNE, C. N., M.B.T.C.D., M.D. (Sheffield), The Treatment of Empyema, with especial reference to the disease in children.
JACKSON, ARTHUR, M.R.C.S. (Sheffield), Changed Aspects of Unchanged Truths: the Use and Abuse of Rest.
LEE, ROBERT J., M.D., F.R.C.P. (London), On Movements of the Eyes and their relation to Disorders of the Brain in Children.
MARTIN, J. W., M.D., The Dangers attending the Hypodermic Injection of Morphia.
MELDON, AUSTIN, F.R.C.S.I., L.K.Q.C.P. (Dublin), Cases in the Accident Ward of Jervis Street Hospital.
MYRTLE, ANDREW S., M.D. (Harrogate), Clinical Remarks on Secondary Syphilis.
O'NEILL, WM., M.D., M.R.C.P. Lond. (Lincoln), On Redness of the Skin of the Palms of the Hands and Soles of the Feet.
PORTER, W. S., M.D. (Sheffield), The Treatment of Epilepsy.
THOMSON, A. T., M.D. (Glasgow), Case of Detachment of the Retina, operated on two and a half years ago.
THOROWGOOD, J. C., M.D., F.R.C.P. Lond. (London), Notes of Two Cases of Peritoneal Abscess following Enteric Fever.
TIZZONI, Prof. (Bologna), Pathological Physiology of the Supra-renal Capsule.
UNNA, Prof. G. P. (Hamburg), The Skin Diseases of the Lower Extremities caused by Obstructed Circulation.
VINTRAS, A., M.D. (Hôpital Français à Londres), A Case of Limited Paralysis and Anæsthesia.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular* may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean and flat after it has passed through the post.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

DR. W. S. (London).—Regret pressure on our space precludes insertion of the article this week. Proof, with MS., shall be sent you in due course.

M. LEFEVRE (Marseilles).—Nous avons déjà un correspondant dans votre pays. Nos remercîments.

DR. JOHNSTON (London).—Not by any means representative of the service. We hope to refer fully to the matter in a week or two.

DR. HARDWICKE (Sheffield).—The matter has been properly adjusted. Many thanks for note.

STUDENT (Edinburgh).—Moles may be *false* or *true*. The former is either an exudation product, a blood-clot, or menstrual decidua. The presence of the glands will on careful examination serve to distinguish it from the product of conception if the latter. True moles are mainly of two forms—1. The fleshy, or carneous mole; 2. The hydatidiform mole. The former resembles a lump of liver; the latter is developed by perversion of the nutritive energy which the death of a fœtus has turned from its natural end; it resembles somewhat a bunch of grapes. We cannot always undertake to answer students' questions, which might be better done on the spot by the teacher.

COLONIAL QUACKERY.

WITH all the advertising qualities of the profession in the old country, we fear we have yet scarcely been able to equal in audacity the following announcement of a practitioner of unrivalled attainments:—

"DR. A. E. BYRN,

"PHYSICIAN, SURGEON, OCULIST, ACCOUCHEUR, AND APOTHECARY,

Late of Victoria and Northern Queensland, is the only Surgeon in all the Colonies who treated *forty-seven cases of Diphtheria without a single death*, or performed all kinds of operations without one mishap during a continuous Hospital practice of seventeen years. Also Surgeon for 12 years to five Societies, numbering over 1,600 in families. (See their Stamped Testimonials.)"

COLONIAL SURGEON (Sydney).—The hospitals and medical colleges recognised by the diploma-granting bodies of Great Britain and Ireland are—the University of Melbourne, the Melbourne Hospital, Sydney Infirmary, and the Adelaide Infirmary in Australia; and the Hobat Town Hospital and Launceston Hospital in Tasmania. None of the New Zealand hospitals are recognised, as not possessing 100 beds for clinical instruction.

DR. CARNFORTH.—The usual dose of croton oil in such cases would be one drop, and it may be most conveniently administered by placing it surrounded by butter, on the back of the patient's tongue.

MR. MICHAEL.—The duties of the extra inspectors are to examine existing facilities for dealing with an epidemic in case it reaches us; and where none are found to advise the local authorities as to the best means for effecting suitable arrangements.

MR. THOMAS.—We shall probably be in a position to publish the reports after the close of the winter sessions of the societies.

MR. C. L. (Birmingham).—We do not care to re-open the discussion in the present crowded state of our columns. Moreover, the quotation is a very old one, the principle of which has been very frequently enunciated and confirmed.

MR. SARTORIS.—It is a very troublesome disease, and requires much patient watching when occurring in children. The remedies adopted are sound, and in accord with established usage. Recent experiments show that a lotion of Wright's liquor carbonis detergens in distilled water will sometimes effect an immediate cure.

DR. CLAPWORTHY.—The astringent qualities of nitrate of bismuth would be likely to make it a valuable assistant under the circumstances you mention.

DR. HARRISON.—You will find that manna occasionally given in the milk will be of use.

MR. MANBY.—Your position as a practitioner of medicine cannot be affected by any action on the part of another person; but it is of course open to you to take appropriate steps for protecting yourself against a repetition of the annoyance you have been subjected to. That your opponent is not a duly qualified medical man makes it the more difficult for you to notice his deeds, while at the same time being careful of your own dignity and that of the profession you represent.

A. F. J.—Cucaine has been successfully employed to relieve the pain caused by cancer at the roots of the tongue, and most recently in the case of General Grant.

Meetings of the Societies.

WEDNESDAY, MARCH 18TH.

HOSPITALS ASSOCIATION.—At 8 p.m., A Re-discussion of the Out-patients' Question.—Paper by J. S. Bristowe, M.D., F.R.S.

THURSDAY, MARCH 19TH.

ROYAL INSTITUTION.—At 3 p.m., Prof. Dewar, The New Chemistry.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At 5 p.m., Sir Andrew Clark, Lumleian Lecture on Some Points in the Natural History of Dry Pleurisies.

HARVEIAN SOCIETY OF LONDON.—At 8.30 p.m., Mr. W. Adams Frost, The Early Treatment of Concomitant Squint.—Mr. F. Treves, Resection of the Intestine.

FRIDAY, MARCH 20TH.

ACADEMY OF MEDICINE IN IRELAND (Surgical Section).—At 8 p.m., Papers: Mr. Wheeler—(1) On Excision of the Clavicle; (2) Excision of the Shoulder.—Mr. Swan, A Record of Cases of Condylotomy with the Osteotome for the Treatment of Genu Valgum.—Mr. Barton, A Group of Cases illustrating the Surgery of the Knee-joint.—Living Specimens: Mr. Swan, Aggravated Equino-Varus treated by removal of tarsal wedge, including part of os calcis, entire cuboid, tarsal extremities of 4th and 5th metatarsal bones, and head of astragalus.—Mr. Kilgariff, Stump after Syme's Amputation of Foot, two years after operation.—Dr. P. Hayes, Patient from whom Mammary Adenoid Tumour was removed by Gaillard Thomas's operation.—Card Specimen: Mr. Thomson, Multilocular Ovarian Tumour, with several suppurating cysts, successfully removed.

SOCIETY OF MEDICAL OFFICERS OF HEALTH.—At 7.30 p.m., Ballot. Mr. A. Wynter Blyth, The Action of Disinfectants on Micro-zoolden.

ROYAL INSTITUTION.—At 9 p.m., Prof. A. W. Rücker, Liquid Films.

Vacancies.

Belmullet Union, Knocknalower Dispensary.—Medical Officer. Salary, £110 and fees. Election March 20. (See advt.)

Chester General Infirmary.—House Surgeon. Salary, £80 per annum, with board and residence. Testimonials to the Chairman of the Board, on or before March 28.

Coombe Lying-in Hospital, Dublin.—Assistant Physician. For particulars apply to Dr. S. R. Mason, 92 Harcourt Street, Dublin.

Croom Union, Adare Dispensary.—Medical Officer. Salary, £145 and fees. Election March 23. (See advt.)

Donegal Union.—Medical Officer for the Laghey Dispensary District. Salary, £100. Election March 23. (See advt.)

Hospital for Infectious Diseases.—Resident Medical Officer. Salary, £100, with board, &c. Applications immediately to the Chairman of the Health Committee, Town Hall, Bootle-cum-Linacre.

Sussex County Hospital.—Assistant Physician and Assistant Surgeon. Applications, with testimonials, to the Secretary, by March 25.

Tiverton Infirmary, Devon.—House Surgeon. Salary, £100. Applications, with testimonials, to the Hon. Sec., before March 14.

Appointments

BROWNE, E. G., L.R.C.S.I., House Surgeon to the City of Dublin Hosp.

HOGG, J. B., L.R.C.P. Ed., L.R.C.S. Ed., Assistant Superintendent of the Goodna and Sandy Gallop Hospitals for the Insane, Queensland.

LOW, C., M.B., C.M. Ed., Resident Medical Officer to the Southland Hospital, Invercargill, New Zealand.

MOLYNEUX, M. J., L.F.P.S., Medical Officer to the 8th Wimbledon District of the Kingston Union.

POLLARD, R., M.B.Durh., M.R.C.S., Assistant House Surgeon to the Western General Dispensary, London, N.W.

ROBERTS, A. H., L.R.C.P. Lond., M.R.C.S., Resident Medical Officer to Prince Alfred Hospital, Sydney.

ROSE, J., M.R.C.S., L.R.C.P. Lond., Honorary Assistant Surgeon to the Liverpool Eye and Ear Infirmary.

SCHOLES, R. B., M.B., C.M.Ed., Inspector of Asylums for the Insane, Queensland.

TUCKER, J., M.R.C.S., L.S.A.Lond., Medical Officer for the Chawleigh District of the Crediton Union.

Births.

NEWTH.—March 5, at Hayward's Heath, Sussex, the wife of Alfred H. Newth, M.D., of a son.

RENSHAW.—March 9, at 8 Clarendon Place, Plymouth, the wife of Staff Surgeon B. Renshaw, R.N., prematurely, of a son.

Marriages.

JONES—SMITH.—March 12, at St. Andrew's, Haverstock Hill, London, John Evans Jones, M.D., to Jessie Kate Smith, of Maitland Park, N.W.

Deaths.

GARDNER.—March 7, Samuel Christopher Gardner, M.R.C.S., L.A.C., of Church Street, St Marylebone, W., aged 73.

HUGHES.—March 3, at Beresford Road, Highbury, N., Henry W. Hughes, M.R.C.S., late of Fenchurch Street, E.C., aged 62.

KELLY.—March 12, at his son's residence, Earl Street, Mullingar, Dr. Dillon Kelly, aged 80.

PYE-SMITH.—March 9, at Sevenoaks, Ebenezer Pye-Smith, F.R.C.S., aged 78.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 25, 1885.

CONTENTS.

ORIGINAL COMMUNICATIONS.

Inaugural Address delivered at the opening of the British Gynæcological Society, on Wednesday, March 11th, 1885, by Alfred Meadows, M.D., F.R.C.P. Lond., First President of the Society, Physician-Accoucheur and Lecturer on Midwifery and Diseases of Women and Children at St. Mary's Hospital, London 251

On Movements of the Eyes and their Relation to Disorders of the Brain in Children. A Clinical Lecture delivered at the Hospital for Sick Children, Great Ormond Street. By Robert J. Lee, F.R.C.P. 254

The Treatment of Pneumonia. By Wm. Gilchrist Burnie, M.D. 255

CLINICAL RECORDS.

Jervis Street Hospital, Dublin. Recent cases from the Accident Ward. Under the care of Dr. Gunn. Reported by Mr. Sh. H. Dunlop, Resident Clinical Clerk 258

TRANSACTIONS OF SOCIETIES.

WEST-LOND. MEDICO-CHIRURGICAL SOCIETY—

Two cases of Peritoneal Abscess following Attacks of Enteric Fever 258

PAGE

BRADFORD MEDICO-CHIRURGICAL SOCIETY—

The Treatment of Pneumonia 259

FRANCE

The Depopulation of France 260

Paraldehyde 260

Artificial Anus 260

Cocaine in Subcutaneous Injection 260

LEADING ARTICLES.

SMALL-POX HOSPITALS 261

COMPENSATION OF POOR-LAW OFFICERS FOR ABOLITION OF OFFICE 263

ROBBING THE YOUNG PRACTITIONER 263

NOTES ON CURRENT TOPICS.

The Out-Patient Difficulty 264

The Gordon Memorial 264

The Profession in Australia 264

The late Professor Frerichs 265

Forward!—the Lady Doctors 265

Sunday Recreation 265

International Exhibition of Inventions .. 265

Mr. Marshall's Successor 264

The Medical Register 266

The University of Durham M.B. 266

The Irish Graduates' Association 266

Proposed Drainage Scheme for Paris 266

PAGE

The Proportion of Chemists in the Population of Austria 266

Lunatics in Workhouses 267

Health Officers v. Vested Interests 267

SCOTLAND.

Outbreak of an Epidemic at Keith 267

Health of Edinburgh 267

Mortality in Glasgow 267

Glasgow University Medico-Chirurgical Society 267

Edinburgh University Court 268

Death of Dr. Michell, Rhynie 268

Proposed Public Baths for Edinburgh .. 268

Hospital Fees to Domestic Servants 268

CORRESPON DENCE.

The Administration of Anæsthetics 268

Lunacy Literature 270

Literature 271

Special Articles 271

Obituary 272

Medical News 273

NOTICES TO CORRESPONDENTS 274

Inaugural Address

DELIVERED AT THE OPENING OF THE NEW

BRITISH GYNÆCOLOGICAL SOCIETY,

On Wednesday, March 11th, 1885,

By ALFRED MEADOWS, M.D., F.R.C.P.Lond.,

First President of the Society,

Physician-Accoucheur and Lecturer on Midwifery and Diseases of Women and Children, St. Mary's Hospital, London.

GENTLEMEN,—My first duty, privilege, and pleasure in taking this chair is to thank the Fellows of the British Gynæcological Society for the great honour they have conferred upon me in electing me as their first President. There are always circumstances connected with the foundation of a new scientific society which, in my judgment, make the selection of its first officers, and notably that of the President and Secretaries, a matter of much deeper importance, both to the welfare of the Society and to the special branch of knowledge which that society is intended to cultivate, than attaches to the selection of their successors; for in the older societies—those whose seputation is made, whose usefulness is established, whose position is therefore won, and their existence maintained as much perhaps by tradition and past history as by present work and exertion—their corporate life goes on in an almost automatic fashion. To them, therefore, the selection of their officers is a matter of much less moment than it is to a society which has to carve its way in the scientific world to demonstrate its utility, and even to prove the necessity for its existence. The relative responsibility of the chief officers in the two cases hardly admits of comparison, and it is, in my estimation, a singular privilege and honour, equalled only by its responsibility, to be the first-chosen representave of such a society as this—one which has been called into existence for the express purpose of cultivating more thoroughly than can be done without it, a special branch of human knowledge, a particular department of medical practice, equal at least in importance to either of the other three departments of medicine, surgery, and obstetrics.

In making these remarks I am sure I do not overestimate the importance of my office in this respect when I contemplate the work we have to do, the aims we have set before us, and the determination which I believe animates us all to make for this society an honourable and useful position among the other scientific societies. Enthusiasm in our work, devotion to our subject, unselfishness in our purpose, a true scientific spirit, a deep conviction of the utility and even the necessity for such a society—all these combined must be productive of a successful issue. I would also venture to hope, and to feel every confidence in hoping, that, avoiding all petty rivalries, eschewing all unworthy jealousies, and conducting the affairs of the society with true dignity of purpose, and animated by kindly consideration for the opinions of those who differ from us, we may win for this society, if I may so say, a social status both in the profession and out of it which shall command respect for its opinion and admiration of its work. I cannot doubt that the proud position which I occupy to-night as your first president is due quite as much—perhaps more—to your too kind appreciation of my efforts to advance the study and practice of our department of medicine as to any special fitness of mine to preside over a society which I confidently believe is destined very speedily to take a foremost rank among the scientific societies of this country. I hope I need not assure you that nothing shall be wanting on my part, so far as my time, opportunities, and abilities extend, to earn the confidence you have reposed in me, to win for our society the respect and esteem of the profession at large, and above all, to do that for which, in the terms of our first law, "the British Gynæcological Society is founded," namely, "to promote the Science and Art of Gynæcology in the British Empire"—a noble purpose, truly, when we consider all that that object implies. I must add that I feel the more confident of success in my efforts to promote the objects of this society when I remember that I have

the invaluable assistance of two secretaries who are indefatigable in their work, and whose zeal is well tempered with wisdom and discretion. Already, the society owes much of its success to their exertions. Dr. Heywood Smith was one of the first to found the society—indeed it was he who first spoke to me on the subject; while Dr. Fancourt Barnes has to my knowledge worked day and night since its first institution, and he may well be proud of the result.

I suppose that one of the first duties incumbent on a new scientific society is to show the *raison d'etre* of its existence. Why are we here to-night? What grounds have we for desiring to establish this society? What need is there for its foundation? In a word, why do we as a society exist? My answer is a very simple and straightforward one. We hold that the science and art, the study and practice, of gynæcology are yearly growing in importance and interest, and that there is no society at present existing outside our own which fully satisfies our wants, or comes up to our just expectations and requirements. Some of us have felt the need of such a society as this for many years past, till at last the conviction in our minds has developed into action, and the result thus far has exceeded our most sanguine expectations, for already our roll of original founders numbers no less than 266, thus demonstrating in the surest and most practical manner that this society fills a want which the profession at large, and especially our brethren in general practice, have long been conscious of. No doubt it may be urged by some who are ignorant on the subject that the sister Society of Obstetrics already occupies the ground which this is intended to cover, but it is no detraction from the usefulness of that society to say that if it seeks to represent exclusively, not only all that relates to obstetrics, but also all the diseases of women and children, it simply aims at the impossible, and those of its members who have at heart the true interests of gynæcology should welcome the foundation of this society and do their best to promote its objects. The mass of material on the subject of gynæcology which exists even in this great city alone, to say nothing of the rest of Great Britain and Ireland, is more than can be grappled with and utilised by any society which includes also in its aims the advancement of the great subject of obstetrics. In proof of this statement the following facts are surely sufficient:—There are in the course of the year ten meetings of that Society, of two hours each, giving a total of just twenty hours. Of these at least two hours are consumed in the presidential address, the reading of the minutes, and other formal matters of business, leaving a residue of only eighteen hours in the whole year which are to be devoted to the three subjects of gynæcology, obstetrics, and the diseases of children. Assuming that each subject has its fair share of attention, we get just six hours per annum devoted to the study and practice of gynæcology! No wonder, then, that for many years past we gynæcologists have felt the need of another society, and we may well congratulate ourselves that now we shall have no less than eighteen meetings a year, of one and a-half hours each, giving us in all twenty-seven hours for the discussion of subjects exclusively gynæcological. I do not wish for one moment to disparage the great work which the Obstetrical Society has done and is doing, but the quarter of a century which has elapsed since that society was founded has seen marvellous changes and wonderful development in the science and art of gynæcology, and I maintain it is impossible now for such a society as the Obstetrical adequately to represent the increasing importance of this subject, or to devote to its study that time, care, and attention which we gynæcologists think it deserves. We have, in fact, outgrown that society, and having arrived at years of discretion, we have decided at length to cut adrift from our pupilage, and to endeavour to stand alone. At the same time, we recognise no necessary antagonism to the sister science and society of obstetrics; on the contrary, we desire to be co-workers in one great field of medical practice, believing as we do that there is ample room for both, but convinced also that the growing importance of our branch of medical science imperatively demands that it should have a society of its own.

As one of the original Fellows of the Obstetrical Society, I can well remember its foundation, and I know that those who started it had chiefly in view the study and improvement of obstetrics. This indeed is abundantly evident in the opening address of the first president, Dr. Rigby, who both in that and the subsequent address which he delivered in his second year of office, never once alluded to the subject of gynæcology, but devoted his attention entirely to that of midwifery; indeed, his mind on the subject is clearly shown by the statement which he made, namely, that "the great object, and that which will form the great strength and importance of this (the Obstetrical) Society, is the collection of valuable facts on questions of obstetrics;" and Dr. Tyler Smith, the second president, expressed the same opinion when he said "the chief business of an Obstetrical Society should be to diminish the mortality of childbirth." No one who reads those addresses would imagine for a moment that the Obstetrical Society of that day had anything to do with the diseases of women. I am quite aware that the society endeavours to, and does successfully cultivate the study of gynæcology, but with the best intentions in the world it cannot be true to the spirit of its founders, and with the time at its disposal devote sufficient attention to the many important topics connected with this department of practice.

And here I would mention another very noteworthy fact as collateral evidence of the necessity for such a Society as this, and of the wisdom and foresight of those who are its founders. Quite recently the managers of the International Medical Congress, which is to be held at Washington in 1887, have decided to sever the connection between gynæcology and obstetrics, and have made of each a separate section; thus publicly expressing their opinion, in which I need hardly say we entirely concur, that each subject is of sufficient importance to be treated separately and to have a section to itself. I cannot help thinking that this example is not unlikely to be followed by other medical associations. So far, then, as the subject matter is concerned, its importance and its merits fully justify the step we have taken.

Admitting, then, the need for such a society as this, and fully appreciating the work which it is called upon to do, let me for a few moments glance at some of its special features as they are portrayed in the laws which you have passed to-night. First, let me point out that the society is incorporated under the Companies Act of 1862, as amended by the Act of 1867, section 23. There are obvious advantages in this incorporation which it is unnecessary for me to allude to.

Next, I would remark that by our laws "all duly qualified medical practitioners shall be eligible for election as Fellows of the Society." Thus it will be seen that the constitution of the society is upon the broadest possible basis, and that as the profession has accepted women into its ranks, so this Society by its laws does not exclude them. At the same time, of course it must be remembered that any applicants for admission into the Fellowship of the Society must run the gauntlet of the ballot-box, whatever their sex may be, for the ballot is always supposed to be, and is, the leveller of all distinctions, not excluding sex. Another feature, and one which I feel sure will prove very attractive and useful to our Fellows, especially to those living some distance from London, and who are thereby prevented attending societies, is the intended quarterly publication of a "Journal of Gynæcology," containing not only an account of the transactions of the society, but also a report of the progress of gynæcology at home and abroad. Such a journal, appearing at short intervals, for we hope in time that it may be published bi-monthly, will be of great use and much practical interest, not only to those of our own Fellows who are unable to attend

our meetings, but also, I venture to think, to the great mass of our brethren in general practice throughout the British Empire. It will also be of much greater value to those who read original papers, or exhibit specimens of unusual interest at our meetings, that their contributions should be published earlier than would be the case if they appeared in a yearly volume of Transactions. It has always seemed to me a great drawback to original workers who read papers at our societies that their contributions, if published in full in the Society's Transactions, may have to wait many months before publication, and can only appear in abstract in the medical journals, or if, for the sake of early publication, they appear in full in the latter, then they are but briefly mentioned in the Transactions of the Society, which thus becomes shorn of much of its value and interest. All this our quarterly journal will obviate, and I feel confident therefore it will not only be a commercial success, so far as the funds of the Society are concerned, but will be far more interesting and attractive to our Fellows.

There is yet one other novelty provided by our laws, which I believe will prove very attractive, and may become of much value and importance. I allude to that law which allows that "the Council shall have power to arrange for meetings of the society in the large towns of Great Britain and Ireland on such occasions as they may think fit." This provision will not of course affect the ordinary fortnightly meetings, but is intended rather to supplement them by meetings held in any part of the United Kingdom, whenever it may appear that a successful gathering is likely to result. I can quite believe that these occasional meetings, arranged as they would be for purely scientific purposes, and not being, if I may so say, interfered with by pleasurable picnics or excursions to interesting objects in the neighbourhood, which, though often most enjoyable, and sometimes highly interesting and instructive, yet can hardly be said to enhance the particular scientific interest of the meeting, nor, I fear, in our case, would they advance the special claims of gynæcology. Speaking for myself, and I doubt not I might add other officers and Fellows of the society, I should look forward with much interest and pleasure to such occasional meetings in some of the large towns of the kingdom, where gynæcology is both taught and practised in the most advanced way. Take, for instance, the town of Birmingham, where our friends Dr. Savage and Mr. Lawson Tait would, I am sure, be able to give us infinite pleasure and instruction by their pen, their scalpel, and a visit to their wards. Other Fellows, I have no doubt, could arrange meetings of great scientific interest and value.

Lastly, it is intended that special opportunities shall be afforded for a full and free discussion of the various exhibits brought forward at our meetings. I am sure this is a matter of the first importance. It has often struck me as very regrettable that specimens in connection with which most important questions of diagnosis, pathology, and treatment are associated, and upon which most valuable discussions might be held, are quietly disposed of with only a few cursory observations, and probably no critical discussion at all, merely in order that "the paper of the evening," as it is called, may be brought forward. Not unfrequently, too, these papers, while they show much learning, much book-lore, and much of that sort of experience which is derived rather from the bookshelf than the bedside, are sometimes singularly wanting in practical value, and do not help us at all in actual clinical experience.

Dr. Meadows then advocated at considerable length the advisability of gynæcologists undertaking surgical operations associated with the treatment of their speciality, and continued:—I lately read with much interest the inaugural address of the President of the Clinical Society, Mr. Thomas Bryant (*Medical Press and Circular*, February 18th, 1885), and was struck by his earnest appeal to his medical brethren, the physicians, to aid the surgeons in the matter of diagnosis, especially in cases within the domain of abdominal surgery. Such an appeal seems to me yet further to strengthen the claim for which I am contending, for if the gynæcological physician possesses in an especial manner, as the result of his special experience, the faculty of diagnosis in abdominal cases, as I fully believe he does, surely if he be an operator at all, he ought to be allowed to operate in cases of this sort; by so doing he will not only quicken his diagnostic skill, but his operations will probably be more successful as his knowledge of the diseases of the parts operated on is more precise and intimate.

Of late years physiology has been more prominently associated with some of our surgical work. The operation of ovariotomy in cases of uterine fibromas is proof of this proposition, for is it not true that the justification for this operation in the cases referred to is based entirely on the physiology of the subject? If the function of the ovaries be not the chief factor in the growth and development of these tumours, then I do not see on what ground the operation for their removal is founded.

And here I am reminded of a physiological question which surely ought to be settled by such a society as this, viz., the influence of the ovaries and the effect of ovulation in the production of menstruation. It is no doubt well known to you, that one of our most distinguished Fellows, and certainly one of the most brilliant operators, Mr. Lawson Tait, denies that the ovaries have anything to do with the function of menstruation, at least in originating that act. There must be plenty of evidence now to determine this question, and a small working committee to collect and sift this evidence and present it to us for discussion and criticism would, I think, be doing a very useful work, and one peculiarly appropriate to the objects of this society.

Another question which we ought to be able with our vast opportunities for observation finally to determine is, the value of the so-called antiseptic mode of operating, and more particularly the use of the carbolic spray in abdominal surgery. I mention this specially because I suppose there are no operations equal to that of opening the abdomen in which the alleged value of the spray could be more thoroughly tested and appreciated. I believe there is no other society in existence which can bring to bear upon this question such a vast array of surgical experience. We have already in our ranks some of the most practised operators in abdominal surgery, and our combined experience would surely be sufficient to determine such a question as this, for I suppose that the clinical experience of this society, estimated by the total number of beds in our special and general hospitals which are held by the Fellows of this society, far outweighs that of any other society. It is this fact, I take it, which will give such weight to our discussions on disputed gynæcological topics, and which must necessarily command attention and respect. All this, however, only makes it the more important that the opinions we express, and the judgments we form, should be most carefully thought over, and be the result of calm unprejudiced observation at the bedside; if otherwise, then our discussions will be only misleading, and our experience nothing less than a delusion and a snare. On this topic of antiseptics, so far as the carbolic spray is concerned, I must confess that my own experience is decidedly adverse. I have tried and tested it most carefully, and so unbiassed was I when I began this practice, that for a time I was strongly and favourably impressed with it. I thought that many of the cases of ovariotomy and other abdominal sections which I performed, some of them of a particularly severe and dangerous kind, and many of them performed in a general hospital, though under the most favourable conditions, owed their success chiefly to the spray; but at length, feeling the inconvenience of operating in a fog, especially in London, in dark November days, with a still worse fog outside, I abandoned the practice, and found that my success was

quite as great without as with the carbolic spray; accordingly I have now quite given up this mode of procedure, not only in private, but also in hospital work, where, if anywhere, it might be thought that it was most urgently called for, and would show the most satisfactory results. I am bound, however, to say that I do not think the carbolic spray exercises the smallest beneficial influence, while I am painfully aware of its great practical inconvenience.

The President next referred to the necessity of obtaining a further knowledge of the therapeutic action of drugs in gynæcological cases, and terminated by expressing expectation in the success of the society, and in the good results which would follow on its formation.

Original Communications.

ON MOVEMENTS OF THE EYES AND THEIR RELATION TO DISORDERS OF THE BRAIN IN CHILDREN.

A Clinical Lecture delivered at the Hospital for Sick Children, Great Ormond Street.

By ROBERT J. LEE, F.R.C.P.

THE eyes in infants and young children may be affected by various kinds of movements which usually indicate certain conditions of cerebral disturbance. The great sensitiveness of the nervous system in early life finds expression in some form of muscular spasm, but no part of the muscular system is more sensitive than that connected with the eye-balls, and their orbits. This is probably true of all periods of life, and is one of the chief reasons why the eye plays such an important part in expressing the mental processes in action in the individual.

We propose to consider to-day those movements to which the term nystagmus is applied, and we must notice first that this term is too indefinite for clinical purposes, unless we describe its character with some additional term of exactness.

The eye may move in every direction, from side to side, vertically, or round its antero-posterior axis. We thus have lateral, vertical, and rotatory nystagmus, as three distinct kinds of movement. We may have only one, or we may have them all present in the same case. In the infant before us we perceive that not only the eye-balls are affected with vertical nystagmus, but also the head itself; and the movements of the head are chiefly of the same character as those of the eyes. The infant's age is between eight and nine months. She was brought here five weeks ago, and three weeks previously she had a convulsive attack, or rather she woke in the middle of the night with a scream, and then had a slight convulsion, which was followed by many hours of screaming. After this for about a week she was quiet, when, to use the mother's expression, she began "to work her head," and the eyes began to move. The mother has remarked the following peculiarity: that when she lets the infant lie back, and rest its head upon her knee, the eyes move much more actively than when the infant sits up, but the nodding movement of the head ceases. You may notice that this is true, and further that occasionally the head has a rotatory motion, a lateral nystagmus. There is no inclination of the head to the shoulders, and all movement appears to take place between the atlas and the occipital bone.

There has been no return of the convulsions since the first attack. The nystagmus of both head and eyes has varied in degree, on some days being much less than others. The infant is well nourished, and though she is at times restless and cries at night, she is usually as you see her now, in good spirits and inclined to notice everything around her. No particular cause is assigned for the convulsion. It is possible that it may have been connected with the cutting of the first lower incisor which preceded the attack by a few days. It is also possible that it may have been due to some inflammation of the internal ear, for the mother noticed that the child appeared to suffer with its left ear, as it was constantly raising the hand and rubbing that part as though in pain. It ought always to be remembered that this is by no means an unfrequent cause of convulsions in infants, as is often proved some few days later by a discharge from the ear. This, however, was not the case in the present instance. I think that I have explained to you the conditions of the mouth and throat, which apparently has a tendency to extend through the Eustachian tube to the inner ear, and is the cause of otitis.

It cannot be said that the child has improved much since we first saw it. It has been taking small doses of bromide of potassium and belladonna, and the general treatment has been such as is usual after an attack of convulsions, when the symptoms of a probable recurrence are present.

Now, before passing to the next case, one of lateral nystagmus and hydrocephalus, let me refer briefly to those authorities which you may consult with advantage on this subject. First there is an excellent treatise by Dr. A. Gadaud ("Etude sur le Nystagme," Paris, 1859) who quotes from a contribution by Odier, published in 1779 in the "Hist. Roy. Soc. Med.," and from an essay by Brachet, "Sur L'hydrocephalite ou Hydropisie," (1818), to prove that nystagmus is due to effusion into the cerebral ventricles. The chief result of Gadaud's personal observations was the distinction between symptomatic and idiopathic nystagmus. In the treatise by Boehm ("Der Nystag und dessen Heilung," Berlin, 1857), the view is supported that nystagmus is muscular like strabismus. Nakowz compared it to chorea; Von Carion attributed it to "refraction;" Kugel to retinal defects; and Javal to astigmatism. Each author is inclined to attribute too much to one cause. It is enough for us to admit the possibility of many causes, and our object is to study how to distinguish the one which is present in any particular case.

I must not omit to mention the observations of Dr. Ogleby on the "Nystagmus of Miners" (Transactions of the Ophthalmological Society, Vol. II.). In their case it appears that the movements of the eyes are vertical; that they occur when the head is held in a certain position; and that they frequently cease when the head is held erect. The inference which Dr. Ogleby draws is a reasonable one, that miners' nystagmus is due to the varying circulation in the diseased cells of the medulla: or, at least, that it is to be attributed to central congestion, and in no way to hypermetropia.

Now we will examine another case, one of well-marked hydrocephalus, with lateral nystagmus. The child is æt. 2½. She has been under our observation for fifteen months, and has improved much both mentally and physically, that is to say she has grown well and the head has not increased in size. She had an attack of convulsions when three weeks old, and the nystagmus began a few days after. There has been no fit since as severe as the first, but she has had frequent slight attacks of eclampsia, without loss of consciousness. In the intervals the nystagmus has sometimes entirely subsided, but after each attack it has been always more decidedly marked. The head is twenty-three inches in circumference and presents the common characters of not very advanced hydrocephalus. The eyes, as you see them now, are constantly moving left and right, that is they are affected with lateral nystagmus. The movement is regular, there is no twitching of the eyeballs, and in extent it is equal in both directions. We conclude from this that the nervous centres are equally affected in both hemispheres.

It often happens that the nystagmus is not a simple regular oscillation of the eyeballs as in this case, but the eyes move by a series of jerks to one side, and then it

appears as if a partly conscious effort were made by the child to bring the eyes back to the direction in which it desires to look. For a second or more it can retain this position, till the muscular twitching again draws the eyes away. Clinically, therefore, we have a symptom of considerable interest in nystagmus, and when I said that we must define its character by some additional terms, it was with the object of determining the relation between the central disturbances and their effects on the eyeballs.

Nystagmus is not always present in hydrocephalus, and therefore we cannot suppose that it is caused by effusion. We really cannot say what the cause of it may be, but we can judge of the progress of a case by the variation of the nystagmus, for it will be found, I think, that when it continues after a fall, a fit, or some such accident for a length of time that is for weeks or months, the prognosis is unfavourable.

Its association with squint is deserving of attention, for it suggests that they are due to similar central lesions. If the right eye has internal strabismus there are reasons for concluding that the left side of the brain is affected, and when the left eye is affected the lesion is probably in the right hemisphere. We may further remark that although strabismus and nystagmus are associated, there is probably more resemblance from a pathological point of view, between infantile paralysis and strabismus than between the latter and nystagmus, which may be compared with convulsions. This leads us to ask the question whether internal squint is due to paralysis of external muscles, or spasm of internal. It is an important question as I will explain on some future occasion.

THE TREATMENT OF PNEUMONIA. (a)

By WILLIAM GILCHRIST BURNIE, M.D.

During the last thirty years a great change has taken place in the opinion of the profession with regard to the treatment of pneumonia. I believe we have arrived at more correct notions in the matter of this important disease than formerly obtained. Our precursors were more remarkable than we are for treating diseases heroically, for giving them battle, for knocking them down. We do not object to the process, provided it be attended with no collateral or ulterior mischief greater than the evil overcome. Inflammation, of which so much used to be heard, and of which comparatively so little is heard now, used to be a frightful bugbear. The practitioner's mental eye was riveted on that dire symptom, and other conditions present, and especially prospective, were consequently apt to be overlooked or not anticipated. I remember long ago a young enthusiast exclaiming, "Inflammation of the lungs!—why should we allow inflammation of the lungs to get the better of us? Can't we drain every drop of blood out of the lungs rather than be beaten?" Other *desiderata* were here evidently overlooked, and notably the main object, the preservation of the life of the patient. My friend but represented in an exaggerated manner—caricatured—the opinion of the day—he was influenced by what he had been taught. Terrible thing this teaching—this education! It is wonderful and dreadful what we may be taught to believe and to act upon.

About fifty years ago a Cyclopædia of Practical Medicine was published by Drs. Forbes, Tweedie and Conolly. This work then represented the opinions of the profession as much as the Reynolds', the Quains, and the Ziemssens do now. I find in the Cyclopædia published in 1834 the following observations on the treatment of pneumonia:—

"Cullen advises that blood be drawn either until there be remission of the pain and relief of the respiration, or if these do not appear until symptoms of commencing syncope come on. This, we believe, is the plan most commonly pursued in this country, and at this first bleeding a quantity varying from 16 to 40 oz. of blood may be taken before either of these effects is produced. By some practitioners a much larger quantity has been taken without producing syncope, even to the amount of 70 or 80 ounces; but we consider it doubtful whether it is ever advisable to exceed the highest quantity before stated. Cullen observes that a first bleeding, however large, will seldom prove a cure of the disease; and as the pain and other symptoms recur, the measure must be repeated, even in the course of the same day, to as full an extent as before; and although its greatest efficacy is in the first three days, this recurrence will make a repetition of the measure proper at any period of the disease, especially within the first fortnight. With this practice may be contrasted that of many Continental physicians, who never take more than twelve or sixteen ounces daily, and limit the bleeding to the first two or three days, under the apprehension that larger and later depletions interfere with the natural crises of the disease."

* * * * * *

"It is a satisfactory proof of the superiority of the English method of practice to find that the best authorities in France now advocate free depletions much more than formerly. Andral and Chomel recommend bloodletting to sixteen or twenty ounces, practised, if necessary, two or three times a day, the first days of the disease, and more moderately afterwards. Some of their countrymen still more recently have prescribed two or three pounds to be drawn every twelve hours at the commencement of the inflammation, and if the dyspnœa continues, eight or twelve ounces daily afterwards."

* * * * * *

"Expectant medicine is both irrational and dangerous."

I need not pursue the article: it goes on at considerable length to discuss the methods of this extensive depletion. It goes on to discuss how best to produce a feeling of faintness in the patient—the effect of opening two veins at once—bleeding in the semi-erect posture—how "nervous constitutions and those liable to palpitations and fainting fits must be coaxed gradually to bear a full depletion."

"Many things have happened since then!" We have travelled a long way. Fifty years after these words were published we have in "Quain's Dictionary of Medicine":—

"The heroic methods of treatment (of pneumonia) by venesection, tartar emetic, &c., so much in vogue in the past, had for their object the controlling or cutting short of a local affection of the lung; hence the unfavourable results which attended them. As these methods have been abandoned, and there has existed a more correct appreciation of the pathology of the disease, the mortality attending it has diminished."

To explain the diversity some (and among them learned professors) have proclaimed an alteration in the human constitution, or that the disease has changed its type. I remember seeing a hale old woman of 93, and she told me seriously that the climate was altered since her youth—that the seasons were now much colder than they used to be. We smile at the old lady, otherwise shrewd, being blinded to the real cause of her feelings; but is not the change of type doctrine on a par with her notion. If it is said the change of type is in the disease and not in the patients, the belief is equally ridiculous.

We flatter ourselves that the change is to be accounted for by our superior knowledge and by the advance of physiological and pathological science. Changes in the management of disease must first be suggested by physiology and pathology, but the results must be the criterion; for these branches of knowledge cannot be accurate enough to be infallible. There exist so many possibilities of oversights and of unknown conflicting and disturbing circumstances that physiological reasonings about the treatment of disease must stand the test of experiment—must only be accepted *à posteriori*.

(a) Read before the Bradford Medico-Chirurgical Society, March 3.

I do not suppose that we have arrived at the most correct treatment of pneumonia—certainly not of many other diseases. The last fashion (as with the women) is always the most captivating. Still, I do think there has of late years been a rational and defensible change in the treatment of pneumonia. At the same time, the swing of the pendulum may have carried us a little too far, and may have made us neglect many useful practical facts in vogue among our predecessors. The complete setting aside of blood-letting in pneumonia and in some other diseases is a case in point. No doubt blood-letting was carried to a ridiculous—to an injurious extent—was accredited with benefits which it never conferred, and failed to get deserved discredit for great evils that it brought about. But I have no doubt that much mischief is now often done by the omission of that potent remedy—especially when it is required for the relief of cardiac and respiratory distress—from urgent pectoral embarrassment.

Take an ordinary case of acute pneumonia—take that of a man of thirty-five. The disease is more common, by-the-by, in the male sex. Let the patient be fairly developed and of average weight and strength. He has a pulse of 105. He has 35 respirations in the minute. He is hot (temp. say 103 deg.). He is anxious. His breathing is shallow. He has a pain in the side (say the right one, as that is more usually affected than the left). He has been forty-eight hours ill when you were called in. The short period of *malaise* had been overlooked. You were sent for when he got into difficulties (as usual). What would you do? Bleed? No. And yet the medical man attending your grandfather would have been looked on as a homicide if he had not flourished his lancet and abstracted some thirty or forty ounces of blood. Give him antimony? Well, not in the poisonous doses that used to be frequent. Antimony, however, is a valuable depressant in robust constitutions and in small doses, acting on the skin and relieving by diaphoresis, might not be contra-indicated—possibly used with great advantage. What is to be done for this patient is this: Have a large airy chamber—a thing very difficult to get at in many cases in private practice if there be not a sufficient amount of pecuniary competence. Keep that chamber at a temperature of 60 deg. or 62 deg. I do not think that a higher temperature is desirable in pneumonia. I would say 65 deg. to 67 deg. in broncho-pneumonia, and 72 deg. to 75 deg. in bronchitis. The chamber should be well ventilated, with *no* or *few* draughts. Here is a difficulty again. But draughts are not so injurious in pneumonia as in bronchitis. Neither is the dryness of the air; though in the case of the air being too dry, by the action of a fire or the prevalence of a dry north or east wind, some means may be taken to import the mollifying influence of water. This can be done by setting a basin or basins in the room in which is to be poured hot water. We differ here from bronchitis again, where a moist air is necessary to soothe the irritated mucous surfaces, and the bronchitis kettle can be usefully brought into play. *Rest* is wanted for our patient—anatomical and physiological. Under the first heading may come the position of the patient. He must be so placed that the motions of respiration may be as free as possible; and under the second he must not be bothered with business or with mental processes of any sort, and especially be debarred from talking. He has quite enough to do with that constant hacking cough of his, and with getting breath. Thus, by means of a fitting temperature, general composure, and physiological rest particularly, the patient will in the course of nature probably arrive at a crisis before the tenth or eleventh day. But nourishment must not have been omitted in the meantime. You cannot load him with heavy food suitable for the body in a state of activity, for the process of digesting it would but interrupt what I have called physiological rest. Milk and animal broths seem the best foods—especially the former, the latter being only used as a relief from the constant exhibition of the first.

A Dr. Robert Hamilton opposed the exhibition of too much fluid as a component in the materials of nutrition on the ground that it loaded the vessels. There seems some reason in this. An egg beaten up (when wine is in the course of exhibition it can be conveniently mixed with it) is an appropriate article of diet.

After the crisis you have the sufferer pretty much exhausted. Now comes the corroborative treatment—the rebuilding-up. It has always appeared to me that a great objection to the blood-letting system was the waste of that precious fluid which in convalescence was to come in so usefully. We throw away our capital—we have no opportunity during the disease to increase it, and now we find ourselves bankrupt. No wonder that the anti-venesectionists can bring statistics to prove that blood-letting increased the mortality—increased the mortality!—that was a curious characteristic of a method of cure, In convalescence, as there is a tendency to relapse, we must be more careful in many respects than during the severity of the attack. We must be more guarded in reference to draughts and the taking of cold. We must feed up the patient with mild nutritious food and assist the system in its assimilation with more or less of wine or other stimulant. We must re-fortify the constitution with iron—perhaps cod-liver oil—with cinchona or quinine.

But it may be said that this is all expectant, or nearly so. Well, so be it. I think that the true system of the treatment of simple pneumonia should be expectant. A gardener cannot force a plant to grow by violence. His function is to create, supply or promote such surrounding circumstances as will help his plant to grow. Our object should be to remove obstacles to the patient's *growing* better, to supply circumstances to enable him to attain the grand point which the *vis medicatrix Naturæ* is always aiming at.

But would I reject *heroic* measures when needed? By no means. Have your lancet ready, your leeches, your antimony, and your alcohol. Cases do not always proceed in the ordinary or typical manner. Sometimes you may have very desperate cases—desperate from the nature of their causation—from complications—from peculiarities in the patient or from incidents in their course. In a very plethoric subject labouring under a severe attack—temperature high (say 105 deg.), with a rapid pulse (say 120)—great dyspnœa—the right side of the heart staggering under the block, the best thing to be done is to draw blood and to draw it freely, never forgetting, however, that it is your capital account you are drawing from. Marked relief is procured in this manner; and that relief clears the way for us—clears the blocked line and enables us to travel more smoothly—brings us back to a state of things more akin to the typical or ordinary pneumonia. The amount of dyspnœa—the imminence of apnœa—the strength of the patient—the amount of blood to spare—and many other circumstances, must be collated and reasoned on in the practitioner's mind. The passive congestion of the aged, even when associated with a distressing state of the circulation and respiration, does not indicate bleeding—contra-indicates it even. So does a constitution vitiated by the prolonged use of alcohol. In young children a leech or two takes the place of venesection. But even in weak patients from breathlessness and pulmonary distress, and an engorged right side of the heart, the question of venesection may arise. Every case, in fact, of pneumonia must be treated on its own characteristics. You have in the weakly the debilitating effect of the bleeding to anticipate, but sometimes you must run the risk to save the patient from dissolution, or a disorganised state of the lung. Chronic pneumonia degenerating into phthisis—and tubercles were no doubt the frequent sequels of the depletory method. On the whole, then, I should say that blood-letting in pneumonia should not altogether be banished from our Armamentarium—quite the contrary; but that it should be resorted to with deliberation, thoughtfulness, calculation and caution. I hope the use of the lancet is not so obsolete in rural

neighbourhoods as it is in towns, for I am sure the hardy and robust agriculturist must often present a fair object to withstand easily the effects of depletion when it is required.

In *antimony* I do believe that we have a very valuable drug. Like bleeding, it used to be pushed to a very great extent. People, in what we will now call ancient times, forty or fifty years ago—crammed the patient with antimony after bleeding—used to nurse the patient into tolerance of the drug when it was intolerable in order to gain advantage from its specific virtues. Some bold heretics (principally on the Continent) depended on antimony without bleeding, and gave it in very frequent and large doses. Dr. Macintosh (a very good practical physician) depended much on it, saying that it "reduced the scale of the system." I have not time in this paper to elaborate the cases and the circumstances in which I think antimony should be resorted to, but I may remark that it will often come in as a depressant when there are reasons against bleeding, that its diaphoretic and expectorant action are generally beneficial.

With regard to veratria and aconite I can say nothing. Perhaps some members will kindly favour us with their experience on these two drugs.

Calomel and opium, again, was a favourite medicine with our fathers. I believe calomel and opium can be used now with discretion advantageously. My experience is that the bowels should be moderately relieved, and the irritative diarrhœa sometimes accompanying or following pneumonia should be soothed, excessive alvine discharges checked.

Opium used to be given to allay the pain and the cough. This is a dangerous expedient, though a dose of opium may in certain circumstances be allowable. It is not, however, so dangerous in pneumonia as in bronchitis.

Warm cataplasms seem to relieve the local pain in the early stages. Leeches, too, sometimes give local relief, though the objections to their use on account of the loss of blood must be the same, though in a minor degree, as those to abstracting blood from a vein.

Blisters are sometimes useful, but seldom. Their great use is in pleurisy, and we sometimes have pleuro-pneumonia, generally indeed some pleurisy, in the viscera pleura covering the affected lobe or lobes.

Senega—or senega with ammonia—I consider most useful in the exhausting expectoration succeeding pneumonia, especially in the aged.

But alcohol, we had nearly forgotten this potent drug. Here is a hobby, too, that has been over-ridden by a certain school. I consider alcohol a most valuable help to us, very valuable indeed, indispensable; but that it has been used by its advocates indiscriminately. The use of alcohol wants great discrimination. In the phlogistic forms and stages of pneumonia I think it is decidedly contraindicated, but where there is flagging I think it necessary. I think it necessary when there is exhaustion, when there is a dry tongue, when there is a cardiac failure, and when there is delirium. The pulse is not so high in pneumonia as might have been expected, at least it is low in comparative relation to the respiration. When the pulse gets over 120 alcohol is required. And alcohol, in the shape of wine, is most useful after defervescence as part of the usual diet. In the nature of this paper one can only speak of pneumonia in the abstract. I have all along wished it to be understood that in each individual case we are subject to modification from concomitant causes. Digitalis is often useful, and from different reasons, and in different doses, sometimes to depress excitement, and sometimes to stimulate the heart.

Another form of treatment, more in vogue in Germany than in England, is the application of cold. The reduction of the temperature by cold I have no experience of, shall be glad to hear observations from any member who has. We could not apply cold to the affected locality at the same time as a warm cataplasm. But besides this, in the case of hyper-pyrexia I should think it better applied to the head than to the chest.

In senile pneumonia, in pneumonia associated with constitutional debility, in the pneumonia in or after fever, or the exanthemata, in septicæmic pneumonia we should, in my opinion, be conservative, corroborative, and supportive. In most of these conditions the complaint is principally hypostatic. In what I have called the "ancient days," when a crepitation was detected from any cause, out I fear the lancet was apt to come, and blood taken away from the reservoirs when fulness and force were what was required. Such cases want a greater degree of warmth than has been specified, mild, continual, easily digested articles of food, with a regular adapted and prescribed supply of wine. Depletion is out of the question. There is great weakness after measles. I have seen inflammation of the lungs succeeding measles treated with a leech, and the bite bleeding excessively, I have seen the child die. Bleeding is as inappropriate after measles as a blister after scarlatina, from which I have seen another child die. Good nursing in all cases of pneumonia is of the first importance, and very especially in the pneumonia of the aged and feeble.

I may be permitted a few words on the prevention of pneumonia and prophylaxis. Pneumonia is more prevalent in temperate, humid, variable climates than in countries characterised by a clear cold dry air. It is more prevalent among men than among women, as the former are more exposed to vicissitudes of temperature. It is more common among the indigent than the well-to-do; obviously enough, as the latter are more able to take care of themselves. These facts show that the disease is preventable. In a variable climate like ours, where the thermometer will sometimes drop twenty degrees in as many hours, people should be on their guard I believe one of the most satisfactory methods of prevention, not only of pneumonia but many other diseases, is the proper protection by warm habiliments of the surface of the body. Flannel is invaluable, and ought to be worn by everybody in these islands.

Then with regard to prophylaxis, it has often occurred to me that treatment in the stage of indisposition preceding the rigor may very reasonably be supposed to prevent the development of the malady. We cannot prove that we prevent it, because we are not sure that it would have occurred. The careful and prudent often prevent ills without being able to demonstrate that they have done so. I believe that rest, extra clothing, warm *pediluvia* and febrifuge drinks taken when the patient feels out of sorts—the period of *malaise*—when a person "feels that he has taken cold"—will often hinder ulterior mischief. The best medicines in such a case are liquor ammoniæ acetatis, or a moderate dose of Dover's powder. It is a notable fact that there exists a personal proclivity to pneumonia, whether a preceding attack predisposes to a subsequent one or not does not matter. Now, when a person disposed to lung inflammation adopts, with good reason, prophylactic measures, and succeeds with them, there must be a fair presumption that he has warded off a serious illness. At all events in his circumstances it is his duty to take time by the forelock.

In introducing for discussion the treatment of pneumonia, I have had no novel or surprising method to advance, nor do I believe in the possibility of any such novelty being forthcoming. What I would urge is that the complaint should be treated on rational and common sense principles, carried out in accordance with our physiological and pathological knowledge. I would not despise certain methods because they are old, nor sneer at recent ones because they are new. I think it is our duty to find out and accept what is proved to be beneficial, never forgetting to balance carefully the divergent bearings that are existent in most cases.

Clinical Records.

JERVIS STREET HOSPITAL, DUBLIN.

Recent Cases from the Accident Ward.

Under the care of Dr. Gunn.

(Reported by Mr. Shouldham Henry Dunlop, Resident Clinical Clerk.)

Poisoning by Chlorodyne.

B., æt. 35, suffering from severe neuralgia, entered a druggist's shop and bought an ounce of chlorodyne, which he proceeded to mix with water and drank. He immediately became insensible, and was conveyed in that condition to Jervis Street Hospital. Dr. Gunn who saw him immediately after admission emptied the stomach with the stomach pump, and pumped in a quantity of strong coffee. Electricity was freely used and sulphate of atropia injected hypodermically. The patient was walked up and down the room by two men. He gradually revived and left the hospital quite recovered.

Case of Laceration of the Brain.

M. S., æt. 35, room-keeper, while hanging out some clothes of a window on the third storey over-balanced herself and fell into a paved court below. She was at once conveyed to hospital. On admission she was insensible, and on examination was found to have two scalp wounds, and an abrasion on the top of the head, but no fracture could be detected. Her pupils did not respond to light. Dr. Gunn was at once sent for, and administered a hypodermic injection of ergot, and ordered the head to be bathed and ice-bags applied. For three days she was insensible, during which time she had five fits of convulsions, she then went into a state of maniacal delirium, during which time she suffered from thirst, and was constantly calling for drinks. She remained in this state for a period of three weeks, and then gradually improved until the 1st of December, when she was considered to have completely regained her senses, and is now convalescent.

Death from Disease of the Heart after an Injury.

W. K., æt. 60, Liverpool, quartermaster on the *Cavan* steamer, while giving directions on board the steamer when she was coming up to the quay, was struck by a winch which connected the paddles, and was knocked overboard. He was alive when picked up and was conveyed to hospital, but was dead when he arrived. On admission the only wound he had was one under the left eye. The post mortem showed no injury sufficient to cause death, but the man had a fatty heart, and at the inquest the verdict was one of syncope.

Case of Pott's Fracture.

F. D., æt. 20, porter, while lifting a load on the 6th of November he slipped and finding he was unable to rise was conveyed to hospital. On admission he was found to have Pott's fracture, was put to bed and the limb set in a box splint. In a few days (about 8-10) he was put up in plaster-of-Paris (there being no swelling) and was sent home on the 15th of November.

Cases Under the Care of Dr. Meldon.

Case of Severe Contusion between the Buffers of Railway Trucks—Internal Hæmorrhage.

Daniel B——, æt. 18, engine cleaner, on the evening of the 19th of November, while hooking one engine to another, was crushed in the abdomen, between the buffers. He was at once conveyed to hospital. On admission he was in a very collapsed state, and showed all the signs of internal hæmorrhage. The catheter was passed at once, and some urine was drawn off, but no blood, he got a hypodermic injection of ergot, and was put to bed. Dr. Meldon saw him a short time afterwards, and ordered him a mixture containing ergot and opium, and other suitable treatment, with a view of arresting the internal hæmorrhage.

Nov. 20th.—He was better; the abdomen was not so tense, but his urine had still to be drawn off. The same treatment was continued.

22nd.—There was great pain on pressure over the abdomen. The urine had still to be drawn off. The ergot was stopped, but the opium was continued.

25th.—Was very much better, and was allowed to have bread, but was still unable to pass water.

26th.—Was getting on well; was able to pass water for the first time.

Case of Fracture of the Third, Fourth, and Fifth Ribs, with Emphysema.

John O'C——, æt. 8, schoolboy, was brought, on November 1st, to hospital in a state of collapse, having been knocked down by a car. His breathing was very laboured, and he was found on examination to have fracture of the 3rd, the 4th, and the 5th ribs, with a good deal of emphysema. He was roused out of the collapse, put to bed, and had his ribs strapped well. He progressed without a bad symptom (his ribs being strapped at intervals), and was discharged cured on Nov. 20th.

Severe Wound of the Ulnar Nerve and Artery.

Patrick L., æt. 16, waiter, while opening a bottle of porter on the evening of Nov. 10th, the bottle broke and cut him on the wrist. He was brought to hospital. On admission he was found to have a wound about four inches long, going in an oblique direction across the palmar surface of the right wrist, severing the superficial layer of tendons, the ulnar nerve and artery which was spouting. The artery was tied above and below. Dr. Meldon thought there was so much contusion of the parts that it was useless to suture the ulnar nerve, but it was brought into perfect apposition, and the wound washed out and dressed antiseptically and the parts relaxed by flexion. On the 13th he was discharged. On presenting himself on the 30th November it was found that the wound was healing, and that sensation had returned to the parts supplied by the ulnar nerve.

Fracture of Frontal Bone.

Michael W., æt. 3, while crossing the street on the evening of the 7th of Nov. was knocked down by a car (the shaft hitting him on the forehead), and was conveyed to hospital. On admission he was found to have a gaping wound about three inches long over the left brow, the periosteum was torn and the frontal bone fractured. He was put to bed and the wound dressed antiseptically. After being a week in hospital, during which time the wound was dressed daily, he was sent home on November 16th. He comes daily to the dispensary, and is doing well.

Concussion of the Spine,

Mary Ann K., æt. 14, on the evening of the 13th of Nov. she was in a loft, her foot slipped and she fell through the trap door to the ground, a distance of fourteen feet, on her back. On admission she was examined and the pain was localised to a place on the right of the spine, but no fracture of either the spine or ribs could be detected. There was complete loss of power in the legs and bladder. Next morning she was a great deal better, but Dr. Meldon thought it advisable to detain her another day, when she was discharged perfectly well.

Transactions of Societies.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

Friday, March 6th, 1885.

F. Lawrance, M.R.C.S., President, in the chair.

Mr. Bruce Clarke showed a boy, æt. 9, who was convalescent from a compound starred fracture of occipital bone, together with a linear fracture of frontal bone. Tetanus with emprosthotonos set in on the 13th day after accident. Also a case of union after separation of lower epiphysis of humerus in a boy, æt. 6, and a successful case of operation for strangulated inguinal hernia.

Dr. Thorowgood read notes of

TWO CASES OF PERITONEAL ABSCESS FOLLOWING ATTACKS OF ENTERIC FEVER.

Case 1 was that of a little girl, æt. 10, seen with Dr. Eyre of Forest Hill. Patient's illness commenced about Dec. 2nd with symptoms of true peritonitis. Typhoid spots subsequently appeared. Two days after return of temperature to normal

(Christmas Day) a swelling appeared at the umbilicus, which, on being punctured, discharged a large quantity of foul smelling pus. Drainage tube was inserted, and beef tea, tonics, and brandy given, and notwithstanding congestion of base of right lung the wound was quite healed by January 17th, and patient made a good recovery.—Case 2 was that of a woman, æt. 30, admitted into the West London Hospital on the 14th of October, 1884. Attack commenced on the 27th of September with rigors, soon followed by vomiting and diarrhœa. Temperature on admission, 100°F, pulse 132. Patient lay on back with knees drawn up, and complained of much abdominal pain. On the 17th October right side of abdomen was very tender, and two typhoid spots were observed. Pea soup motions, diarrhœa moderate. On the 21st an abscess was opened underneath the jaw, and healthy pus flowed out. Patient seemed to be doing well. On November 2nd her temperature was 101, pulse 132; a troublesome cough came on suddenly, followed by a copious expectoration of pus mixed with blood. There was dulness with crepitant *râles* at right base. On November 6th the abdomen was noticed to be swollen, and distinct fluctuation was felt. Abundant purulent expectoration. Pulse 150, temperature 101·5. Fluctuation in abdomen became scarcely perceptible after the copious expectoration of pus. Exhaustion set in, and notwithstanding stimulating treatment and diet, patient died on January 26th. The source of the pus here was the question presenting itself to us in this case. Suppuration of mediastinal glands was suggested, but there had been no difficulty in swallowing nor any noticeable dulness about either posterior or anterior mediastinum. The fluid in peritoneal cavity appeared thick and similar to that expectorated—this with the persistent crepitant *râles* at the extreme base of the right lung gave support to the opinion that the pus came from an abscess below the diaphragm. Patient's previous health had been excellent—nothing was noticed in relation to liver. The post-mortem examination by Mr. Percy Dunn showed that a large abscess had formed in a sac, quite apart and shut off from the intestines on the right side and had worked its way upwards perforating the diaphragm on both sides, ultimately finding its way into the bronchial tubes.

Mr. DUNN said he had examined the patient in the absence of Dr. Thorowgood with Mr. Menzies, the House Physician, and had detected fluctuation. On a subsequent occasion he was unable to do so.

Dr. TRAVERS thought that in the absence of internal symptom the diagnosis of typhoid fever on the strength of one spot was hazardous.

Dr. PITT said the case was an important one, and quoted a contribution of Dr. Fagge on similar cases. In one of these there was a large abscess in the upper part of the abdomen for which no adequate cause was made out. In some of them, primary inflammations or gall stones which had ulcerated through were found to be the cause. He expressed a desire to know what Dr. Thorowgood's own view on the subject had been. The case, he said, reminded him of one which occurred in a friend of his where the abscess had burst through into the lung, and the patient ultimately acquired the power of restraining the respiratory power on one side of the chest, and so allowing the pus to accumulate, and then by an expiratory effort confined to the one lung he would eject a greater or less quantity of pus. He further inquired if any cause had been made out for the presence of pus in the bladder.

Dr. GOOD expressed a desire to know accurately the range of temperature in the early stage of the case, also whether Dr. Thorowgood would rely on one spot for his diagnosis, acknowledging at the same time that although the presence of spots was conclusive their absence was not to be relied upon as excluding typhoid fever. (Temperature chart handed round.)

Dr. OWLES said that he had understood Mr. Dunn to say that no evidence of typhoid was found in the intestine and this fact seemed to be against the hypothesis of fever.

Mr. EYRE: In a case mentioned incidentally just now by Dr. Thorowgood, the patient had a mild attack of typhoid fever lasting 21 days, with several spots. After the temperature had returned to normal and the child had begun to sit up in bed, the temperature went up to 104°F., and on the 6th day after there was redness about the umbilicus, followed by a discharge of horribly fœtid pus—recovery ensued.

Dr. BENNETT said that though he had seen many undoubted cases of typhoid without spots, he had never seen a case where the spots did not class it as one of typhoid.

Dr. THOROWGOOD said the spot in his case was a typical spot, and appeared about the time when the eruption was to be expected (second week). At the same time he was not prepared to say positively what the case was, nor was he enabled to say what was the starting point of the abscess. No evidence of ulceration was found in the intestines.

Dr. HERRINGHAM showed a child, æt. 3½, in whom hemiplegia had come on fourteen months ago. There was at that time palsy of the left arm and leg, and of the lower facial muscles of the left side, with almost complete palsy of the third nerve on the opposite side. Rhythmical tumours of the left side increased by exertion began even before the palsy was noticed, and continued ever since. The right third nerve had now almost recovered, but contraction and rigidity had set in on the left side and were increasing. The child was in good health, and growing fast. No loss of mental power. Never any optic neuritis, nor any history of syphilis or rheumatism. Heart normal. Iodide of potassium, arsenic, and tonics had had no effect. The diagnosis was a lesion in the right crus cerebri.

Dr. BENNETT: I saw this case some months ago, and I was one of those who diagnosed the case as one of chorea, and I do so again to-night. My prognosis is favourable.

Dr. THOROWGOOD said that all along his opinion had been in favour of a slight hæmorrhage into the right crus, probably from thrombosis.

Mr. LAWRANCE (the President) said the movements seemed rather convulsive than choreic in nature.

Mr. M. THOMPSON asked whether the gentlemen who diagnosed the case as one of chorea were aware that complete hemiplegia existed on the right side, and that no improvement had taken place?

Dr. ALDERSON acknowledged that on the former occasion he had taken it to be a case of chorea, but he altered his opinion; at present he sided with Dr. Herringham.

Dr. HERRINGHAM said in reply that no one who had watched the case had ever thought it to be chorea, nor could he conceive of any one doing so unless they understood by chorea "anything that shakes." Here the movements were rhythmic, in chorea they are decidedly not so. Again, in no case of chorea of which he had heard, had paralysis of the eye, or rigidity, or paralysis without wasting existed. As to the possibility of the presence of a tumour, he thought the lapse of a year had put it out of the question, as the tendency of cerebral tumours was to a fatal result. Eyesight had been normal all along, and there was no trace of anything wrong with the heart.

BRADFORD MEDICO-CHIRURGICAL SOCIETY.

TUESDAY, MARCH 3RD, 1885.

DAVID GOYDER, M.D., President, in the chair.

DR. BURNIE read a paper on

THE TREATMENT OF PNEUMONIA,

which will be found on page 255.

The PRESIDENT, after congratulating Dr. Burnie upon his excellent condensed history of the treatment of pneumonia during the last fifty years, agreed with him that successful treatment depended upon a sound knowledge of its causes and pathology, and the management of each case on its merits. There was evidence that pneumonia became epidemic and was sometimes contagious, possibly from some septic cause. In the stage of malaise it might be possible to ward off attacks. In the active congestive stage of sthenic cases, bleeding was decidedly advantageous. He (the President) always gave antimony with tincture of opium with excellent effect, lessening the former, and adding ammonia in asthenic cases. Decreasing the pyrexia by cold would be better managed in hospital than in private, where congestion might be increased by incautious application. He found that in great restlessness and nervous irritability opium combined with a little calomel acted well as a sedative. He had seen many Infirmary patients treated expectantly and do well, in others, especially young subjects, liquor ammoniæ acetatis and digitalis would bring down the temperature from 103 and 104 to 99 in 48

hours. These cases, however, had the benefit of rest, good nursing, and appropriate food.

Mr. R. H. MEADE thanked Dr. Burnie for his excellent paper which contained a capital *resumé* of the treatment of pneumonia, the principles of which could not be considered satisfactorily established at the present day. Mr. Meade was old enough to remember when the copious bleedings, with blistering and nauseating with antimony, as related by Dr. Burnie, were the established remedies, and then if your patient died after being so treated you had the satisfaction of knowing that the case had been conducted *secundum artem*, now if the expectant treatment had been carried out, and the case ended fatally you might blame yourself for not having been more active. Mr. Meade thought that bleeding was too little practised at the present day in pneumonia. He had not bled a patient himself in the arm during 20 years. In the earlier stages of pneumonia, especially in young and healthy subjects, and when complicated with pleurisy, he had no doubt that moderate bleeding which may be done by leeches was of great service. He also had great faith in antimony, not given, however, in nauseating doses, but in small and repeated quantity, so as to act upon the skin. He usually combined it with acetate or citrate of ammonia, and after the first stages were passed, with small doses of opium, not fearing the constipating effects of the last, it being of little consequence if the bowels did not act for two or three days, while on the contrary purging or diarrhœa were decidedly hurtful. The use of stimulants in moderation was generally necessary, especially in the congestive forms, and when there was delirium. Mr. Meade had seen some cases of very active delirium with insomnia in pneumonia which had been cured by bromide of potassium combined with chloral hydrate given in repeated doses, which procured sleep when morphia had failed.

Dr. TIBBITS said he was very pleased with Dr. Burnie's paper, he thought it contained more information of practical value than could be gathered from any text-book. Dr. Tibbits was greatly in favour of local depletion for pneumonia, in the form of leeches which should be applied early, he thought a very valuable means of cure, which has almost fallen in disuse, whenever he had occasion to use them he found much relief following their use. Dr. Tibbits was not in favour of poultices, he preferred wrapping the chest up in cotton wool. He thought antimony a very powerful remedy when judiciously given. When delirium existed he usually gave opium in full doses.

Dr. RABAGLIATI, after a few commendatory remarks, said he would confine himself to two remedies, concerning which experience was asked for by Dr. Burnie, viz., aconite—the application of cold. Dr. Rabagliati did not disapprove of, nor undervalue, other remedies as antimony, venesection, and opium, which were all valuable. As to aconite he used a tincture of one-tenth of the pharmacopœia strength, and he particularly had reason to think he had several times been able to abort an attack of pneumonia. He had seen cases of pneumonia with rapid pulse, dry skin, and general temperature of 104°, resolve under the administration of one drop of tinct. of aconite of one-tenth strength every ten or fifteen minutes, perhaps after the sixth or eighth dose, free perspiration followed by sleep and convalescence next morning. If aconite fails to abort pneumonia within twelve or twenty-four hours it is useless to continue the administration. It only increased sweating which was annoying and weakening to the patient, but Dr. Rabagliati had great faith in it in incipient pneumonia. As to the application of cold, Dr. Rabagliati had very great faith in it if aconite failed to abort. He thought that cold was generally applied too fiercely. Too much cold continued for too long a time was apt to lower the vitality too much, and this in turn was sure to be followed by over-action, which might aggravate the inflammation. The application of cold was scientific, physical, physiological, rational, but might be carefully applied. He thought linen wrung out of cold water too violent a remedy in many cases, and he preferred flannel wrung out of water about 80° F. The chest could be wholly or partly enveloped in a layer of this covered with dry flannel. This arrangement allows of a certain amount of evaporation through the layers, and this had the effect of gently cooling the body, emptying the congested capillaries, preventing the high castigation of the disease if let alone, and generally lowering and shortening the cause of the inflammatory action. We could even measure in feet and tons—the quantity of energy abstracted as measured by the heat was often surprising—how much energy was removed in this way. He believed strongly in the judicious use of cold water in the treatment of pneumonia and other inflammations, and resorted to it largely, and he believed very successfully.

Dr. WHALLY gave his experience during the last twenty-five years of the treatment of pneumonia. He was in favour of venesection, and he thought we lost patients by not being heroically treated at the outset. Stimulants should be given with care, he had found great relief from bran poultices, aconite and veratrum had not come up to his expectations.

Mr. WILMOT quite agreed with Dr. Tibbitts with regard to local depleton in the form of leeches, he thought they were not used so frequently as they might be, he had used them frequently and was well satisfied with the results. Mr. Wilmot was strongly in favour of antimony, and he thought there was no drug to equal it in pneumonia, when judiciously given.

Dr. BURNIE having replied, the proceedings terminated.

France.

[FROM OUR OWN CORRESPONDENT]

THE DEPOPULATION OF FRANCE.—At the Académie de Médecine the discussion on the cause of the depopulation of France and the means suggested for its arrest was continued. M. Hardy did not believe that the power of a country diminished because its population showed but a slight increase. He was a disciple of Malthus, and consequently considered that nations impoverished themselves when the number of their inhabitants were in excess of the quantity of food for their sustenance. The Malthusian creed should be more generally adopted; young men ought not to marry until their resources were sufficient to bring up their children. At the same time he regretted that there should be decrease in France, but it should be borne in mind that the French, as a race, was less fruitful than the Saxon or German races, which he thought was due to its more advanced state of civilisation. In any case he considered that the best means to remedy the state of things was to pay more attention to the children. M. Lagneau thought that the marriage formalities should be simplified, and should be less expensive, young girls should be protected up to the age of twenty-one, and help should be given as much as possible to mothers who are in want, but who desire to keep their children.

PARALDEHYDE.—M. Desnos read a note on the hypnotic called paraldehyde, which he found to be worthy of a prominent place in therapeutics. He found it particularly useful in cardiac lesions, as it does not in any way affect the functions of that organ. Also it has been useful in the cure of morphimania, and is a good antidote for nux vomica. Recently in Italy a case of tetanus was perfectly cured by its administration.

ARTIFICIAL ANUS.—At the Société de Chirurgie, M. Desprès communicated a case of artificial anus finally cured. Three months ago a man entered the hospital with a strangulated hernia. On opening the sac the intestine was found to be of the colour indicating gangrene; accordingly the intestine was sutured to the wound. Four months subsequently M. Desprès undertook the cure of the stercoral fistula, which he succeeded in effecting in a short time by first destroying the spur (éperon) formed by the fold of the intestine, by pressure with Ricord's phimosis forceps, and then by cauterising the external wound and finally closing it up with the aid of sutures.

COCAINE IN SUBCUTANEOUS INJECTION.—M. Dujardin

brought under the notice of his colleagues at the Société de Thérapeutique, the action of cocaine in subcutaneous injection. These injections should be always made with the patient in the recumbent posture, as they are liable to produce grave disorders when given in the upright position. Its action exclusively local is very rapid, and in affections of the vocal cords care should be taken not to produce complete insensibility, as it has happened in one instance at least, that the dilators of the glottis became paralysed which made asphyxia imminent. In vaginismus cocaine has acted very well, and more than once the suffering of parturition was allayed by its use. Finally, M. Dujardin was able to dilate forcibly the rectum without any pain after having made two injections, one on either side of the anus, of the alkaloid.

Registered for Transmission Abroad.

The Medical Press and Circular

Is published every Wednesday morning. Price 5d. Post free, 5½d.

Post Free to Annual Subscribers . . . £1 2 6
„ If Paid in Advance 1 1 0

Post-office Orders and Cheques to be drawn in favour of—
A. A. Tindall, 20 King William Street, Strand, London, W.C.
A. H. Jacob, 3 Molesworth Street, Dublin.

Agents for Scotland:—
Maclachlan and Stewart, South Bridge, Edinburgh.
A. and W. Stenhouse, Hillhead, Glasgow.

Sole Agent for the Continent:—
John F. Jones, 31 Bis, Rue du Faubourg Montmartre, Paris.

ADVERTISEMENT SCALE—Whole Page, £5 0s. 0d. Half Page £2 10s. 0d.; Quarter Page, £1 15s. 0d.; One-eighth Page, 12s. 6d.

Small Announcements of Practices, Assistancies, Vacancies, Books &c., of Seven lines or under, 4s. per insertion; 6d. per line beyond

Considerable reductions are made from the foregoing Scale when orders are given for a series of insertions. Letters in this department should be addressed to the Publishers.

Subscriptions for France are received by Messrs. Baillière, Rue Hautefeuille, Paris—post free in advance, £1 8s. 6d. per annum.

Subscriptions for Russia are received by Messrs. Rajchman and Frendler, 18 Senatoren Street, Warsaw—post free £1 5s. 0d. per annum.

Subscriptions for the United States are received in New York by Messrs. Willmer and Rogers; Philadelphia, by Dr. Brinton: post free in advance, 5¼ dollars (£1 8s. 6d.) per annum; or direct from the Offices in this country for the same amount, if remitted by International Post-Office Order.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 25, 1885.

SMALL-POX HOSPITALS.—II.

The new theory of a "distal aërial dissemination" of small-pox is well known to have been set up by Mr. Power as a working hypothesis capable of grouping and explaining some facts which, as he himself admits, can be just as well explained on the theory of personal transmission. How the new fear arose that small-pox patients might themselves suffer if treated together in any considerable number is not so readily to be accounted for. Perhaps some vague or false analogy drawn between typhus and small-pox when in 1871-72 both diseases were treated at Homerton may have coloured the chance expression of some individual fancy, for certainly there is no basis for this theory in the facts of clinical medicine. All the records of the London Small-pox Hospital are against this view. The results at Bicêtre during the siege of Paris, where a thousand small-pox patients were congregated at one time, corresponds very closely with the statistics collected by Mr. Marson. The experience of the new metropolitan hospitals established by the Asylums Board bears directly on this question, and is deserving of special notice. In the report for Homerton 1871, p. 7, we find that by the end of February "it was found necessary to appropriate the Fever Hospital to small-pox purposes, and the whole 200 beds which it provided were occupied. As the strength of the epidemic increased more beds were placed in the wards, and some fitted up in the corridors for convalescents, and the pressure became so great that tents had to be erected in the grounds." Altogether 436 beds were occupied in June. The fever wards were converted to their original purpose in September, 1871; the number of small-pox patients treated in these wards was 1,194; of these 178 died, the total mortality in the height of the epidemic being a little under 15 per cent. Among the unvaccinated cases the mortality was 30 2, these cases being 472 in number, with 143 deaths. The whole number of cases treated in the small-pox wards at Homerton from Feb. 1871 to Oct. 1874 was 4,372; the deaths were 811, or 18 5 per cent.; 608 of these deaths were of unvaccinated persons. The report of the small-pox hospital at Stockwell for 1871 tells the same story. On February 3rd extra beds for small-pox cases had to be placed in the day rooms, and on March 6th the fever wards were required for small-pox, on the 24th it was found necessary to place 30 additional beds in the day-rooms. Afterwards the number of beds in the hospital was raised from 384 to 500 by placing beds in the corridors and landings, and an encampment for 120 convalescents was pitched in the hospital grounds. In this year 3,976 patients passed through the small-pox wards; the deaths were 700, or 17·6 per cent. In the months of October and November, when the admissions had fallen to 146 and 125, the mortality rose to 20 per cent.; in the months of May and June, when the admissions were 576 and the number of cases at the highest, the mortality was below that proportion.

In consequence of the difficulty in finding accommodation for the large number of cases of small-pox during the epidemic of 1871-72, the managers of the metropolitan asylums hospitals acquired sites at Fulham and at Deptford, so that each district should not have cause to complain of the importation of cases of infectious disease from other and remote parts of London. The Hampstead hospital difficulty in 1875 and an increase of small-pox during the following year hastened the preparations at Fulham, where accommodation for 300 patients in ten separate pavilions was provided. From February 12th to October 12th a total of 629 patients were received. Of these, 303 were convalescents from other hospitals, 320 were acute cases, and 7 were suffering from diseases other than small-pox. Of the acute cases 47 died, being

a mortality of 14·72 per cent., a rate lower than at any other hospital of the Board, and attributed in the report to the healthier localities from which the patients were admitted, and to the disease being of a less virulent type. It may be noted, however, that of the 320 small-pox patients received only 63 were unvaccinated, and that of these 27 died, being a mortality of 43·5 per cent., or a higher rate of mortality than given by Mr. Marson for the 2,654 cases he tabulated, except for the ages from 20 to 30 years. After October, 1877, the Fulham hospital was kept open for convalescent cases. In 1878 the number of acute cases admitted was 727; of these 121 died, a mortality of 16·6 per cent.—8·4 among the imperfectly vaccinated, and 46·2 for the cases totally unprotected by vaccination. In 1879 the admissions were 632, deaths 111, general mortality 17 per cent.—47 for unvaccinated, 6·5 for vaccinated patients. Next year the number of cases was only 257, and the mortality 18·6—unvaccinated 40·3, imperfectly vaccinated 11·79, including some doubtful cases, of which 25 per cent. died, so that most of those might have been justly included among the unvaccinated. Towards the end of the year 1880 some severe cases of the petechial and hæmorrhagic forms of small-pox were admitted, and were considered as prognostic of the severe epidemic of the following year.

Early in 1881 the fever wards at Homerton were organised for small-pox; 2,304 cases admitted; 365 died. The Fulham report for 1881 says of the admissions, p. 18: "On the last day of 1880 there were 52 remaining in the hospital, 37 being convalescent. On the 7th January the number had reached 100, and on the 4th February exceeded 200. On the 2nd April the number in the hospital was over 250, and it was during April that the greatest pressure was felt, 296 being admitted from twenty-one parishes, and 355 being refused admission. The maximum number during the year (309) was reached on April 26, the surplus nine consisting for the most part of infants with mothers and small children sleeping with each other. On the 14th May the scheme of drafting convalescents to the camp at Darenth came into operation, and proved a great relief to the pressure for beds, no cases being refused after it was in full working order." Though convalescents were drafted to Darenth at an average of 35 a week, the numbers in the hospital remained above 250 in July, and in the one month of June 327 cases of small-pox were admitted to the hospital. The whole number admitted in the year was 1,952, of which 1,752 were cases of acute small-pox; the number of deaths among these cases was 250; the total mortality was 14·1, or less than when the hospital was first opened; that for unvaccinated and doubtful cases was under 40 per cent., and for the imperfectly vaccinated 7·3 per cent. Among these cases the lowest mortality was observed among cases from Fulham, the highest from Chelsea. The greatest number of admissions was from Kensington parish, and after legal interference in September no cases were received from beyond one mile radius from the hospital.

Before the end of the year a severe epidemic had been checked by a well organised system of isolation. The rate of mortality in a suitable hospital was found to be three per cent. lower than usual, even though more than the complement of 300 patients were under treatment. When these necessary means for the preservation of the largest community in the world from the ravages of the worst form of disease that has ever appeared on the earth are suddenly interrupted by legal proceedings more costly than the system attacked, and further crippled by a restriction, not only as to the district from which cases of disease may be removed, but as to the numbers that may be treated in one place, so that one-tenth only of the accommodation provided by the parochial rates could be utilised. The last part of the restriction, in some degree a consequence of the legal injunction already obtained, has had much further ill effect than was supposed on our means of restricting the spread of disease, and is the more to be regretted as emanating from a Commission in which several members of our profession formed part. In all probability no unanimous conclusion could be arrived at, and we are left to suffer the effects of a well-meaning compromise. If this restriction was intended for the benefits of the districts in which the hospitals are situated, it has failed of its purpose, nor, based upon an imperfect appreciation of the facts, was it likely to succeed, for small-pox was not more prevalent in the neighbourhood of Fulham when the hospital was fullest than either before or after the period. Moreover, as pointed out by Dr. Dudfield, the prevalence of small-pox at Hampstead when the hospital there contained 600 patients was but one-fourth part of what it was last year, when only 25 patients were at one time under treatment in the Hampstead Hospital. How far a small-pox hospital is likely to be a persistent source of fresh outbreaks, even when not in operation, may be judged from the fact that after the small-pox hospital at Homerton was prepared for the reception of scarlet fever cases in October, 1874, no cases of small-pox occurred among the 122 fever cases admitted to these wards, though the average duration of the patient's residence in the hospital was fifty-one days. While the small-pox hospital at Homerton was closed, cases of that disease occurring in the Hackney district were sent to the Stockwell Hospital, the only one at that time open. It was not until August, 1876, that the small-pox wards at Homerton were re-opened. Many cases from Homerton were already at Stockwell, and during the remainder of the year of the 620 cases treated at Homerton, 220 were received from Hackney and 127 from Islington—a conclusive proof that the hospital was opened because of the epidemic, and that the epidemic then increasing in London was in no way, as has been alleged, owing to the hospital.

It is difficult to limit the extracts from the Asylums Board hospital reports, wherein is contained a mass of evidence tending to disprove the arguments used against the utility and necessity of small-pox hospitals for London. The experience of the Asylums Board abundantly confirms the efficacy of vaccination, and shows that this protective power is in no wise weakened or worn out. Dr. W. Gayton, in his "Analysis of 10,403 Cases of Small-pox," states that of the 366 *employés* re-vaccinated on engagement, not one had

taken small-pox, but then the re-vaccination must be seen to have taken effect. In some cases not under his control failures had been recorded; in one a previous attack of small-pox was found not to excuse the necessity of this precaution; in more than one instance where vaccination and exposure to small-pox were simultaneous the two forms ran their course with little modification. This is one of the conditions in which an attack of small-pox has been said to follow vaccination or re-vaccination. Another most important point to bear in mind and guard against is the frequent report of cases as re-vaccinated where no sign exists of such re-vaccination having had any effect.

COMPENSATION OF POOR LAW-OFFICERS FOR ABOLITION OF OFFICE.

A most important question to Poor-law medical officers is about to be raised by the fusion of the Newport and Westport Unions in the co. Mayo, and the consequent closing of the Newport Workhouse. The amalgamation was to have taken place at the end of the present month, but the Local Government Board has adjourned it until the end of September, in order to enable the disestablished officers to find new employment.

This is the first occasion on which such fusion has taken place, but it may not be the last, for, as facilities for locomotion increase, the necessity for maintaining a number of small workhouses will cease, and economy will suggest the propriety of amalgamating unions. It therefore behoves the medical officers of workhouses and their representative organisation—the Irish Medical Association—to consider carefully their rights as to compensation for abolition of office under these circumstances. It would seem from the pronouncements of the Local Government Board in this special case that the idea has never occurred to either them or the guardians that they are both equitably and legally bound to compensate officers whom, in the public interest, they deprive of their means of livelihood, and we therefore are obliged to remind them that, so far as the plain meaning of the Acts of Parliament bearing on the question goes, there can be no doubt whatever that a Poor-law officer holds his appointment safe from such disturbance, and possesses the same claim to compensation for disendowment as is enjoyed by any other civil servant.

The workhouse officer's tenancy is defined by the 31st section of the Poor Relief Act of 1838 (1 and 2 Vict., cap. 56), which declares:—"The Poor-law Commissioners (mark! not the guardians) are empowered to . . . determine the continuance in office or dismissal of such officers." Again, sec. 33 says:—"The *Commissioners* are authorised . . . to remove any paid officer appointed under the provisions of this Act *whom they shall deem unfit* for *or incompetent to discharge the duties* of . . . officer, or *who shall at any time refuse or neglect to obey and carry into effect* any orders of the Commissioners." Thus it is evident that the responsibility for removal of officers rests upon the Local Government Board, and not at all upon the guardians, and any action brought to recover compensation must be against them, and that they can have no answer to such an action except to prove to the satisfaction of the jury that the officer was removed for neglect or incompetency.

But the section (16) of the Act which provides for the dissolution or alteration of unions makes this still more clear, for it declares that "no such dissolution or alteration shall in any manner prejudice, vary, or affect the rights or interests of third persons in respect of contracts entered into by or on behalf of such union . . previous to such dissolution."

Upon these legal grounds, backed by the equally explicit terms of the Regulations made by the Commissioners under the authority of these Acts, we maintain without hesitation that a workhouse officer holds his appointment for life and *dum bene gesserit*, and that he can by no means be deprived of his office as long as he performs his duty satisfactorily, and as long as he is not in the position of being "deemed unfit" for his appointment.

ROBBING THE YOUNG PRACTITIONER.

There is one reflection which probably no young practitioner of medicine fails to ponder over during the first years of his active professional life, and it is that excited by his knowledge of the extent to which those who ought naturally to be his patients avail themselves of the gratuitous advice and treatment to be obtained in the out-patient department of hospitals. Indeed, the serious nature of the loss that is thereby sustained is admitted not only by the actual sufferers, but also by all who are interested in hospital management, for the tax upon charitable medicine that is levied by the claims of persons fully able to pay for assistance is no small part of the outlay which in many cases cripples the resources of such institutions. We do not for a moment intend now to investigate the methods that have from time to time been proposed for remedying the existing evil; to do so would occupy both time and space beyond our present limits; but we do wish to point out for attentive consideration that aspect of the question which has not as yet been at all sufficiently considered. This is the more necessary, too, that the increasing proportions of the annual "Medical Register" proves very clearly that practitioners are multiplying in this country at a rate which is ominous of future privations as regards at least some of the number; and it is desirable in their interests also that a means should be found of turning towards them those cases of which they are improperly robbed by the facilities offered by what is practically free dispensation of out-patient relief without inquiry. It is notorious that a very considerable proportion of the ordinary out-patient gathering of a large hospital is made up by persons well able to pay such moderate fees as would be required of them by any one of hundreds of young men fully qualified to undertake their cure. And it ought to be recognised and insisted on at every available opportunity that the rights of these young and deserving men are being infringed by the continued readiness of hospitals to give relief to every applicant who chances to present himself to claim it. We cannot afford to overlook

a single factor that is helping to produce the state of things that threatens the future of the medical profession in this country; but we ought to exercise all the power that we have towards influencing a re-arrangement of the conditions which bear so cruelly on commencing practitioners whenever these chance to be located in the neighbourhood of a large hospital.

Notes on Current Topics.

The Out-Patient Difficulty.

AT the fourth general meeting of the Hospitals Association, held on the 18th inst., Dr. J. S. Bristowe read a paper entitled "A Re-Discussion of the Out-Patient Question," in which he reviewed afresh the arguments for and against the extension of hospital treatment to all comers in the out-patient department. The importance of this matter is yearly assuming increased proportions, owing to the constantly growing demands it imposes on the resources of the various institutions concerned; and occurring as it does along with diminishing income in many instances, the necessity of devising some mode of checking the outlay occasioned in this connection is apparent to every one interested in the administration of our great medical charities. The method of limitation which most commends itself under the circumstances is that one based on the principle of selection, whereby really necessitous applicants for relief are attended to in preference to others whose capabilities of paying the general practitioner can be fairly assumed, or whose condition does not urgently call for immediate treatment. To this end it was that the valuable paper communicated to the Hospitals Association by Mr. W. J. Nixon, House Governor at the London Hospital, and read early in 1884, was directed; and in its results it mainly agrees with that arrived at by Dr. Bristowe, whose advice is illustrated by a description of the manner in which out-patients are admitted at St. Thomas's Hospital, where persons seeking to be made out-patients have to be in their places by 12 o'clock, shortly after which time the assistant physician and assistant surgeon of the day, or their representatives, give out-patient letters to those whom they select. In Dr. Bristowe's case 15 letters are (according to the rules of the hospital) allowed to be given. Later these patients mingle with those who are already in possession of letters, and are seen in due course by their respective medical officer. All six-weeks-old letters have to be replaced by new ones, their recipients not being included among the groups to whom new letters are given for the first time. The applicants who do not receive out-patient letters, and are suitable, are treated for the most part as casualties, that is, all, or nearly all, on the surgical side, and a limited number on the medical side receive cards which entitle them to temporary treatment at the hands of the resident assistant-surgeon, house-physician, house-surgeon, dressers, &c. Medical and surgical casualties applying casually are treated in the same way.

PROFESSOR DE CHAUMONT will preside at the autumn congress of the Sanitary Institute of Great Britain, to be held in Leicester from Sept. 22 to 26.

The Gordon Memorial.

No dead man's memory, probably, has ever been more eloquently or more deservedly honoured in words than was that of the late General Gordon at the recent meeting held at the Mansion House to consider what form the national memorial to the hero of Khartoum should take. The Prince of Wales and the Duke of Cambridge were no less emphatic in their heartfelt testimony to the unsurpassed qualities of the martyred soldier than were those who might be considered as less trammelled by conventionalities in giving expression to the admiration they felt for the object of their praise, and to the sorrow aroused by his loss. The universal feeling was amply illustrated by the manner in which Sir Edward Inglefield's proposal was received and accepted, to the effect that the memorial should take the shape of a hospital for the sick of all nations, at Port Said. Such an institution in this situation will provide a most pressing requirement, where experience has abundantly shown how necessary it is that something far different from existing conditions is urgently demanded. And the application of funds raised to build a monument to his name, for the purpose of alleviating the sufferings of the sick of all countries, is one that would surely have been eminently acceptable to General Gordon could his own wishes in the matter have been consulted. Respecting the advantages such a hospital will confer on the world in general, it is impossible to speak too enthusiastically. How sorely needed some such institution is to replace the present filthy surroundings amidst which sick sailors are doomed to drag out a lingering illness, or to die, when invalided at Port Said, the graphic description of Rear-Admiral Inglefield only too sufficiently indicated. The whole body of the representative meeting, indeed, showed by its demeanour that the proposal to found a hospital, to be managed on the most approved principles of modern administration, was in sympathy with the feelings of those present, and it may confidently be expected that the time is not far distant when the unbearable surroundings of sick life which now torment the unhappy patient in the Egyptian hospital at Port Said will give place to a well-managed and hygienically constructed and scientifically administered institution, with which the name of Gordon may be associated in full assurance that he will be thereby endeared still more to the grateful memory of men of all nationalities.

The Profession in Australia.

WE strongly recommend the younger members of our profession to think twice before they make up their minds to seek an opening in Australia. Owing to the great influx of young medical men into the Australasian colonies, there is just the same severe competition there for any post that offers, as there is at home. We notice in the last number of the *Australian Medical Gazette* to hand that there were no less than sixty-three applicants for the post of medical officer to the benefit society connected with the Australian Agricultural Company's Collieries in New South Wales. Australia is no longer the El Dorado for medical men from the home country, since, both at Melbourne and Sydney, well appointed medical schools are in full working order, and preparing

to turn out an abundant native supply of qualified men. No doubt clever and well educated men will always find their groove, but even they should be able to maintain themselves for a year or so, whilst waiting for practice. No doubt in outlying and up country parts openings may still be found, but the work is rough and the life a hard one, and none should seek it who cannot realise what such a life really means, and are prepared without any delusive or romantic views to face it.

The late Professor Frerichs.

In our last issue we could only briefly announce the sudden death of Friedrich Theodor Frerichs, who, to the time of his death perhaps the most distinguished of living German physicians, was equally great as a scientist. He was born on March 24th, 1819, at Aurich in East Friesland; he took his Doctor's degree in 1842. Early in his career he devoted himself much to scientific subjects, as the articles published by him in Liebig's "Handwörterbuch der Chemie," and also others on anatomical and physiological subjects in Wagner's "Handwörterbuch der Physiologie" clearly show. In 1850 he was called to Kiel, in 1851 to Breslau, and in 1859 he was appointed Professor of Medicine and Director of the Clinic in the Charité, Berlin. His principal works were Medicin-Klinik, 2 ed., 1861-2 (2 vols.), Klinik der Leberkrankheiten, 1859-62 (2 vols.), and Bright'sche Nierenkrankheiten, 1851. Last year was celebrated the 25th anniversary of his Professoriate in Berlin, on which occasion numerous professors, who had been his pupils or assistants, some of whom had already attained eminence, gathered together from all parts of Germany to do honour to their old master. For some years his health had not been good. Some years ago he had an apoplectic attack, and afterwards suffered from neuralgia of the left arm, and sleeplessness. On March 12th he had another attack of apoplexy, from which he never recovered consciousness. He was a man much in honour, both by his Sovereign and his medical brethren. He was Principal Medical Councillor in the Ministry, a Knight of numerous orders, and, as will be in the recollection of our readers, was ennobled by the Emperor Wilhelm last year. Since the foundation of the Congress für Innere Medizin he has presided over its meetings.

Forward!—the Lady Doctors.

In France a fresh proof of the eventual admission of women to free trade in medical practice has been recently given. The Paris Municipal Council, after an animated discussion, has decided that female students shall be allowed to compete for the *Internat;* and it is therefore likely that female house surgeons will soon be seen. On the same occasion it was decided that foreigners should be, as before, allowed to compete for the *Internat;* but that for higher degrees (prosectors, hospital physicians and surgeons) a full naturalisation would in future be required. And why not? If ladies make incompetent house surgeons, no doubt the hospital administration will deal with them in a summary way. If they be as competent as men, why refuse them equal rights of practice? Exclusion is antediluvian.

Sunday Recreation.

The promoters of the movement for procuring the Sunday opening of museums, libraries, &c., may fairly congratulate themselves on the result of the division on the question which took place on Friday last in the House of Lords. The rapid growth of opinion favourable to the views of the Sunday Society was then strikingly illustrated, the numbers voting in the division being equal for and against, viz., 64 on either side. The result, though by the rules of the House being recorded as a negative, was morally a great success for the principles of the Society seeking to obtain intelligent recreation for the poor on the Sabbath. It can hardly be doubted that this expression of opinion by the Peers will exert a powerful influence in forwarding the scheme in view, or that the adverse vote of to-day will on a future near occasion be transformed into one of approval, and every step that will hasten this conclusion should be unhesitatingly taken. To such end a conference has been summoned by the Duke of Westminster and Committee of the Sunday Society of authorities of museums, art galleries, and libraries, which have been open on Sundays in the United Kingdom. The meeting is arranged to take place at St. James's Hall, London, on this day (Wednesday) at 2.30 p.m., and the special object of it will be to direct the attention of Parliament to the results already gained by Sunday opening of places such as those included in the programme of the Society.

International Exhibition of Inventions.

The opening day of the International Inventions Exhibition at South Kensington has been fixed by the President, H.R.H. the Prince of Wales, for Monday, May 4, by which date the preparations will be sufficiently advanced for the inaugural ceremony. At the present time very considerable progress is being made in the arrangement of the various courts, that devoted to machinery in motion being especially advanced. The aquarium permanently situated in the gardens is, says *Nature*, receiving considerable attention, and will prove a very attractive feature. The tanks have been thoroughly cleansed and refilled with fresh water, which has been softened and filtered, rendering it bright and pure, fit for the reception of large consignments of fish that will shortly arrive. Lord Onslow has lately presented 1,500 exceedingly fine carp to the aquarium, and a large number of fish indigenous to the Canadian lakes have also been received for exhibition in the tanks.

The Faculty of Medicine of Paris has awarded the prix Châteauvillars to Dr. Constantin Paul for his work entitled "The Diagnosis and Treatment of Diseases of the Heart." The Academy of Medicine has divided that portion destined for prizes of the Morbinne legacy among the following gentlemen:—Dr. A. J. Martin, 4,000 francs, for his work on the "Civil Sanitary Administration in Foreign Parts and in France;" Drs. Straux and Roux, 2,000 francs each, for their cholera researches at Toulon; Dr. Van Morris, of Dunkirk, 2,000 francs, and to Dr Amat, military surgeon, 500 francs, for their memoirs on the influence of sea-bathing in the treatment of scrofula in children.

Mr. Marshall's Successor.

THE appointment of a Professor of Surgery at University College, to succeed Mr. John Marshall, F.R.S., is an event that has an importance outside and beyond the local limits of the institution in question, and it will be a matter of general satisfaction that the great practical and scientific claims of Mr. Marcus Beck have been fittingly recognised in this connection, he having been elected to the vacant post. It will, undoubtedly be a difficult matter for another to maintain the traditions so well supported by Mr. Marshall, but there is no one, probably, better calculated than his successor to successfully emulate the character and prestige of the late President of the Royal College of Surgeons, and to follow closely in his footsteps as a foremost representative of modern British surgery. Mr. Beck's reputation is already a very enviable one, and to none better than himself could the onerous duties devolving on him in his new position have been entrusted. We can freely congratulate University College on the addition made to its staff of professors, while at the same time felicitating Mr. Beck on the honourable and deserved distinction of which he is the recipient.

The Medical Register.

THE new issue of the *Medical Register* has, under the able and indefatigable editorship of the Registrar of the Medical Council, Mr. Miller, just been issued, and it bears evidence of the continued efforts that are made to make it as complete in every detail as it is possible to secure. It contains for the first time a table giving the number of persons whose names have been entered in, added to, or removed from the *Register* for each year from 1876 to 1884 inclusive. The total number of practitioners on the Register is 25,321, being 804 more than in 1884, and the rate at which the list is steadily growing suggests an instructive lesson on the future prospect of medical practice. It is computed that about twice as many names are added each year to the Register as are removed from it through death, and certainly the rapidity with which the number of medical men increases far exceeds the growing needs of the population, as evidenced by excess of the birth-rate over the death-rate. Sooner or later this question will have to be fully considered, and a remedy found for the over-stocked nature of the profession consequent on the too large influx of newly-fledged practitioners each year.

The University of Durham M.B.

FOLLOWING the issue of the regulations applying to the conjoint examination for the L.R.C.P. Lond. and M.R.C.S. Eng. qualifications, the Universities have been reconsidering and amending their existing regulations in relation to the M.B. degree. Among these Durham has effected certain alterations, by which there will in future be three instead of two degrees for the degree of M.B. from that University. The first examination will include elementary anatomy and physiology, chemistry, physics, and botany; the second, anatomy, physiology, materia medica, and pharmacy; the third, medicine, surgery, midwifery &c., pathology, jurisprudence, therapeutics, and public health. Those candidates possessing the certificate of passing the first examinations of the Conjoint Examining Board for England will only be re-examined in chemistry, and candidates who have passed Examinations 1 and 2 of the University will be admitted to the Board's final examination on completion of the curriculum. The new regulations will come into effect on May 1st next, and will apply to all candidates entering for the examinations of the University from this date.

The Irish Graduates' Association.

THE St. Patrick's Day celebration of the Association took place on the 17th at the Holborn Restaurant, and—under the presidency of Professor Stokes, of Dublin—proved highly successful. The company numbered sixty-six, and amongst the guests were the Director-General of the A.M.D., Sir W. MacCormac, Director-General Crawford, Drs. Quain, Playfair, Frederick Roberts, Arthur Benson, Savory, Jonathan Hutchinson, Hulke, Holmes, Croft, Keetley, and several ladies. Dr. H. Macnaughton Jones was nominated as President-elect. The proposals and responses of the toasts were made very effective by the commendable arrangement of entrusting them beforehand to competent speakers, who had time to make up their minds as to what they would say, and therefore did not talk platitudes. The President-elect proposed "The Health of the Army, Navy, and Reserve Forces," to which Director-General Crawford, Major Cargill, and Surgeon-Major Baines replied; Sir W. MacCormac proposed "The Visitors," Dr. Quain and Mr. Savory replying; Mr. Timothy Holmes proposed "The Irish Graduates' Association," the President replying; Dr. James Thompson, "The Scientific Societies," replied to by Mr. Hulke; Dr. A. H. Benson gave the toast, "To our Next Meeting." We look forward to much future success and increase of influence of the Association.

Proposed Drainage Scheme for Paris.

LAST week the long-expected bill for the irrigation of Paris was brought before the Chamber of Deputies. Eleven commissioners were appointed to consider the matter. Of these 5 were deputies of Paris, and consequently voted in favour of the measure; while 5 of those remaining were against it, as they represented the department of Seine-et-Oise, where the drainage is to be discharged. The last member left, M. Hervé-Mangon was of a divided opinion, so no decision was come to. This proposition was also the subject of a brilliant discussion at the Society of Public Health. The vote taken there produced a similar result, 42 being in favour of it and an equal number against. We hope that these disputes will soon be decided, as the subject is too important to be long neglected.

The Proportion of Chemists in the Population of Austria.

OF a population of 22½ millions 1,316 are pharmacists, viz., 1 in every 17,000 inhabitants. This is very small, as for Prussia there is 1 for 9,360 persons, in Switzerland 1 for 7,800, France 1 for 6,300, England 1 for 4,510, while in Italy there is a chemist for every 2,500 people. Vienna has a much larger proportion than Berlin, being

88 for one million inhabitants, while the latter has only 82 for 1¼ million. At Lyons there are 169 pharmacists for 376,643 in population; this is not counting the herbalists, who number about 70.

Lunatics in Workhouses.

Our readers are already aware that in a recent action for damages against a union master in England for detention of a person admittedly insane, Mr. Justice Wills has decided that there exists no power to detain a lunatic in a workhouse. On this subject Lord Algernon Percy, M.P., intends to put the following question to the President of the Local Government Board:—"Whether the attention of the Local Government Board has been called by the Guardians of the Westminster Union to the recent decision of Mr. Justice Wills, in the proceedings lately taken against the master of the Marylebone Workhouse and other officials of that union, with regard to the reception of persons of unsound mind into workhouses; and whether the President proposes to issue any instructional letter to the masters of workouses generally, and to relieving officers, as to their duty in this matter; and whether it is proposed to introduce any measure for the amendment of the law relating to the reception of supposed insane persons into workhouses, and for protecting Poor-law officials from the responsibilities in which they may be involved by the strict application of Mr. Justice Wills's decision."

Health Officers v. Vested Interests.

The following resolution, passed last week at a meeting of the Mansion House Council on the Dwellings of the People, forms an eloquent commentary on our recent remarks on this subject:—"This Council learns with great regret that Mr. Shirley Murphy has felt himself compelled to resign his position as Medical Officer of Health of St. Pancras, in consequence of the difficulties which he has encountered at the hands of certain members of his vestry, which have rendered it impossible for him to efficiently and conscientiously continue to discharge his duties. The exceptional abilities of Mr. Murphy, and his wide experience in sanitary matters, render his resignation an incalculable loss to the parish. This occurrence serves also to emphasise in the strongest manner the necessity for an immediate change in the relations of medical officers of health to the local authorities. In the opinion of this Council the change should take the direction pointed out in its report, and medical officers of health should hold their office at the will of the Local Government Board only."

The new Lunacy Asylum for Glasgow is expected to cost at least £120,000 independently of the furnishing. Plans and conditions are out, and eighty-three architects have expressed their intention of taking part in the competition.

A movement is being made in the Michigan legislature to abolish the homœopathic medical department of Michigan University. A certain number of homœopathic doctors want it to remain, and others want it removed to Detroit, under private control, the State to pay for a portion of its support.

We regret to learn by telegram that Surgeon-Major Lane, attached to the Army in the Soudan, was very severely wounded at the commencement of the battle of Haasheen. He has been taken on board one of the hospital ships in the Red Sea, the case being too serious a one to report its probable issue.

An American has lately died worth eight millions of dollars, obtained by promising to cure the poor consumptive. Could any means of making money be more detestable and wicked than the holding out of straws to the drowning wretch at so much per straw? Beside such abomination dynamite is excusable.

We are informed that Her Majesty's Government has consented to distribute gratuitously to each member of the medical profession in the United Kingdom a copy of the revised edition of "The Nomenclature of Diseases," which has been prepared with much care and labour by the Royal College of Physicians. It is expected that the work will be in the hands of the profession within two months from the present time.

Scotland.

[from our northern correspondents.]

Outbreak of an Epidemic at Keith.—A serious outbreak of small-pox has occurred at Keith. Ten affected persons have already been accommodated in a temporary hospital, specially created by the authorities for the emergency. Towards the close of last week a young man died in the hospital, and immediate interment was resolved upon. The apprehension of the inhabitants for the infection was, however, so great, that although offered payment, it was after considerable delay and difficulty that two men consented to assist at the burial. No hearse was available, for the same reason, and the remains were carried in a common hurley to the burying ground.

Health of Edinburgh.—For the week ending with Saturday, the 14th inst., the mortality in Edinburgh was 84, and the death-rate 18 per 1,000 per annum. There were 18 deaths under 1 year, and 27 above 60, of which 3 were above 80 years.

Mortality in Glasgow.—The deaths in Glasgow during the week ending with Saturday, the 14th inst., were at the rate of 30 per 1,000 per annum, as compared with 29 in the previous week, and 23, 34, and 25 in the corresponding periods of 1884, 1883, and 1882 respectively.

Glasgow University Medico-Chirurgical Society.—On Friday, the 20th inst., under the auspices of this Society, Professor W. T. Gairdner delivered a lecture in the Forensic Medicine class-room of the University on "Modern Ideas as to Insanity, its Nature and Treatment." Dr. Rutherford occupied the chair, and there was a good attendance of students and others. Professor Gairdner, after introducing his subject, said he would illustrate how the great question of insanity presented itself to a physician who was not a specialist in insanity, and who, by having been obliged from year to year to consider the whole subject of the healing art in its widest sense, might naturally be

supposed to take insanity into view. He had a very painful feeling regarding the subject, as medical students very often —in fact, usually, went out of the University with a really very imperfect knowledge of insanity. This was very much to be regretted. If, therefore, he could induce them to take some pains to familiarise themselves with the leading facts of insanity, the object of his address would be largely accomplished. He then proceeded to discuss the various aspects of the question, and at the close of his address, which was attentively listened to throughout, the learned Professor received a cordial vote of thanks.

EDINBURGH UNIVERSITY COURT.—At the last meeting of the University Court a letter was received from the Registrar of Victoria University, Manchester, from which it appeared that University College, Liverpool, had been admitted as a college of Victoria University, and that the Professors of that college ranked as Professors of that University with the Professors of Owens College, Manchester. Thereupon it was resolved that such of the Professors of University College, Liverpool, as were recognised under sec. vi. (4) of Ordinance No. 8, Edinburgh, No. 3, as teachers of medicine whose courses of instruction should qualify for graduation in medicine in the University of Edinburgh should be removed from the list of such teachers, they being now entitled, without any special recognition, to the more extended privileges of University Professors in connection with such graduation.

DEATH OF DR. MITCHELL, RHYNIE.—By the death of Dr. Mitchell, which took place on Sunday morning, the 15th inst., the Rhynie district has lost the services of an able medical man who was zealous and unsparing of himself in the discharge of his duty, and ever anxious to succour the distressed, no matter to what class of the community they belonged. Genial with friends and kindly with all, he was everywhere a favourite. The poor whom he attended regarded him as a personal friend. He always secured the confidence of his patients, and thus was able to treat them with success. His widow and family have the heartfelt sympathy of all to whom the doctor was known. Dr. Mitchell, who was only forty-one years of age, was medical officer for the parish of Rhynie, and for half of the neighbouring parishes of Auchindoir, Cabrach, and Kennethmont.

PROPOSED PUBLIC BATHS FOR EDINBURGH.—Last week the Lord Provost's Committee had before them a motion by Councillor M'Lachlan, which proposed that on the eastmost half of the old Infirmary grounds public baths should be erected. The Committee favourably entertained the proposal, and gave Mr. Morham, the City Architect, an idea of the description of building which he might proceed to give them a sketch plan of. The whole of the ground unoccupied by the School Board will be appropriated to baths. We have so frequently pointed out the necessity for baths of the kind that we cannot but feel gratified that our importunities with regard to this subject have at last had public attention drawn to them. That Edinburgh should have remained so long without such a necessary provision for the health of the people is an anomaly that cannot well be explained, and we are surprised that the medical officer so energetic in educating his townsmen as to the value of the notification of disease has never pointed out to them the exceeding usefulness of cleanliness in preventing the invasion of "filth diseases" and thus saving the heavy expense of notification, which, as practised in Edinburgh, appears to require a considerable amount of special pleading to make it acceptable to some of the more enlightened members of the Town Council.

DONATIONS TO PUBLIC CHARITIES.—The Lord Provost's Committee of the Edinburgh Town Council, at a meeting held last week, agreed to recommend that the following sums should, as usual, be voted to the undermentioned public charities:—Maternity Hospital, £50; Sick Children's Hospital, £40.

HOSPITAL FEES TO DOMESTIC SERVANTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your last issue there appears a paragraph under the heading "Hospital Fees to Domestic Servants," in which the following statements are made:—1. "That in July last the Glasgow Royal Infirmary passed a resolution that a special charge be made for hospital attendance on domestic and private servants." 2. "The act appears to have produced the contrary effect to that intended, and to have engendered a feeling of dissatisfaction, several subscribers having reduced the amount of their subscription in consequence." 3. "Last week the subject came again before the Committee of Management, and the chairman announced that they were willing to rescind the resolution, and this was unanimously agreed to." These statements are so circumstantial that I must presume the facts they relate occurred somewhere, but the managers of the Glasgow Royal Infirmary desire me to inform you that they are entirely without foundation so far as they are concerned, and they beg that you will publish this contradiction.

Yours, &c.,
HENRY LAMOND, Secretary.

[Reference should have been made to the Aberdeen Royal Infirmary, not to the Glasgow Royal Infirmary. The error arose from the fact that the news on which our Scotch correspondent commented appeared in a Glasgow paper under the heading of "Royal Infirmary," no mention of Aberdeen being made.—ED.]

Correspondence.

THE ADMINISTRATION OF ANÆSTHETICS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Being deeply interested in the administration of anæsthetics, I consider that the following observations will not be out of place, considering the very great importance of the subject; and what I now state is what I have stated repeatedly, and that is, all anæsthetics are dangerous, and will induce death if pushed too far; but of all anæsthetics, I believe ether properly and judiciously administered to be the safest of all, for ether will never produce syncope or failure of the heart's action, no matter how much is given; but it will produce asphyxia, or a failure of respiratory action; but as this is a very slow process compared to the former, *time* and *warning* is given to the anæsthetist to anticipate and prevent any untoward result, whereas syncope comes on and ends so rapidly that no time whatever is given.

I also maintain that when bronchitis or pleuro-pneumonia is present to any great extent ether or any anæsthetic is dangerous to use.

In the administration of such agents I would suggest—1st. That all anæsthetists should understand the properties and dangerous effects of each anæsthetic administered. 2nd. That all administrators should be qualified physicians or surgeons, and that they should carefully understand the process and degrees of anæsthesia before undertaking the very solemn duty of placing a human being into the mysterious sleep of insensibility. 3rd. That previous to any anæsthetic being administered a careful and thorough examination of the thoracic cavity and its contents be made, so as to detect before it is too late bronchitis or other pulmonary affection. 4th. That the administration of ether or any other anæsthetic should not be prolonged beyond the actual time required for the performance of any surgical operation; this I think it right to mention, for in a recent visit to some of the London hospitals I noticed the administration of ether with my inhaler was continued, and the anæsthesia kept up long after, in my opinion, it was neces-

sary, for after the main steps of an operation are over, anæsthesia, in the majority of cases, during the dressing, need not be continued. 5th. At the slightest approach of danger, such as lividity and pallor of the face, stertorous breathing, cessation of respiratory action or pulse, the anæsthetic should be at once discontinued, and fresh air given to the patient, and when the patient has come round, the administration of the anæsthetic should not then be continued, but postponed for another day. The continuance of an anæsthetic when such warning is given, only leads to accident or further unfavourable effects. 6th. That the person deputed to administer the anæsthetic should devote his entire and undivided attention to the anæsthesia of the patient, and nothing else. He should not attempt to look about or observe the steps of the operation. When mishaps have occurred it has frequently been due to this cause. A competent and careful anæsthetist is in my opinion as important, and has as much responsibility in an operation, as the operator himself.

I am, &c.,

L. Hepenstal Ormsby, M.D., F.R.C.S.

Surgeon to the Meath Hospital and Co. Dublin Infirmary.

4 Merrion Square West, Dublin,
March 16, 1885.

THE F.R.C.S.I.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I have noticed within the last few years that it has gradually become the practice of some of the Dublin Fellows of the Royal College of Surgeons in Ireland to drop the "I." when appending the letters to their names that denote their possession of this distinction.

It is generally understood that the letters F.R.C.S. mean a Fellow of the Royal College of Surgeons of England. If, therefore, Fellows of our Irish College in their hospital and other public announcements, and in the communications they send to newspapers and to the medical journals circulating in Great Britain and abroad, as well as at home, place these four letters only after their names, do they not, possibly in some cases unintentionally, incur the suspicion of wishing to pass themselves off as Fellows of the English College, or of being ashamed of their own College?

Without wishing to institute any comparison, I would ask what would be thought in scientific circles of a Fellow of the Royal Society of Edinburgh describing himself in the publications of another body as an F.R.S.? Yet in looking over the last volume of the "Transactions of the Academy of Medicine in Ireland," the names of the authors of communications who hold the F.R.C.S.I. appear, with two notable exceptions, without the letter indicative of the College they really belong to.

Such a procedure as I have thus ventured to call attention to is, as far as I am aware, unknown out of Dublin. The example once set is readily followed; but I trust you will agree with me that in the interest of the College, and of our own self-respect, the practice should be discountenanced.

I am, &c.,

A Fellow who is not ashamed of his College.

[We are in perfect agreement with our correspondent in condemning the use of any titles or letters which may possibly create a false impression as to the qualification held. We know that such deceptions are as common as they are disreputable, that certain M.D.'s in Ireland sign themselves "M.D. Dub." because their capping took place at Dublin Castle, that others sign themselves F.R.C.S.E., though they hold nothing but the purchased Edinburgh Fellowship. But we are not altogether in accord with him that the London College of Surgeons has any patent for the letters F.R.C.S., or that, when used in Ireland those letters are intended to convey or do convey a false impression. Some Fellows of the Irish College suppress the I., just as others suppress the "Dub. Univ." after M.D., because in Ireland no title is likely to be mistaken for that which they append to their name. But perhaps it is better to avoid suspicion of desire to deceive by signing as our correspondent suggests.—Ed.]

SANKEY'S LECTURES ON MENTAL DISEASE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I am very grateful for your notice of my book, but especially for many expressions in which the review is couched. An author would be foolish if he did not also profit by the criticisms and suggestions which are made upon his work. There is one sentence, however, in the notice which alarmed me, and I felt much annoyed with myself to think I had run into the error which your reviewer points out, namely, the confounding of the meaning of the terms of "mental processes and statics."

The reviewer says, "Dr. Sankey has not been happy in his selection of these terms," or "the synonymous use of mental processes and statics, which really represent two opposite conditions."

I certainly felt very vexed that I should have done this. On turning to the chapter my words, I find, are as follows, at p. 32: "Hitherto the subject has related to a consideration of the nature of the chief products of mind—this may be called the statics of mind; we will next consider the processes on which these products depend, or the dynamics of mind."

I think, therefore, my reviewer has mistaken me. I should be sorry that he should continue to believe me in so much mental confusion. I do not ask you to make any correction of the passage. We are all liable to errors. I am glad it is he, and not I, in this case.

I am, &c.,

W. H. O. Sankey.

Boreatton Park, near Shrewsbury.

[Dr. Sankey will find the error alluded to in his letter in the Table of Contents, Sec. II., and the following quotation from his book, p. 4, will indicate how terms are confused:—"The subject may be studied, as in other physical investigations, from two points of view, or statically and dynamically. In other words, we may examine the organ and the function, or the process and the product." If we read this literally we should bracket under *statics* organ and process, and under *dynamics* function and product. Moreover, Dr. Sankey is treating of mind, not of brain, and the use of the term *organ* is inadmissible, and for the same reason the use of the term *statics*. The quotation from p. 32 is correctly stated, but it is a direct contradiction of the above.—Reviewer.]

Department of Lunacy.

THE DISENDOWMENT OF PRIVATE ASYLUMS IN IRELAND.

Mr. Corbet's Bill, to which we have recently referred as having made its appearance for the second session in the House of Commons, has been printed, and, as we apprehended, it wipes out the whole of the private asylums in Ireland without taking the least notice of the ruin which it deals out to their proprietors.

It provides—

a. That the Lord Lieutenant may order asylums for pay-patients to be provided.

b. That money may be advanced by way of loan from the Church surplus.

c. For the reception of patients, paid or unpaid, into these asylums.

d. That persons admitted into an asylum may, if not possessed of sufficient means, be removed to a district asylum.

e. That the person on whose authority a patient is confined may claim their release at any time.

f. That insane persons, with certain exceptions, are not to be received into private houses.

g. And that asylums not kept for profit shall be exempted from operation of Act.

The disestablishment and disendowment of Irish private asylums is provided for by the following preamble and clauses:—

"And whereas it is expedient altogether to abolish private lunatic asylums kept by individuals for profit in Ireland, and at the same time to make more suitable provision in asylums especially provided for the purpose for all insane persons who are able, either from their own resources or by their relatives or friends, to pay for support, maintenance, and medical care.

"Be it enacted, &c.

"No person, except a guardian or relative who does not derive any profit from the charge, or a committee appointed by the Lord Chancellor, shall, under pain of being deemed guilty of a misdemeanour, receive or board or lodge in any private house, or take the care or charge of, any insane person."

This Bill would not be worth noticing except for the fact that its principle has been adopted in the Bill of Mr Dillwyn, M.P. for swansea, an influential quasi-official, and it also understood to have been embodied in the forthcoming Government Lunacy Bill. It seems to us that the proprietors of private asylums will need to look to their interests, respecting which they do not seem to be at all sufficiently alive.

Lunacy Literature.

ARCHIVES OF NEUROLOGY.

The programme for the last number is elaborate and diversified, and several excellent original articles and reviews will repay perusal. *En passant* we may direct attention to a paper by Schmiedeberg and Koppe on the antagonisms of poisons in the treatment of epilepsy. The reviews and bibliography are extensive, though somewhat behind time, and the quality of the number as a whole is excellent.

BRAIN.

The leading features of the present issue are a lucky article on Amnesia, by Professor Lichtheim, and a continuation of the Croonian Lectures of Lord Rosebery, by Mr Arthur Lobmann. These valuable clinical records are given by Drs Bennett, Lees, and George Thomson respectively, and the abstracts are numerous, well selected, and of considerable interest.

MEDICO-LEGAL JOURNAL.

The issue is heavily supported by Society Transactions, but contains a solitary original article of somewhat more than ordinary interest, on Lunacy Reform in New Jersey. Expert Testimony &c., and a sprinkling of reviews of no special interest. Two portraits, one of W. A. Hamilton, the other of Dr. Lambeth, with biographical memoranda, embellish the number.

THE AMERICAN JOURNAL OF INSANITY

The current number is full of subjects of general and special interest. Of original articles two stand out above the rest, both reading, and one of them will prove of value in all medical sections. These are the papers on "A Case of Tumour of the Brain" by Dr Spitzka, of New York, and on "Primary Atrophy of the Cerebellum," by Dr Hun, of Albany. The former is a most interesting description of what the author considers might have already terminated. The most notable point in this case was the absence of the optical complications and the normal gait. Dr Hun's paper is the continuation of a series of articles which have been, and is, one of the features of the Journal. A number of patients are also reported on by the superintendents of the institutions to which they belong. Dr Spitzka, who has devoted the whole of his time exclusively to the allied diseases of nervous inflammation, and does not appear to suffer from the tendency to generalise on the subject which characterises the writings of many specialists, discusses the various conditions which may mimic this disease, and which in many ways is the most serious of the diagnostic difficulties which we have to encounter. We must dissent from the author's dogmatic statement that "the study of hallucinations should be of the same comes from a false sensorial impression is very good so far as it goes, but it is [illegible] Dr. Gray, of Utica, continues on "The [illegible] many," but he does not go fully into the [illegible] separable, for he is well qualified to do [illegible] person. What he does say will be read [illegible] general practitioners. He remarks somewhere [illegible] the causal relation of bodily disease to [illegible] the key-note of his doctrine seems to be that [illegible] are guided so far, and that most useful [illegible] sufficiently mentioned. The excellent address [illegible] of Barnwell, delivered before the Medico-Psy[illegible] meeting last year, appears in full, and some [illegible] extracts, comments, and reviews.

DR. STEWART'S INSTRUCTIONS TO [illegible] DISEASES OF THE NERVOUS SY[illegible]

Dr. STEWART has published a book that [illegible] to general practitioners, and also [illegible] studying nervous diseases. In the course of [illegible] the author covers the fields of medical [illegible] functions, motor functions, electricity in [illegible] most necessary and urgent functions, cerebr[illegible] functions, language, points bearing on the [illegible] nervous diseases, and the general treatment [illegible] diseases. The lectures are profusely illust[illegible] author has availed himself of help from [illegible] editing and illustrating his work. The chapte[illegible] are necessarily omitted from other noti[illegible] Stewart is to be congratulated on the exce[illegible] which he has been able to introduce throug[illegible] but we may observe in the way that a very i[illegible] woman in the moral aspect of the brain [illegible] demonstrated, viz., the *parietal lobule*. On [illegible] experiments are meagre and particularly wea[illegible] investigation, chapter, which is but a chapter [illegible] all, these are the chief points, and the abse[illegible] it certain cases badly defined and illustra[illegible] writer of Dr Stewart's experience we looked [illegible] chapter on treatment, and for a fuller consider[illegible] merits of the neurotic remedies in use. We ag[illegible] that this work which is useful in itself, is the [illegible] another and larger one which shall embody [illegible] observations and results of the author's ing[illegible] experience. The enlargement of symptoms is mad[illegible] and practical, and sometimes the best part of [illegible] A chapter it is a work to be commended, likely [illegible] some service to neurological investigation, and ch[illegible] stimulate and extend the observations of indi[illegible] workers.

A PRACTICAL TREATISE ON MEDICAL ELECTR[illegible] By Henry Woodward.

THIS, as its name implies, and as is [illegible] preface, does not pretend to do more than [illegible] simplest and shortest language possible, an outl[illegible] advantages which may be gained from the pro[illegible] electricity as a remedy for human disease. It [illegible] object is to furnish hints for the application of ele[illegible] a remedial and curative agency. Arranged in five [illegible] opening with pages of short readable type, interspe[illegible] illustrations of methods of application, it may [illegible] subject in a plain intelligible manner. The first [illegible] discourses on the nature of electricity electro-[illegible] section on the methods of application of the [illegible] current of electricity, and the unit of quan[illegible] measurements. The last [illegible] describes the different kinds of apparatus suppli[illegible] the different kinds of electricity, and the last sec[illegible] with directions for the use of the author's electr[illegible] instruments and with a list of diseases which the [illegible] claims to cure or to be benefited by electricity.

[illegible] By Dr Lancaster Burgess.

For this essay the author was awarded the gold [illegible] prize of the Medico-Psychological Association [illegible] proposed an enquiry into the causes which produce [illegible] scientific results the circumstances which [illegible] enquiry it appears that superintendents reached a [illegible] of their conclusions. Dr Burgess does not bring [illegible] any new discovery, but in his paper he suggests [illegible] desired as it might have been, had he pursued his

s in the field of therapeutics as well. He has nevertheless presented us with a carefully recorded statement of ertained facts; and, admitting as he does that the subject blood tonics has yet to be worked out, we hope he will sue his observations further in this method of clinical search, and furnish asylum physicians with more reliable rapeutic data than they yet possess.

E LUNACY LAW: ITS DEFECTS AND A SCHEME OF REFORM.

By Wm. R. Huggard, M.D.

DR. HUGGARD'S paper is a reprint from the *British dical Journal*, and, so far as it goes, is a vigorous protest inst the present state of the lunacy law. He directs ention to two points in particular, 1. The means of ertaining and determining insanity; and 2. The custody d general supervision of the insane generally in private lums. He proposes that all certification (excepting cases emergency) should be done by a competent government icial at a fixed salary, this official to be called a "Medical aminer in Lunacy." Sixteen men would be required, to ch would be apportioned a district, and each would have alary of at least a thousand a year. He does not propose abolish private asylums; the proprietor of an asylum ould be entrusted with providing for the custody and well ing of the patients, and the State by medical visitors in nacy should exercise in a much more immediate manner an at present the discretion of continued detention. For ese and the details of other suggestions we would refer r readers to Dr. Huggard's paper, which, though forcible, probably more ingenious than practical, yet nevertheless ggestive and worthy of careful consideration.

Literature.

ON DISEASES OF THE RECTUM AND ANUS. (a)

THE well known work on "Cancer of the Rectum" by e same author makes us hail with pleasure the present olume, which, while including the former, with the additions ndered necessary by increased experience, forms now a omplete treatise on rectal surgery.

The first twenty pages are devoted to the anatomy and hysiology of the lower bowel, in which we find some obervations on the distance of the peritoneal pouch from the nus; his measurements were made by injecting the perioneal cavity with plaster of Paris, and thrusting a needle n until the point impinged upon the plaster; we consider owever, that such measurements are but of limited practial ability in defining the extent to which a diseased rectum ay be removed without implicating the peritoneum, for, n the first place, the anus is so extremely movable that, whether it is protruded or retracted, makes upwards of an inch difference in the measurement of a given case, and the infiltration of tissue and constant straining which occur in carcinoma recti tend to make the relation of the anus to the peritoneal pouch very different to what is met with in health.

In treating of the levator ani he describes an arrangement of fibres contrary to what is met with in most text-books, namely, that a strong band passes from the back of the symphisis pubis backwards to be inserted into the sides of the coccyx, thus crossing the rectum nearly at a right angle; to these he attributes a decided sphinctic action. In this, however, Mr. Cripps is not original, as a similar arrangement of these fibres is delineated by Savage ("On the Female Pelvic Organs," third edition, London, 1876), and he describes under the name of pubo-coccygeus muscle quite a similar anatomical arrangement and physiological function to that indicated by Mr. Cripps.

In discussing the cylindrical epithelial cells the author states his belief that the lymphoid cells of the retiform tissue are identical with the nuclei of the epithelial cells, and hence he considers that the principal function of these cells is the manufacture of leucocytes. He brings forward a good deal of evidence, which space prevents us going into here, to support this theory, and we would strongly recommend the careful study of this interesting chapter to the physiologist.

In treating of non-malignant stricture of the rectum Mr. Cripps considers that a condition of permanent shortening of the circular fibres attended with proliferation of the connective tissue elements, resulting from long continued muscular spasm, is a frequent cause, and he compares this to the well-known contraction of voluntary muscles resulting from diseased joints.

On this theory as to the etiology of stricture, we have again to call in question Mr. Cripps' originality, as a similar explanation of intestinal stricture has been put forward by Dr. Bristowe ("Obstruction of the Bowels," Reynolds' System of Medicine, vol. iii., London, 1871, p. 72). On page 283 Mr. Cripps speaks of malignant cylindroma as apparently synonymous with cylindrical-celled epithelioma, an error in nomenclature which tends to much confusion, the true cylindroma, as far as we know, never having been observed in the rectum.

The work is well; illustrated the numerous drawings executed by Mr. Cripps, of malignant disease of the rectum are well reproduced and very instructive; there are also two excellent woodcuts of multiple polypi. We must, however, take exception to the illustrations of fistula, page 144, which he describes as diagrams, as they entirely ignore the relation of fistula to the levator ani or the muscular and mucous walls of the rectum, which obviously is of the first importance. Although we have felt it our duty to take exception to some points, the book as a whole will repay reading by surgeons interested in rectal disease.

(a) "On Diseases of the Rectum and Anus." By Harrison Cripps, F.R.C.S., Assistant Surgeon to St. Bartholomew's Hospital. London: J. & A. Churchill, p. 429.

SPINAL DEFORMITY IN RELATION TO OBSTETRICS. (a)

THIS work will be found a very useful and important contribution to the obstetrical teacher and midwifery practitioner. It seems, as the author states, that it is only within the last five and twenty years the influence of the form of the spine on that of the female pelvis has attracted the attention the importance of the subject deserves.

Dr. Barbour seems to have taken great pains in the compilation of his tables. The literature of the subject is also given. The changes in the form of the female pelvis present in spinal deformity, together with the displacement of the viscera and the relations of the pelvic organs post partum in a case of hyphosis is also accurately described. Part III. deals with the clinical study of these deformities with regard to obstetrics. There is a full appendix, and a very valuable collection of plates, which are truthfully drawn and beautifully finished. We speak with confidence concerning this work, feeling sure it will be of the greatest service to lecturers on the subject of obstetrics.

(a) "Spinal Deformity in Relation to Obstetrics." By A. H. Freeland Barbour, M.A., B.Sc., M.D., F.R.C.P.E., Assistant to the Professor of Midwifery in the University of Edinburgh, formerly President to the Royal Medical Society, Secretary to the Edinburgh Obstetrical Society. Being a thesis for Graduates in Medicine at the University of Edinburgh, for which a gold medal was awarded in 1883. W. & A. K. Johnston, Edinburgh and London.

Special Articles.

THE DISREGARD OF ELEMENTARY DETAILS.

THOUGH not wishing to deprecate the earnest study of microscopy with reference to its application to physiological and pathological research, we cannot but regret the fact that many of the minor physiological and chemical truths are apparently lost sight of as soon as students are free from the thraldom of the text-books, and this, too frequently by men who are distinguished for their intimate knowledge of the highest branches of chemistry and of the microscopic appearance of every healthy tissue and every morbid growth. It so happens that it is the more simple and obvious and what are often termed the "popular" chemical facts which seem to be ignored, if not indeed, forgotten. We may extend our remarks and lament that insufficiency of command over the details of practical therapeutics on the

part of some whose diagnostic niceties are so strikingly exhibited during professional consultations in everyday practice. For ourselves, we should prefer to see in the consulting-physician, as distinguished from the "specialist," an aiming at general efficiency rather than a striving after superlative excellence on any one point. But our main object at present is to insist on the importance on the part of both physician and family practitioner of recognising, and of drawing attention to, what seems to be regarded in some quarters as but elementary and trifling details. For example, we should be mindful of the necessity of trying to maintain the air of our dwelling-rooms at a proper standard of purity. Many a case of *malaise* with foul tongue, loss of appetite, constant throbbing headache, absence of morning freshness (notwithstanding a long night's heavy sleep), and general want of activity would be half-cured by attention to efficient ventilation and the remembrance of the poisonous products of coal-gas. It should be borne in mind in the treatment of young children, and especially of hypæmic young females, particularly if they be strangers to brisk open-air exercise, that two sperm candles, while burning, produce as much carbonic acid and consume as much oxygen as one man; that one cubic foot of coal-gas destroys the oxygen of eight cubic feet of air; that an ordinary burner consuming three cubic feet of coal-gas in the hour thus destroys the oxygen of twenty-four cubic feet of air, *i.e.*, destroys as much air as six men; in other words, a man in a room in which a single ordinary gas-burner is in use requires at least seven times as much change of the atmospheric air during any given time as he would require in the absence of the gas-light. Again, many of the anomalous throat affections—some of them severe in character—so frequently met with in the suburbs of London and in other new neighbourhoods can be directly traced to the action of sewer-gas poison. We are aware that among our younger brethren there are a few who can not only efficiently treat diseases but also, in many cases, track the evil to its source; who, without any ostentatious display of sanitary knowledge are able to detect the poisonous agent in the coloured articles of clothing, and in the paper on the bed-room wall, to inspect the basement of a dwelling, to point out the defects in the house drains, to explain the mode of properly ventilating soil-pipes and disconnecting waste-pipes, &c., and all this quite as efficiently as any sanitary engineer. But we should like to see a greater number of such men. It is depressing to observe in the long lines of streets and squares in the most fashionable quarters of the town that but very few windows are ever open. One would imagine that the inhabitants almost dreaded fresh air. We know that there is no ozone in the London atmosphere, unless, perhaps, in small quantity immediately following a fall of snow, or a thunderstorm, but all that is required for the proper ventilation of any room in a house is the lowering, by two or three inches, of the upper sash of the windows. London was never remarkable for excessive brilliancy of sunlight, but if more care were exercised in the removal of thick and heavy curtains, in the drawing aside of lace curtains, which are, in most cases, but merely *dirty* dust-collectors and obscurers of light, and in the raising of window-blinds we should have less reason for complaining of depression of spirits. If people could only be induced to forego the use of carpets—those snares for dust and receptacles of the germs of disease—and to wax, say once a week, the previously stained floors, that "want of freshness" so unpleasantly conspicuous in most houses would be considerably diminished. House-maids should be taught that "dusting" must not be synonymous with the mere transference from one place to another in the same apartment of pulverised organic *débris*, and that the application of the duster to the backs as well as to the tops and fronts of pictures should be no more neglected than the application of the tooth-brush to the backs as well as to the fronts of our teeth. If commodes constructed of wood were banished from bed-rooms, if slop-pails when not in use were not only purified but were kept *outside* the dwelling, if dust-bins were more frequently cleared out, if cellars were better lighted and more freely ventilated, and if no storing of coals *within* the house were permitted, our habitations would be both healthier and more cleanly.

Obituary.

DR. DILLON KELLY, OF MULLINGAR.

WITH regret we announce the very sudden death last week of Dr. Dillon Kelly, who for many years held the post of Medical Officer to the workhouse hospital, and also the position of Chairman of the Town Commissioners, and Town Magistrate of Mullingar—all of which appointments he relinquished about eight years since through advanced age, when he went to reside on the Continent, returning home at Christmas last to the residence of his son, Dr. Joseph Dillon Kelly, where he died. The circumstances of his death were rather peculiar and sudden. The deceased gentleman had been at the house of a friend, and after returning was most cheerfully playing with a little grandchild, when suddenly he complained of pains in the stomach, and having laid down on the sofa expired in a very short time in the arms of his son. At a special meeting of the Town Commissioners it was resolved "That we express our profound regret at the death of our respected fellow-townsman, Dr. Dillon Kelly, who for so many years occupied the position of Chairman of this Board, and hereby tender to each member of his family our most heartfelt sympathy in their sad bereavement."

THE Lord Chancellor has given notice of his intention to introduce a Bill to-morrow (Thursday) in the House o Lords for the amendment of the law relating to lunatics.

WE note with satisfaction that at a recent sitting of the magistrates at Buncrana Dr. Neil Farren took his seat on the Bench, he being the first dispensary medical officer appointed J.P. in the north of Ireland.

THE Royal Zoological Society of Ireland proposes to hold a *conversazione* on Saturday evening, April 11th (during the visit of H.R.H. the Prince of Wales), and the President and Council of the Royal College of Surgeons have granted the use of the College museums and buildings for the evening.

Medical News.

Vital Statistics.—The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 22·1 per 1,000 of their aggregate population, and were as follows: Birkenhead 13, Birmingham 19, Blackburn 22, Bolton 19, Bradford 19, Brighton 16, Bristol 23, Cardiff 20, Derby 18, Dublin 39, Edinburgh 18, Glasgow 30, Halifax 22, Huddersfield 20, Hull 16, Leeds 19, Leicester 20, Liverpool 25, London 21, Manchester 28, Newcastle-on-Tyne 27, Norwich 22, Nottingham 25, Oldham 33, Plymouth 22, Portsmouth 15, Preston 22, Salford 19, Sheffield 20, Sunderland 48, Wolverhampton 23. The highest annual death-rates from diseases of the zymotic class in these towns were

—From whooping-cough, 1·6 in Preston, 2·9 in Bristol; from measles, 1·8 in Huddersfield, 2·2 in Cardiff, and 18·7 in Sunderland; from scarlet fever, 1·3 in Halifax, and 2·0 in Wolverhampton; and from "fever," 2·3 in Norwich. The epidemic of measles in Sunderland is of exceptional severity; 175 deaths from this disease having been registered in that town during the past six weeks, corresponding to an annual rate of 12·1 per 1,000. The 26 deaths from diphtheria included 8 in London, 5 in Glasgow, 3 in Liverpool, 2 in Nottingham, and 2 in Oldham. Small-pox caused 45 deaths in London and its outer ring of suburban districts, 3 in Manchester, one in Bradford, and one in Cardiff.

St. John Ambulance Association.—A conference of the examining staff of the Association was held last week at St. John's Gate, Dr. Sieveking, Physician Extraordinary to the Queen, in the chair, for the further consideration of a recent report on the method of conducting examinations. Letters having been read from many of the provincial examiners, the chairman, in the course of some opening remarks, referred to the liberal support given by the medical profession to the movement and its continued extension, both at home and in India and the Colonies, and a lengthy discussion followed, among the speakers being Drs. J. C. Steet, J. P. Wilton, and Crespin, Mr. F. B. Baker (Grenadier Guards), Mr. S. Benton, Fleet-Surgeon, H. C. Woods, R.N., Dr. Roberts Law, Collingridge and H. Percy Potter, and Deputy Inspector-General M. Coote, R.N., Mr. John Furley, Deputy Chairman and Honorary Director of Stores, having given an account of the development of the Transport Department for the removal of invalids, some of whom have been brought from great distances. The proceedings closed with a vote of thanks to the chairman.

The Cancer Hospital, Brompton.—The annual general meeting of the governors of this hospital was held at Brompton, on the 11th instant. The Earl Sydney, G.C.B. occupied the chair. From the report of the committee for the past year it appeared that the hospital was steadily progressing, and that although there had been a falling off in the receipts from donations, the annual subscriptions had slightly increased. During the year important additions had been made to the medical staff in view of the increased accommodation for patients, and to further facilitate the scientific study of the disease. With this object the committee propose at once to utilise the lecture room, and have added a pathologist to the staff, and hope by these means to greatly extend the usefulness of the charity and secure the sympathy and co-operation of the medical profession in its behalf. The surgeons' report showed that 1,258 new patients had been received, 505 being in and 753 out patients. The total number of visits made by new and old out-patients was 4,228. The reports were adopted, and the thanks of the meeting having been accorded to the committee, officers, and all interested in the welfare of the charity, and to the chairman for kindly presiding, the proceedings terminated.

Medical Sickness, Annuity, and Life Assurance Society.—A meeting of the Executive Committee of this Society was held in London on Wednesday last, at the residence of Dr. W. M. Ord. There were present: Dr. W. M. Ord, Dr. W. Clibborn, Dr. T. M. Dolan, Dr. De Havilland Hall, Mr. E. Bartlett, Mr. M. Greenwood, jun., Mr. J. Brindley James, Mr. F. Wallace, Mr. S. W. Sibley, and Mr. E. Noble Smith. It was reported that ten new proposals had been received in the four weeks since last meeting, making the total to date 651. The balance in favour of the Society was stated to be £4,689 2s. 10d.; and as the quarterly premiums were now being paid, this might be expected to be increased to about £5,400 in a few days. During the four weeks, £62 8s. had been disbursed for sickness-pay, and it was stated that already claims had been paid for sickness of a widely varying nature—from severe accidents to the ordinary forms of temporary disablement. The rate of sickness up to the present, however, compared very favourably with the data on which the tables were founded. The question of further investment of funds was considered, and it was decided to invest from £2,000 to £3,000 at a good rate of interest on the security of borough rates. All information as to this Society may be obtained of the Secretary, Mr. C. J. Radley, 26 Wynne Road, Brixton, S.W.

The Anti-Vaccination Craze.—On Monday last one of the most extraordinary exhibitions of ignorant fanaticism was witnessed at that centre of lawlessness Leicester, when over twenty thousand persons assembled in the market place to protest against the enforcement of the Compulsory Vaccination Acts against five thousand citizens who had been summoned for non-compliance. The streets were decorated with flags and banners, and banners were sent from all parts of the country to be carried in the procession, which was over two miles in length, delegates being present from all parts of the country. Every invention was utilised to discredit vaccination, including the hanging of an effigy of Jenner on a gibbet. The Vaccination Acts were afterwards burned in the market place in the presence of a vast concourse of spectators, and resolutions were passed condemning the Acts as unjust and mischievous.

University of Durham.—*Faculty of Medicine.*—The following regulations for the examinations for the degree of Bachelor in Medicine in the University of Durham have been adopted, and will come into force on May 1st, 1885, viz.:—There will be three examinations instead of two as heretofore. The subject of Materia Medica and Pharmacy will be transferred from the final examination to the second examination, and the subjects of Chemistry and Botany from the second examination to the first examination. The subjects of each examination will be as follows, viz:—*First Examination*—(1) Elementary Anatomy, (2) Elementary Physiology, (3) Chemistry and Chemical Physics, (4) Botany and Medical Botany. *Second Examination*—(1) Anatomy, (2) Physiology, (3) Materia Medica and Pharmacy. *Third Examination.* (1) Medicine, (2) Surgery, (3) Midwifery and Diseases of Women and Children, (4) Pathology, (5) Medical Jurisprudence, (6) Therapeutics, (7) Public Health. Candidates will be admitted to each of these examinations after duly certified attendance at a recognised medical school on courses of instruction in the various subjects of the examination, as set forth in the schedules of certificates issued by the University. Each examination must be passed in its entirety before the next can be proceeded with. As heretofore, each candidate, before presenting himself for the third or final examination, must have spent one winter and one summer session in attendance at the University of Durham College of Medicine, Newcastle-upon-Tyne, and must have passed one of the recognised Arts examinations. A candidate who has passed the first examination of the Conjoint Board in England of the Royal College of Physicians of London and the Royal College of Surgeons of England will be exempt from the first examination of the University of Durham, except in the subject of Chemistry, on which he will be re-examined. A candidate who has passed the first and second examinations of the University will be exempt from the first and second examinations of the Conjoint Board, and will be entitled to present himself for the final examination of the Board on the completion of the necessary curriculum. Full particulars of the examinations, together with synopses of the subjects, schedules of certificates, and any information required, may be obtained on application to the Registrar of the University of Durham College of Medicine, Luke Armstrong, M.D., 26 Clayton Street West, Newcastle-upon-Tyne.

Waltham's Invalids' (S.N.) Stout.—Being asked by Messrs. Waltham Brothers, whose announcement appears regularly in our advertising columns, to express an opinion of the invalid stout brewed by them, we placed the matter in the hands of Dr. Muter for laboratory analysis before committing ourselves to a statement which with an article of this class must necessarily be one of fact, not of opinion, to be of any value. Dr. Muter having completed his analysis and expressed his views founded thereon, further comment would be superfluous. The following is the certificate received, March 18th:—"I hereby certify that I have received from the Editor of the *Medical Press* the above-described article, and have analytically examined the same with the following results: Absolute alcohol, 5·16; dextrin, 2·60; maltose, 1·60; albuminoids, ·67; hop extract and fermentation products, 1·09; mineral matter, ·29; acidity (as acetate), ·22; water, 88·37—100·00. From the above figures, coupled with a full analysis of the ash, and an examination of the bitter principles, I am of opinion that this is an article which may conscientiously receive a commendatory notice in the *Medical Press*. It is, in fact, a return to the good old-fashioned light brown stout made from malted grain and hops, and not from the artificial brewing materials now so extensively used. It is at once stimulating and nourishing, and ought, I consider, to find great favour with medical men desiring a reliable article for their patients."—Signed, John Muter.

Notices to Correspondents.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular* may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean and flat after it has passed through the post.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

TO OUR SUBSCRIBERS.

THE publishers would esteem it a favour and as greatly facilitating their labours if those subscribers who have not yet forwarded the subscriptions now due would kindly do so at their earliest convenience. In this they will be glad also if the customary rule is observed of sending the amounts to the offices in London, Dublin, or Edinburgh, according to the division of the United Kingdom in which the subscriber's residence is situated.

DR. JOHNSTONE is thanked for the information contained in his note, which he will see has been utilised in another column.

DR. PHILIPSON (Newcastle-on-Tyne).—Communication received is hereby acknowledged. It shall appear as soon as space permits.

DR. ANDERSON.—We hope shortly to afford space for the discussion of the subject.

THE MEDICAL ASPECTS OF THE DURHAM CASE.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—If your correspondent, Mr. Gubb, is not *un Français*, he ought to be an Irishman, for he appears to love a live lord as dearly as did Tom Moore. After carefully reading the evidence in the Durham case, I cannot see that it is one that should entitle Lord Durham to any exception in his favour. The fact of his wife becoming insane so soon after marriage undoubtedly makes the case a very sad one, but there are hundreds such, and his harsh behaviour to an over-sensitive and delicate nature, in my mind, not a little contributed to the ultimate result. On the question of marriage with a weak-minded person all of course are agreed, but it was not proved that Lady Durham was insane at the time of marriage; hence her husband, like every other, took her for better or worse—nay, she was morally compelled to marry him against her will: and, as marriage between deaf-mutes is indissoluble, albeit the product of such marriages is most undesirable, so also, I take it, is the marriage which your correspondent refers to. The medical aspect of the case does not come in; the wife is in an asylum, and the husband probably wants to marry again. But English law refuses permission, and English law is in this case right.

I am, Sir, yours, &c.,
M.D., Durham.

MR. CARMICHAEL.—We have not had an opportunity of testing the statements as you requested; but it does not now appear to us that there is any likelihood of another proposal being made to interfere in any way with your own.

DR. WILLIAMSON.—The mode of treatment was first adopted in America, and has since been resorted to in this country, though it can hardly be said to meet with the universal approbation of the profession.

QUERIST.—You cannot be compelled to attend without your fees, but it is compulsory on you to assist in prosecutions, these being arranged for. The law is very explicit on this point; it states: "Every officer of a sanitary authority shall attend and assist in any prosecution instituted by the lawful sanitary authority on receipt of an order so to attend; provided always that if a medical officer of the sanitary authority shall so attend and assist, he shall be entitled to remuneration at such rate as the Local Government Board shall approve, unless it shall have been agreed at the time of his appointment that such attendance be included in his salary."

DR. MACPHERSON (Sydney).—The fund is closed, and the amount has been presented.

MR. EVANS (Liverpool).—The series of articles on "New Remedies" has been interrupted for want of space. The whole will be completed in two more issues, and it is then the author's intention to reprint them in book form.

THE PROFESSION AT THE LEVEE.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—In your announcement last week of the names of the profession who attended Her Majesty's levée, you say that no other than the combatant branches of the service attended. Now as I, a retired officer, was at the last levée, this is hardly correct.

I am, Sir, yours, &c.,
27 Welbeck St., London. D. H. CULLIMORE, M.D.

[We regret that in looking through the official list sent us of those who attended the levée, we unintentionally missed the name of our correspondent.—ED.]

A PROVINCIAL SURGEON.—The literature of the subject is very extensive, but it exists up to the present in isolated papers and contributions to journals and societies only. We understand that a well-known scientist—Dr. Thudichum—has a monograph in the press giving the history, preparation, and uses of coca and cocaine in medicine and in surgical operations.

DR. JOHNSON.—You had best write direct to the publishers, by whom all information respecting the work will be readily supplied.

MR. WILKINS.—We cannot give you any positive reply at present.

Meetings of the Societies.

WEDNESDAY, MARCH 25TH.

HUNTERIAN SOCIETY.—At 8 p.m., Mr. Jonathan Hutchinson, Notes on Symptoms.—Dr. Stephen Mackenzie will exhibit the Bacillus of Leprosy.

BRITISH GYNÆCOLOGICAL SOCIETY.—At 8.30 p.m., Specimens by Dr. R. Barnes, Dr. Edis, Mr. Reeves, and others.—Dr. Bell (Glasgow), Dysmenorrhœa.—Dr. Lamprey, Plural Monstrosities.

THURSDAY, MARCH 26TH.

ROYAL INSTITUTION.—At 3 p.m., Prof. Dewar, The New Chemistry.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At 5 p.m., Sir Andrew Clark, Lumleian Lecture on some Points in the Natural History of Dry Pleurisies.

PARKES MUSEUM OF HYGIENE.—At 8 p.m., Mr. Thomas Fletcher, F.C.S., Smokeless Houses and Manufactories (illustrated).

FRIDAY, MARCH 27TH.

CLINICAL SOCIETY OF LONDON.—At 8.30 p.m., Mr. Mayo Robson (Leeds), A series of cases of Spina Bifida treated by Plastic Operation (two patients will be exhibited).—Mr. Barwell, Three Cases of Pistol-shot Wounds.—Dr. Hadden, A Case of Choreiform Movements supervening in Infancy, and probably of Congenital Origin.—Mr. J. R. Lunn, Calculus and Tumour of the Bladder; lithotomy; death on the ninth day.

ROYAL INSTITUTION.—At 9 p.m., Prof. Victor Horsley, The Motor Centres of the Brain and the Mechanism of the Will.

ACADEMY OF MEDICINE IN IRELAND (Medical Section).—At 8 p.m., Papers: Dr. Finny, Hyperpyrexia in Rheumatic Fever.—Dr. Henry Kennedy, A Case of Senile Dementia, with remarks on the treatment.

Vacancies.

Boyle Union, Boyle Dispensary District.—Medical Officer. Salary, £135, and fees. Election April 4. Also a Workhouse Medical Officer. Salary, £115. Election April 4. (See advt.)

Chester General Infirmary.—House Surgeon. Salary, £80 per annum, with board and residence. Testimonials to the Chairman of the Board, on or before March 28.

Strabane Union, Newtownstewart Dispensary District.—Medical Officer. Salary, £140, and fees. Election April 6. (See advt.)

Appointments

BROWN, J. H., M.B., C.M.Ed., M.R.C.S., Assistant Medical Officer to the Crumpsall Workhouse, Manchester Township.

BYLES, H., M.B., C.M.Ed., Medical Officer of Health for the Sanitary District of Eccleshill, near Bradford, Yorks.

CALLAGHAN, J. L., L.R.C.S.I. & L.R.C.P.Ed., Medical Officer of the Kasingwold Union District.

CROPLEY, H., M.R.C.S., Medical Officer for the Buckland District of the Tavistock Union.

FOXWELL, A., B.A., M.B.Cantab., M.R.C.P.Lond., Assistant Physician to the Birmingham General Hospital.

GARNHAM, G. J. W., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer to the Chippenham District of the Chippenham Union.

MORTON, S., M.D., M.R.C.S., Surgeon to the Croydon General Hospital.

RICE, E., M.B. Lond., M.R.C.S., House Physician to the Radcliffe Infirmary, Oxford.

ROWLANDS, W., L.K.Q.C.P.I., M.R.C.S., Medical Officer for the North Sefton District of the West Derby Union.

STEPHENSON, S. H. A., M.B.Ed., Resident Medical Officer to the Rochdale Infirmary.

Births.

O'CONNELL.—March 16, at North Villa, Southsea, the wife of Surgeon-Major E. O'Connell, A.M.D., of a daughter.

SHAW.—March 18, at 13 Tonbridge Road, Maidstone, the wife of William Shaw, M.D., of a daughter.

Deaths.

CHRISTIE.—March 13, at St. Andrews, Scotland, Alexander Christie, Surgeon Bengal Medical Service, Retired List.

COLVILL.—March 13, at Lawton, Forfarshire, N.B., Surgeon W. H. Colvill, Her Majesty's Indian Army, Bombay.

HALL.—March 17, at The Lodge, Avenue, Southampton, Louisa, the beloved wife of William Henry Hall, M.D.

KINGSBURY.—March 18, at Stratford-on-Avon, after a long and painful illness, Henry Kingsbury, M.D. Aber., M.R.C.P. Lond.

MAKENS.—March 14, at the residence of his brother, Colney, Norwich, John Makens, M.B. Lond., late of Middleton, aged 44.

MASON.—March 15, Dr. Mason, F.R.G.S., of 182 Lewisham High Road and 44 Finsbury Circus, London.

TUCK.—Jan. 24, at Tambo, Queensland, Australia, John Tuck, M.R.C.S.E., aged 42.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 1, 1885.

CONTENTS.

ORIGINAL COMMUNICATIONS.

Lumleian Lectures on Some Points in the Natural History of Primitive Dry Pleurisies. Delivered before the Royal College of Physicians. By Sir Andrew Clark, Bart., M.D., LL.D., F.R.C.P. Lond. 275

The Treatment of Empyema, with Especial Reference to the Disease in Childhood. By C. N. Gwynne, B.A., M.D., Honorary Medical Officer, Sheffield Children's Hospital 279

Notes on the Treatment of Secondary Syphilis. By Armand Bernard, B.A., M.B., Surgeon to the Liverpool Lock Hospital 281

A Summary of New Remedies. (Specially arranged for the Medical Press) 281

CLINICAL RECORDS.

Glasgow Ophthalmic Institution—Case of Detachment of the Retina. Operated on Two-and-a-half Years Ago. By A. T. Thomson, M.D., Assistant-Surgeon 283

TRANSACTIONS OF SOCIETIES.

Clinical Society of London—

A Series of Cases of Spina Bifida Treated by Plastic Operation. (Two Patients Exhibited.) 283

PAGE

Choreiform Movements Supervening in Infancy and of Congenital Origin 285

Calculus and Tumour of the Bladder—Lithotomy. Death on the Ninth Day 285

Three Cases of Pistol Shot Wound. I. Abdomen; 2. Chest; 3. Head 285

Academy of Medicine in Ireland—

Cholera, its Endemic Conditions and Epidemic Progression 286

Sloughing of the Rectum 287

Four Cases of Acute Pneumonia Occurring in Members of the same Family at or about the same Time 288

Liverpool Medical Institution—

The Good v. Whittle Fund 288

Specimens 288

The Treatment of Secondary Syphilis .. 288

SPECIAL ARTICLES.

Cremation in America 289

Modern Military Hospitals for Hot Climates 289

FRANCE

Erysipelas and the Employment of Antiseptics 290

Depopulation in France 290

Chloride of Methyl Spray 290

Cocaine in Diseases of the Pharynx and Larynx 290

PAGE

LEADING ARTICLES.

Doctors and Doctoring 290

Medical Degrees for London Students 292

Lunacy Legislation in the Lords 293

The Effect of the Franchise Bill on Poor-law Medical Officers 293

NOTES ON CURRENT TOPICS.

Another Attempt to discredit Vaccination 294

Sound Hair in a Sound Skin 295

Death of Professor Morison Watson 295

Cremation in England 295

Research at Harvard University 295

The Proposed Abolition of Private Lunatic Asylums 296

The Work of the Syphilis Dissemination Agitator 296

An Imperial Health Office for Vienna 296

The Government "Poisons Bill." 296

Royal College of Physicians, London 297

The Sham Certificate System in Ireland, &c. 297

Scotland 298

Literature 299

Medical News 299

Pass Lists 299

Notices to Correspondents 300

Lumleian Lectures

ON

SOME POINTS IN THE NATURAL HISTORY OF PRIMITIVE DRY PLEURISIES.

Delivered before the Royal College of Physicians.

By Sir ANDREW CLARK, Bart., M.D., LL.D.,

Fellow of the College; Physician to the London Hospital.

Lecture I.

Mr. President and Gentlemen,—I purpose in this and the following lectures to consider some points in the natural history of primitive dry pleurisies. Upon secondary pleurisies, upon pleurisies provoked by pneumonia, pyæmic blocks, tubercle and neoplasms of every sort, it is not at present my intention to dwell. By a dry pleurisy I mean such an inflammation of the pleura as issues in an exudation of lymph into the substance and upon the surface of the membrane unaccompanied by an amount of serous effusion sufficient to yield physical signs conclusive of its presence. Entering upon this inquiry, we are met by the question, Do such pleurisies exist? and on the side of affirmation, as well as on the side of denial, are ranged some of the highest authorities in medicine. Even when it has been admitted by the weight of evidence that dry pleurisies are pathological as well as clinical entities, their influence in originating secondary disease of the lung has been hotly contested. From the days of Laennec until now the most opposite opinions upon this subject have been advanced; and whilst one leader has declared primitive dry pleurisies to be mere clinical curiosities, another has asserted that they invade the lung and produce secondary and serious changes therein. The study of this controversy is at once sad and edifying; for whilst it show us, even in the highest order of minds, how difficult it is, in the search for knowledge, to be in the philosophic sense impersonal, it makes plain to us the puerility as well as the peril of dogmatism and of finality in scientific statements. The scope of my inquiry is narrow, and the results of it are but few and imperfect. Nevertheless, I indulge the hope that they will not be found entirely useless, since, whatever may be thought of the inferences drawn from the cases themselves will remain for future study; and, touching one of the most important questions of the age in which we live, may excite to fresh investigation others more qualified than I am to pursue it with profit. Furthermore, it will be to many disappointing to find that the direction of my inquiry will make it more interesting to the student of clinical medicine than to the student of pathological histology. But herein may lie the justification of my small endeavours; for whilst I remember that the traditions of this College make it sacred to the advancement of knowledge for its own sake, I cannot forget that they make it also sacred to the forcing of that knowledge into fruit for the uses of man.

In the present lecture I shall set forth the grounds which have led to the institution of this inquiry. In the second lecture I shall consider the anatomical constitution of dry pleurisies, their varieties, the changes which they undergo, and the influence which they exert on the evolution of pathological changes in the lung. In the third and last lecture I shall relate, in as far as they are known to me, the clinical peculiarities of the chief affections of the lung originating from dry pleurisies, and I shall conclude with a series of propositions which appear to be justified by the facts collected in the course of this inquiry.

In proceeding to set forth the grounds of investigation, I find myself embarrassed by the number and variety of materials at my command. A critical examination, however, soon makes it plain that they fall naturally into groups, that the groups may be arranged in the order of an increasing complexity and importance, and that a single instance selected from each group will fairly represent the whole. Now, the grounds of this inquiry are, in the first instance, cases, and I have collected and related them in abstract with as much care as I could command. Nevertheless, they are all of them in varying degrees in-

complete, and in some few particulars they may be even inaccurate. For a literal and sustained accuracy in narration in accuracy is one of the rarest gifts granted to men; and the difficulties encountered in relating a case, and in recording its progress with minuteness and exactitude over a period of years, are so great that I cannot understand how, unless exceptionally, they are so commonly and easily overcome. Furthermore, after long study of a case, the sum of our knowledge of it comes to be made up partly of bare facts capable of literal record, partly of complex facts into the account of which our own subjectivity more or less largely enters, and partly of subjective impressions which, if they do not actually combine with the naked facts, so colour them that sometimes they are practically transfigured. I recognise this peril, from which I suspect no one is wholly privileged; and I have endeavoured in the narration of my cases to purge them of subjective adulterations, and to present their baldest objective forms. But to say that I have been entirely successful, would be to assume that I am more than entirely human. Lastly, the cases are not related in chronological order; but they are related in such order as seems best calculated to set forth the progress of primitive dry pleurisies, and the ways in which they invade, alter, and destroy the lungs.

Case 2.—In February, 1874, Mr. Hutchinson requested me to examine, in his wards, a man who had somewhat suddenly developed pulmonary symptoms of an obscure kind. The patient was thirty-four years of age, tall, well built, and well nourished. He complained merely of urgent dyspnœa. His face was dusky and expressive of great anxiety. He breathed with great difficulty and labour; the thorax appeared to be inflated and incapable of complete recoil on expiration; the veins of the neck were distended; the skin was of a bluish tint; and the extremities were cold and damp. Examination of the chest yielded few definite results. There was nowhere dulness on percussion or any recognisable change in the tactile vocal fremitus. Everywhere the breath sounds were loud, harsh blowing, and here and there accompanied by a fine and moist or a rustling and dry crepitation. Throughout the axillary region of the right side and over the lower two-thirds of the back there was heard a superficial moist crackle, or large crepitation, sometimes replaced by friction. Like sounds were heard in disseminated circumscribed patches in corresponding regions of the opposite side. The action of the heart was rapid and irregular; epigastric pulsation was strongly marked; the pulse was small and running; the temperature was under 100°. The tongue was swollen, furred, and bluish; the abdomen was distended; the bowels were confined; the scanty urine was loaded with purple lithates and free from albumen. The patient was restless, had slept little, and was occasionally delirious. On the day following my examination he died. After death both lungs were found to be emphysematous. The greater part of the right pulmonary pleura was coated with a thickish layer of loose, soft, rectilarly arranged lymph more or less adherent to the subjacent membrane, and containing in its meshes a turbid, yellowish, glutinous fluid. Both the lymph and the subpleural areolar tissue were studded with small extravasations of blood. In the lung immediately beneath the pleura were narrow, irregular, and interrupted tracts of pneumonic consolidation. Similar appearances to a much less extent were found on the pleura and in the lung of the opposite side. The heart was dilated and somewhat soft. The valves and their corresponding orifices were free. In a few of the smallest branches of the pulmonary artery plugs were found.

Case 6.—For this case I am indebted to the kindness of Dr. Goodhart. Unfortunately no dates are given in the record. Nine years before death the patient was admitted into Guy's Hospital for chronic interstitial nephritis. Soon afterwards he had an attack of right dry pleurisy, followed by hæmaturia. Four years, and again two years, before death the patient had hæmoptysis. The physical signs were reported to be those of bronchitis and of phthisis. The patient died unexpectedly and suddenly, with signs of failing action of the kidneys. On inspection after death it was found that the right lung was surrounded by a greatly thickened pleura, at some parts a third of an inch in thickness; that the whole upper lobe was converted into a mass of fibroid tissue, traversed by slightly dilated bronchial tubes; and that it seemed as if the fibroid invasion had arisen in and extended from the inflamed pleura. Part of the lower lobe was simply collapsed and penetrated by tracts or bands of fibroid tissue, which starting from the pleura, were lost in the lung. A similar, but less advanced condition, existed in the summit of the left lung. The heart weighed eleven and a half ounces; two of the aortic valves had fused into one, and the third was enlarged. The kidneys were slightly granular on the surface, but there was no marked cortical wasting. There were, however, some recent epithelial changes and intertubular congestion.

Case 7.—This case occurred in a gentleman seventy-six years of age, whose family was reported to be free from any taint of phthisis. Summoned in 1870 to see him on account of a small recurring hæmoptysis, I was informed that at about eighteen he had had a right pleurisy which "persisted in a curious way" for many months; that almost ever since that time he had suffered from his chest; that he had had several attacks of hæmoptysis; that he was liable to frequent and severe colds; and that notwithstanding these facts his general health had been fairly good, and he had been between his attacks equal to the ordinary duties and enjoyments of life. The attack of hæmoptysis having ceased in a few days, I was able to examine the chest with some care. The heart was found to be beating against the cartilage of the third rib on the right side. This was flattened and irregularly retracted; the shoulder was depressed; the scapula at its lower part projected outwards from the ribs; the neck was swollen and its superficial veins were distended and tortuous; and here, as well as in the face, the skin was of a pale dull leaden hue. The whole side, front and back, except at the apex, was dull on percussion, the tactile vocal fremitus was rather increased; the breath sounds were of the hollow bronchial variety, loud, harsh, and blowing; there was no vesicular breathing, but instead of it there were large, moist, gurgling rhonchi; and the vocal resonance along the course of the bronchial tubes was bronchophonic and almost pectoriloquous. At the base of the lung the physical signs were of a similar character, but much less advanced. Over the summit of the lung the tactile vocal resonance was diminished; the breath sounds, though feeble and harsh, were of the normal type; and the vocal resonance, except at the inner end of the clavicle, was diminished. The percussion note over the summit of the lung was of a tubular character, and resembled the sound which, in children, one can elicit by tapping the upper part of a lung, the lower part of which is surrounded by fluid. The left side was enlarged, rounded, and moved fully and freely on inspiration. Tactile vocal fremitus was everywhere distinct; the percussion note was more than naturally clear and resonant; the breath sounds, the vocal resonance, the respiratory rhythm, and the pleural movements were everywhere normal. Six weeks after the first I made a second examination of the patient when he had returned to his normal state. I found that he suffered from a slight catarrhal dyspepsia; that the urine, of low density, contained always a little albumen; that he had a habitual slight cough with muco-purulent expectoration; that when he was struck with a severe bronchial attack the cough became paroxysmal and ended in vomiting; and that he suffered from time to time with pains about the right shoulder and side. During this examination I heard but few râles; but a creaking leather sound—a sound as of the creaking of a new saddle—was clearly audible during deep inspiration. I did not again see this gentleman, who subsequently died of bronchitis, under the care of Messrs.

Huxley and Nankivel[1] at Torquay. Since these notes were written I have learned from Dr. Toogood many interesting particulars of this patient's case. Chief among them is the circumstance that the patient suffered occasionally from attacks of dry pleurisy on the right side.

Case 8.—In the early part of 1870 I was summoned to see a gentleman complaining of pain in the lower part of the left side, which he considered to be an attack of internal gout. The patient was sixty years of age, tall, thin, and somewhat infirm, but vivacious. He had suffered from regular attacks of gout for many years, until the last five years, when the attacks became irregular, and when, as the patient alleged, instead of occurring in the foot or hand, they occurred in the lower or back part of the left side. On examining the chest, I found slight dulness over the lower and back part of the left side, increased tactile vocal fremitus, harsh grating friction, feeble breath sounds, and slightly modified vocal resonance. The patient was himself conscious of the pleural friction, and it could be felt by the hand laid lightly on the chest. Nothing abnormal was discovered in the right lung. There were uneasiness in the left side and shoulder, pain and slight cough on deep inspiration, some slight difficulty of breathing on exertion, and a little viscid, frothy expectoration discharged with difficulty. The heart was large, weak, irregular, and murmurish in the mitral area; the arteries were slightly thick. The patient suffered a good deal from indigestion. The bowels were sluggish. The urine had a density of 1018, frequently deposited showers of uric acid, and contained traces of albumen. There were no signs of disease in the nervous system. The skin was for the most part harsh and dry, but now and then there were partial sweatings. The hands and feet were deformed by repeated attacks of gout. The patient was a generous liver, and dined almost daily *à la mode* in the company of his friends. The patient continued in much the same condition until June, when he went to the south of England, and I lost sight of him for two years. During his absence it was said that his chest was quite well, but that he had had repeated attacks of ordinary gout. Towards the close of 1872 I was again summoned to see this gentleman in London, and I found him in every way worse. He had frequent paroxysms of cough, ending partly by cough, partly by vomiting in the expectoration of a fetid muco-purulent matter, often stained with blood; he was breathless on exertion, and he had pain, aggravated by coughing, round the base of the right lung. The sputum contained areolæ of elastic tissue, and made sure the diagnosis of an excavation in the lung. The whole base of the left lung was now completely dull on percussion, the tactile vocal fremitus was diminished, and, except at one point about to be noticed, the breath sounds were feeble and the vocal resonance diminished. At the point excepted in the middle of the posterior base, and a little way above the upper limit of hepatic dulness, the breath sounds were cavernous and the voice bronchophonic. Occasionally either no cavernous breathing was heard in this locality, or else there were bubbling or gurgling râles. Immediately after free expectoration the breath sounds were hollow; some hours afterwards, and before the occurrence of a paroxysm of coughing, auscultation gave no evidence of the presence of a cavity. The right lung was entirely free from any sign of disease. The heart, drawn a little upwards, was weak, irregular, and indistinctly felt. The pulse, frequent and quick, beat over a hundred times a minute. There was not only no elevation of temperature, but the temperature, unless on exceptional occasions, varied from one to two and a-half degrees below the standard of health. The digestion was much disturbed, the bowels were obstinately confined, and the patient was troubled with hæmorrhoids. The urine was now abundant and pale; it contained habitually traces of albumen, but there were no casts. The patient was thin, weak, ailing. The face and particularly the eyelids were puffy. The finger ends were swollen. The superficial cervical veins were distended. The skin was yellowish and dry. There had been no serious attack of external gout for many months. The nervous system was unstrung, and the temper had become irritable. The nights were restless and vaso-motor storms were frequent. On this occasion I saw the patient only twice or thrice. He did not improve much, and thinking that he needed more frequent relays of food and more ample supplies of wine than my regulations for management permitted, he sought the advice of another physician who understood his constitution better than I, and who held more liberal views respecting its management. In 1875 the patient again came under my care. He was thin, weak, and worn; his feet and legs were œdematous; he was depressed in spirits and irritable in temper; his nights were sleepless and his days distressed by frequent paroxysms of exhausting cough. The expectoration was abundant, muco-purulent, and sometimes almost unbearably fetid. On occasions the fetor disappeared for days, and the expectoration consisted only of a frothy viscid or watery mucus, dotted with tiny pellets of pus or of blood. His breathing, always short and shallow, turned into distressing breathlessness when he ascended a flight of stairs. The digestive organs were greatly disordered, flatulent attacks with palpitations were frequent, the bowels were irregular, and the urine, having a density of 1012, contained about 5 per cent. of albumen, but no casts. The skin, harsh and dry, had a pale-bluish or leaden tint. The eyelids were œdematous and the right side of the neck and chest as well as the right upper arm were traversed by gorged and tortuous veins. The heart, drawn upwards and outwards, lay behind the third rib, its action was weak and irregular, and, in addition to a low-pitched murmur in the mitral area, there was a loud roaring systolic bruit close to the cartilage of the third rib at its junction with the sternum, and thence along the course of the aorta. About this time Mr. G. W. Mackenzie was associated with me in the charge of the case, and to his skill, judgment, and firmness was due the improvement which subsequently occurred in the patient's condition. By careful management, chiefly hygienic, the patient improved greatly in general health; but the signs of local lung disease, although quiet, persisted. Returning to the duties and pleasures of society and continuing therein, the patient in autumn caught a severe cold. This was followed by small attacks of generalised gout, an increase of albumen in the urine, œdema of both lower extremities and failure of general health. Again, after a time the general condition of the patient improved; but as the bronchial catarrh persisted, and as there were evidences in the sputum of advancing lung disease, the patient was sent to Torquay, and placed under the care of Dr. Usher Huxley. There for some months the condition of the patient's chest improved; and with the exception of daily paroxysms of cough ending in vomiting, habitual but scarcely felt breathlessness, and occasional attacks of irregular and tumultuous action of the heart, the patient suffered little and enjoyed his limited life. On a certain day, however, he having got chilled, he began to have irregular accessions of fever. The appetite failed, the albumen in the urine increased, a pleuritic effusion appeared in the right side, the breathing became oppressed, the heart slowly failed, and the patient, falling into a state of stupor, died. To Dr. Usher Huxley I am indebted for an account of the autopsy, and for that part of the affected lung which included the naked-eye evidences of disease. The base of the left lung was surrounded by several layers of adventitious pleural membranes, varying in consistence and character. The innermost of these layers appeared to extend through the interlobular fissures, and along the blood-vessels into the substance of the lungs, which was hard, tough, dark, and cut with difficulty. Within an inch of the posterior

surface of the lung, and near its base, were two irregular cavities, containing blood-stained purulent matter. The walls of both cavities were shaggy, and in the immediate neighbourhood of one of them were a few small knots of fibroid tissue, about the size of hemp-seed. There were no bronchial dilatations. The blood-vessels were everywhere thickened. The lymphatics of the interlobular fissures were here and there swollen, knotted or saccular, and contained at some parts small clots, and at others masses of a cheesy consistence and aspect. The upper part of the lung contained no deposits of any kind. The free margins and isolated central portions of the lung were emphysematous. The pleura investing the summit was much thickened. Except for patches of pleural thickening, the right lung was apparently unaffected by disease. The heart was dilated and soft; the valves were roughened; and the aorta was atheromatous and slightly dilated. The kidneys were congested, the capsules adherent, and the cortex granular. Nothing of the nature of tubercle as ordinarily understood was anywhere found.

CASE 9.—In 1866 a man was admitted into the London Hospital, and placed under my care, complaining of severe pain in the lower part of the right side, passing upwards as high as the nipple and downdards as far as the umbilicus. He was twenty-three years of age, tall, dark, thin, and by occupation a costermonger. There was no family history of phthisis, and the patient himself had enjoyed good health until the appearance of the illness for which he had been admitted. He confessed, however, to the habitual and free use of alcoholic beverages. A week before admission the patient had a rigor, followed by severe pain in the right side, cough, fever, and considerable prostration. The whole facts of this case were carefully studied and recorded by my colleague, then my clinical clerk, Mr. J. M'Carthy. From his notes I have extracted all that seemed to bear directly upon my present purpose. The patient complained of dry cough, of pain in the right side, made excruciating by coughing or by deep inspiration, of loss of appetite, and of great prostration. The lower part of the right side moved imperfectly on inspiration. The tactile vocal fremitus was slightly diminished. There was no marked dulness on percussion. Over the whole base could be heard with the stethoscope pleural friction, superficial moist crackling, and, at scattered circumscribed places, bronchial breathing with increased vocal resonance. Between those places the respiratory sounds were rather feebly heard through the crackling and friction. Examination of the upper part of the lung yielded no signs of disease beyond a few mucous râles. The left lung was apparently healthy. The heart's action, unaccompanied by any abnormal sound, was frequent and weak. The pulse 110, small and compressible. The temperature 103°. The tongue was loaded; the bowels were confined; the urine was scanty, and deposited purple lithates. The patient looked and felt very ill. After a week he had frequent distressing cough with mucopurulent expectoration, and occasional attacks of dyspnœa, with severe pain in the right side. The physical signs remained practically unaltered. Fever continued, and the patient took little food, had restless nights, and was extremely prostrate. At the end of a month he was much worse. The physical signs, still of the same general character, had extended to the whole lower third of the right side, and there was extreme tenderness over the hepatic region. Coarse, moist crepitation, with mucous râles, was heard throughout both lungs. There were harassing cough, thin mucopurulent expectoration, and occasional attacks of breathlessness in the midst of shallow and painful respirations. The pulse was 120; the temperature at night 104°; there were occasional chills during the day, and sometimes profuse sweats at night. The patient lay upon his back, took little food, and expressed himself as very ill. The tongue was loaded, and the breath fetid. Constipation alternated with diarrhœa, and light with dark fæces. The urine, more abundant in quantity, contained a little albumen. Exploration of the right side with a fine trocar showed that there was no free fluid in the pleural sac. Several physicians who at this time examined the case suspected it to be one of acute tuberculosis, with secondary pleuro-pneumonia of the base of the right lung. Before the patient's death, about two months after admission, new physical signs arose in the base of the right lung, two inches below the nipple. Over a circumscribed space, dull on percussion, there were heard cavernous breathing, pectoriloquy, and on coughing a hollow gurgling rhonchus. After death it was found that the structural evidences of diseases were confined almost entirely to the lower third of the right lung and the upper surface of the liver. The base of the lung was surrounded by a thick layer of loose, yellowish, soft, and almost diffluent lymph, infiltrated at parts by a fluid resembling pus, but composed of degenerating cells of various forms, with glandular débris. The old membranous exudations in contact with the pleura were quite firm, and could be traced throughout the lower part of the lung in two forms: as white, tough, intersecting bands, and as a dense, hard, almost formless fibroid infiltration. At the lower part of the base, near the anterior surface, there were found pyriform bronchial dilatation and one or two minute cavities. Throughout the intercurrent portions of lung to different structural changes were visible. The first consisted of disseminated, rounded caseous lumps, for the most part confined within the limits of the pulmonary lobules, but sometimes extending beyond them. Histologically the lumps resembled the consolidations begotten in caseous pneumonia, and were at one or two points melting into excavations. The second kind of structural change was due to the presence, in small numbers, of spheroidal greyish or yellowish bodies, about the size of hemp-seed and resembling tubercles. They had not, however, the arrangement of parts and structural characters of veritable tubercle. They were divisable into two groups; the members of one group were mere knots of fibroid tissue; the members of the other appeared to consist of choked and distended lymphatic spaces, traversed by an adenoid reticulum. In the abundant soft lymph lying between the under surface of the lung and the diaphragm there was found an abscess about the size of a large walnut, and this abscess could be followed through the diaphragm into the liver, where there existed another abscess of a like size and character. Round about this abscess, and within the space of an inch from it, were several spheroidal masses, each about the size of a very small cherry, of a yellowish colour, and not unlike the caseous lumps in the lung. In the pleura of the under surface of the lung, in contact with the soft diffluent lymph, I observed, and recorded with illustrations in my work-book, the presence of cup-shaped depressions, bordered and lined with flattened nucleated epithelial cells. I did not at the time of examination understand the nature of these bodies, and was disposed to regard them as mere alveoli of mechanical production. The researches of Rechlinghausen, Ludwig, and Klein make it now probable that these bodies were temporary or permanent stomata. Besides these stomata communicating with lymphatic spaces, there were found other minute openings leading by tortuous channels into the pulmonary parenchyma. Nothing of importance was found in any of the other organs or tissues of the body.

(To be continued.)

A REMARKABLE outbreak of pleuro-pneumonia has occurred in the Portlaw district, co. Waterford. Seventeen patients suffering from the disease have been seen by Dr. James Martin, fourteen of them within a fortnight. The type of the disease is very severe.

THE TREATMENT OF EMPYEMA, WITH ESPECIAL REFERENCE TO THE DISEASE IN CHILDHOOD. (a)

By C. N. GWYNNE, B.A., M.D.,
Honorary Medical Officer, Sheffield Children's Hospital.

Having more or less complete notes of four cases of empyema which came under my care during the past year, I thought that I could not do better than make them the subject of a short paper, hoping that, as such cases come at times under the care of most general practitioners, they would excite some interesting discussion. I am aware that the subject has been so much threshed out during the past few years that there is little left for originality, either in the pathology or in the treatment of this form of disease; but still there is considerable difference of opinion almost on every point connected with this affection, which differences, it seems to me, can only be settled by the practical experiences of men who have adopted different lines, and who have kept the records of the results of their treatment.

When I sent the title of my paper last week to your Secretary, I had intended confining my subject within the limits of the treatment of such cases, but when I came to write my paper I thought that the discussion might be with advantage extended over the entire area, so as to include the causation, diagnosis, prognosis, and pathology. I myself will refer but little to these points, but I will be glad if any members of the meeting will contribute their experiences and their opinions on all or any of them.

There is yet another point worthy of attention—namely, how far this disease differs in its general character and treatment in childhood and in adult life. Whatever may be its history in adult life, I am personally fairly convinced that in *children* a purulent effusion into the pluræ *commences as such*, and in only a very small number of cases indeed is a condition succeeding to a sero-fibrinous or serous effusion. Except the cause is one of direct injury, all the cases that have come under my notice have been in patients whose health has sunk very far indeed below par, and in most of them there has been a history of some antecedent affection, whether measles, scarlatina, pneumonia, or a generally strumous or degenerate condition of the constitution—the same class of patients, if they are children, where we expect to find chronic abscesses, glandular enlargements, joint affections, &c. If this be so, it follows, I think, that frequently there is an undue and nervous haste in operating at a very early period of an empyema, and that in some cases the result would havebeen better if a little procrastination had been adopted. We all know how frequently children suffer for a very long time from multiple strumous or cold abscesses in almost every part of the body, which have little tendency to become absorbed or to produce any general septic condition. In the case of an empyema, too, the thickened fibrinous abscess sac forms for a considerable time a secure protection both against perforation or septic absorption. Sometimes, no doubt, an empyema forms very rapidly, and, producing urgent symptoms from pressure, demands speedy evacuation; but in the majority of cases the process is more slow, and there is often a tendency for the pus to be confined in separate cysts. In such cases a little delay is of no consequence, and tends as the pus increases in amount to the substitution of a unilocular or of a multilocular abscess cyst, which afterwards, when the process of drainage is to be carried out, and possibly irrigation is demanded, in no small degree facilitates matters, and tends to a surer and more speedy cure. In one of the cases which I am about to relate a large pleuritic abscess existed for at least three weeks without producing much inconvenience beyond its pressure effects, and when operated upon the case progressed to recovery without a drawback. I do not mention this as a treatment that I at all approve of, but merely to show that in children at all events extreme haste in evacuating the pus is unnecessary. In the case to which I allude the lung very soon recovered from its lengthened pressure, and expanded to its normal size. On the other hand, to neglect operative treatment in empyemas of even limited extent where no urgent symptoms are present, I believe, is treatment of the very worst sort, and disastrous at the time or afterwards to the patient, the absorption of the pus paving the way for albuminoid disease, phthisis, or pyæmia. Another reason to deter us from undue haste is the frequent difficulty in diagnosing an empyema in children, especially at an early stage. The percussion-note no doubt is always dull in extensive empyema, but, on the other hand, I have heard frequently very fair vesicular, not to speak of tubular, breathing over the area of an empyema, from which afterwards three pints of pus were evacuated. And I once punctured with a trocar a chest below the scapula, where there was absolute dulness and absence of vesicular breathing, or, indeed, breathing of any sort, and where an empyema of necessity was pointing above the nipple in front, only to be rewarded with a couple of drops of blood.

After deciding to open into the pleural cavity, the next point is to settle upon the method to be employed. In three out of the four cases which I present the notes of, I used a trocar and canula; in the fourth I made a free incision with the knife. The former method I believe to be much the best, though the latter method is that generally recommended. For the former I claim that it is easier of execution, less painful, and therefore less likely to increase the shock, and much more cleanly; an easier flow of the pus follows, and it is more under control to stop the flow if the patient shows symptoms of collapse. The drainage-tube, also, is inserted with greater ease. There are rare occasions when the pus is so gelatinous and thick that it will not flow through the largest canula we possess, and in such cases it may have to be removed and a free incision substituted. I remember one case which I aspirated as a provisional treatment in an emergency, when I had not the means at hand for opening antiseptically, and where, though I used a needle as large as most canulas generally used, the pus only with the greatest difficulty and delay could be drawn through it. In this case the patient was over 40, and I am inclined to think that in children the purulent effusion is rarely dense.

We now come to the question as to the seat of election for a paracentesis thoracis. Almost every interspace from the tenth up to the fifth has its advocates. Billroth, Wagner, Prof. Morgan, John Marshall—all advocate the fifth interspace, and the last-named contributed a long article on the treatment of empyemas to the *Lancet* of March 4th, 1882, in which he gives at length his reasons for choosing that position. He says that the diaphragm when it recoils and during expiration squeezes the drainage-tube and closes up the opening into the chest; that the natural place for opening a large abscess is a spot opposite its centre, as it is towards this point that the recoiling tissues tend. Now this sounds very plausible, but I do not think it stands the test of experience or strict anatomical scrutiny. In a *forced* expiration the arch of the diaphragm rises to the level of the eighth rib behind and at the sides, to the seventh, sixth, and fifth rib on the right side, and on the left side to from one to two ribs below this—namely, to as low as the tenth rib behind, and at the sides correspondingly low. In *ordinary* expiration it would hardly rise so high, so that there seems nothing but a groundless apprehension to justify Mr. Marshall's position. For the rest, I think we all agree that we would choose the most dependent part when practicable for opening into any large abscess sac from which we expect a continued discharge. The only case which I bring before you which terminated fatally was one where I opened too high up in the fifth interspace and too near the front. The point which seems to me

(a) Read before the Sheffield Medico-Chirurgical Society.

the best for drainage is the seventh interspace on the right and the eighth interspace on the left side, and about an inch or so behind the axillary line. To go too far behind is to get the tube lain upon, and too far in front prevents effectual drainage—the most important point by far in the treatment of an empyema. In fact, the position of the opening relatively to the line of the axilla is a far more important consideration than the choice of the interspace, as, when a patient is lying down in bed, the level of the ninth interspace is but little below that of the fifth. On the other hand, it is highly important to choose a point where when the patient lies on his back the tube shall be as near as possible to the mattress without endangering its being pressed upon by the body of the patient.

We next come to the point, how much fluid is it safe to draw off at once after operating? I think in this matter we are all agreed that if the amount of pus is large it should be allowed to drain away gradually. It entails more trouble and frequent dressing, but the reasons in favour of doing so are so strong that it is worth the extra trouble, and this, I think, applies more to the chronic than the very acute cases.

The subsequent treatment ought not to be difficult if Lister's method of dressing is rigidly carried out, and the pus is kept aseptic. The tube as the case progresses should be gradually shortened till, as the discharge decreases to a small amount, it does not measure more than an inch or so inside the chest. To keep it in too long is to keep up irritation, and to make a sinus with a chronic discharge. If by accident or otherwise the pus becomes septic, the case assumes at once a grave aspect in proportion as the abscess sac is a large one. After so serious a succession of diseased conditions that precede an empyema, patients, especially if they are children, badly bear irrigation of the pleural cavity, and the injection of antiseptic fluids daily or oftener is frequently followed each time with much exhaustion. Why this seemingly simple operation should be followed by so much evidence of shock is not easy to say, if it be not due to the sudden pressure on, and excitement of, the nervous supply of the pleura—viz., the phrenic and sympathetic branches and the pneumogastric branches in the lung—nerves so intimately connected with the vital functions of respiration and circulation. This consideration helps to show the all-importance of keeping the pus aseptic by fully carrying out the Listerian method. The only case that has terminated fatally out of some half-dozen that I treated at the Children's Hospital was one where the dressings were pulled down by the little patient during the night. In this case the temperature rose in a few hours from normal up to 102·5, and the case quickly went to the bad.

CASE I.—The first case I have to relate is that of Fred. P——, æt. 10. I was called to see him at his father's house—he was suffering from pleuro-pneumonia—he was not a good subject, his mother died of phthisis, and he was thin and weakly, had had scarlatina and subsequent nephritis with albuminuria. He was very badly nursed by a woman in the neighbourhood who was called in to act in that capacity. After about three weeks there was a return of dulness, and symptoms of the presence of pus appeared. I then endeavoured to induce his father to allow him to be removed to hospital, without any effect, except that I was informed by letter that they imagined they could cure him themselves, and did not require my services to be continued. However, about a fortnight afterwards, as the boy was getting worse his father sent the nurse down to ask me to be kind enough to admit him. He came into hospital accordingly, and on the 15th of June I performed paracentesis under the usual antiseptic method, plunging a trocar and canula well behind the angle of the seventh rib, a drainage tube was inserted. On admission, his temperature varied from 99·5 in the morning to 102 deg. in the evening, and after operation, ran up to 103·5 deg. After that it hovered between 99 deg. and 102 deg. for three weeks, when it went down to an average of 98·5 deg. in the morning and 100 deg. in the evening, and again in a couple of weeks registered a fairly normal height. The discharge continued for a long time, and the tube was obliged to be kept in for over three months. A month after its removal he was discharged cured. The side did not show any signs of collapse, and matched its fellow perfectly to all appearance. In this case the amount of pus was very great, and at the time of admission, I hardly expected a favourable termination.

CASE II.—Samuel Slack, æt. 4. There was a history of pneumonia and pleurisy, and some weeks after his mother noticed a swelling of the right side of chest. The child was in a very debilitated condition, and an *empyema of necessity* was pointing in the fourth interspace in front, the heart being somewhat displaced. An opening was made into the pleural cavity and a drainage tube inserted. By careful nursing and inducing him to lie on his belly, and play with his toys in that position effectual drainage was secured, and in no less than a month he was discharged cured.

CASE III.—John Roper, æt. 3. Left empyema. There was so much chest enlargement, and pressure effects were so severe, that I operated upon him on the day of admission. From the history of the case it must have existed for three weeks. An enormous amount of pus was discharged in the first two days. The opening was made with trocar a little outside the lower angle of the scapula. Before the operation, his pulse was 160, and temp. 101·2 deg. For the following three days it rose about one degree, except on the third day after, when it went up to 103·6 deg. After that it progressively went down, and in a week was nearly normal. Nothing could have been better than the progress of this case. In three weeks the discharge was very slight, and in seven weeks it had quite stopped, and he was discharged cured and well after a stay of less than nine weeks; the pus was all through quite aseptic.

CASE IV.—Arthur White, æt. 5. *Right side.* When admitted, had great difficulty in breathing, could not speak beyond a word at a time and could not cry. There was œdema of face, and feet, and left arm. The case was so urgent that I operated at once under the spray with an ordinary scalpel. The opening was made in the fifth interspace, and an inch and a half in front of the axillary line. After the operation all the œdema disappeared and he seemed to be going on very well, and the case suggested an ultimately good result. Unfortunately on the night of the sixth day, the nurse discovered that he had pulled down the antiseptic dressings and the wound was exposed. Before six hours the pus from being apparently quite laudable and free from smell, became septic, and his temperature ran up from 98·6 to 105·0 deg. A week from this date he died. For the first few days after the accident, his chest was washed out twice daily with a 1 per cent. solution of carbolic acid, but the collapse after each washing was so great that we had to be content with one washing daily, but he would take no food, the pus never again became sweet, and he died on the twelfth day after the paracentesis. The history of this case was bad from the commencement. The pleurisy was first caused, according to the account given by his father, by his being knocked over by a carriage in the street, and falling or being thrown with his side against the curb stone. In addition his colour suggested a history of scarlatina, and his urine was charged with albumen when he came in up to 1-10th, and sp. gr. 1028. The end was accelerated by sickness and diarrhœa.

IN consequence of his increasing age, Dr. Storrar has intimated his intention to resign the chairmanship of Convocation of the University of London at the next meeting in May, having discharged the duties of the office for the long period of twenty-one years.

NOTES ON THE TREATMENT OF SECONDARY SYPHILIS.(a)

By ARMAND BERNARD, B.A., M.B.,
Surgeon to the Liverpool Lock Hospital.

In offering a few remarks on this subject I would commence by advocating the early use of mercury in small doses. The preparation which I have found to succeed best is the hyd. c. cretâ, given in two grain doses night and morning, combined with a couple of grains of Dover's powder. At the Lock Hospital this treatment is adopted prior to the appearance of constitutional manifestations, as in many cases the induration accompanying an initial lesion is only influenced by the early administration of mercury. I have never found any evil results to follow this practice.

I would particularly lay stress on the necessity of attending to the mouth and teeth in the matter of cleanliness, as salivation is sometimes due to inattention to this precaution. The use of mercurial fumigation by means of the vapour bath for papular eruptions and lesions of the mouth is also desirable. The preparation used at the Lock Hospital being calomel in half drachm quantities, the proportion of water not to exceed one ounce. I have found that more benefit is derived from a gentle use of steam, in merely damping the skin, than from the sweating, which has the effect of weakening the patient and washing off the calomel from the surface of the body. A patient should not be allowed to remain under the influence of the vapour bath longer than ten or twelve minutes. In some cases, such as obstinate scaly eruptions, iodide of potassium in doses of from three to five grains can be administered at the same time with benefit. Another useful mode of treatment for hospital patients is found in mercurial inunctions. I regret to say that this most valuable agent is much objected to by private patients. They objected to its uncleanliness and to the time and trouble which the rubbing entails. On the other hand, in infantile syphilis I look upon it as the remedy *par excellence* if applied on the flannel bandage around the abdomen. A 5 p.c. preparation of the oleate of mercury will be generally found to answer all purposes.

I would draw attention to the necessity of constantly looking after the delicate skin of the infant to prevent excoriations. I have not found the same objection on the part of the mother to the use of mercurial applications as in adults, for two reasons, in that it entails little trouble on her part, and in the fact that a mother is only too anxious to follow up any treatment, however objectionable, for the sake of her offspring. I have not derived the same good results from the internal adminstration of mercury to infants as from the inunctions. The ejection of food natural to them being a great drawback to internal treatment.

For local applications to lesions of the mouth a medicated spray is in constant use at the hospital, a diluted solution of tincture of iodine (2 drms. to 8 oz. of water) being highly prized. A mixture of finely powdered iodoform and starch applied to painful ulcerations of the tonsils or soft palate by means of the soufflé occasionally is very soothing. Smoking and chewing tobacco must be strictly interdicted. I have not found much benefit from the use of Erythroxylon coca in syphilitic affections. In conclusion I would refer to the great advantages derived by patients who have visited Aix-la-Chapelle in order to undergo a course of treatment there, especially in the form of mercurial inunctions.

The Scotch Universities Bill, which was re-introduced in the House of Commons by the Lord Advocate on Saturday last, contains, we believe, one or two alterations in some of its minor provisions. In essentials it is identical with the Bill of last year.

(a) Read before the Liverpool Medical Institution, March 5.

A Summary OF NEW REMEDIES.

(Specially arranged and compiled for the *Medical Press.*)

(*Continued from page* 190.)

Palillo.	Phoradendron.	Polymnia.
Pelletierine.	Phytolacca.	Pongamia.
Penthorum sedoides.	Pinus Sylvestris.	Ptelea.
Pepsin preparations.	Piscidia.	Quebracho.
Perosmic acid.	Plantago.	

PALILLO.

A Mexican plant, Croton mariformis.

Therapeutical uses.—The natives of Mexico use the leaves of the plant in the form of an astringent as a remedy for gastralgia, atony of the stomach, and neuralgia. The seeds contain an oil possessing purgative properties.

Preparation and dose.—1. Tinct. of the leaves. Dose 10 to 15 drops.

2. Oil extracted from the seeds. Dose 1 to 3 drops.

PELLETIERINE.

An alkaloid discovered by Tanret in Pomegranate bark, so called in honour of Pelletier, the eminent chemist.

Therapeutical uses.—Pomegranate bark has long been used in veterinary practice as an anthelmintic, and, according to Kuchenmeister, kills the tapeworm in a short time.

Tanret's Pelletierine has given the most satisfactory results in the hospitals where it has been tried for tænia, at the Marine hospitals of Toulon, St. Mandrier, &c., and in Paris, St. Antoine, La Charité, Necker, and Beaujon, &c. Dr. Dujardin-Beaumetz declared to the Society of Therapeutics that he was successful in thirty-two cases out of thirty-three treated with pelletierine in the year 1879, and Prof. Laboulbène, in the first two months of the year 1880, was successful in every case he had—fourteen in all.

Preparation and dose.—Tanret's Pelletierine. Pelletierine should not be given to children less than 10 years of age. About 10 or 12 years half a dose is sufficient, and two-thirds for delicate ladies.

This preparation is pleasant to administer, and if certain preliminaries are observed, success will be insured.

Directions.—In the evening the patient must use a large injection, and place himself on milk diet. The next morning mix the contents of a bottle with a glass of sweetened water, which is to be taken at one dose; fifteen minutes after take 30 grammes or 1oz. compound tincture of jalap mixed with one half-glass of sweetened water. For ladies, the dose should be reduced to 20 grammes. The compound tincture of jalap may also be used. If the bowels are not relieved in a few hours after taking the purgative, then take either another purgative or an injection made with 30 grammes of sulphate of soda. A few minutes after having taken pelletierine there will be a sensation of giddiness, and the entire tapeworm will be passed, from two to four hours after the remedy has been taken.

PENTHORUM SEDOIDES.

The common herb growing freely in some parts of the United States. N.O. Crassulaceæ, otherwise called Virginia Stone-crop.

Therapeutical uses.—It has been employed in pharyngitis and chronic nasal catarrh.

Preparation and dose.—Fluid extract. Dose 10 to 30 minims.

PEPSIN AND ITS PREPARATIONS.

Pepsin is a light, brown-yellowish powder, prepared by drying under 100° the fresh lining of the stomach of pig, sheep, or calf.

Therapeutical uses and action.—Pepsin is one of the important elements of the gastric juice, reducing the albuminoid and protein constituents of the food to a fit state for absorption. It also stimulates the secretory functions of the gastric mucous membrane. Pepsin, artificially made, is intended as an aid to

digestion. It has therefore a wide range, proving useful in atonic dyspepsia, anæmia, diarrhœa, and in other conditions dependent on imperfect assimilation of food. It has been largely used in the form of nutrient enemata, thus ensuring preliminary digestion of the injected food.

Preparations—

1. PEPSINA PORCI (Bullock's). Dr. Beale's process. *Dose* 2 to 4 grains.
2. ACID GLYCERINE OF PEPSINE (Bullock's). Is said to possess at least three times the digestive power of any other preparation of pepsine and glycerine. *Dose* 3j. to 3ij.
3. LIQUOR PEPTICUS (Benger). An exceedingly active fluid pepsine. It is without disagreeable taste, and, being used to assist the natural digestive powers of the stomach, is best taken during the meal. *Dose* one or two teaspoonfuls in a wineglass of water, wine, or weak spirit and water, with meals.
4. LIQ. EUONYMIN ET PEPSIN CO. (Oppenheimer's). This preparation is a combination of Euonymin with pure Pepsina Porci in a fluid state. The specific, stimulating, and cholagogic action of Euonymin on the biliary organs, in conjunction with pure pepsine, has proved of great advantage in cases of irritative dyspepsia, with atony of gastric or intestinal muscular layers, and especially in relieving pain accompanying gastric carcinoma, pyrosis, and in dyspepsia with water-brash.
5. PEPSINE TABLETS. *Dose* one or two after meals.
6. PEPSINE SACCHARATED. *Dose* 5 to 10 grains.
7. PEPSINE WINE (Boudault's). *Dose* 1 to 2 drachms.
8. LACTOPEPTINE (Richards). (See under Pancreatised Preparations).
9. Savory & Moore prepare a Concentrated Peptonised Milk, and Cocoa and Milk, for which the following advantages are claimed:—Without calling for any digestive effort, it can, in the absence of all other food, supply the system for an indefinite period with the nutriment which it requires. Besides proving useful in those cases of atonic dyspepsia in which even milk in its unaltered condition cannot be digested, it is of special value in the severer forms of dyspepsia, in the irritable state of the stomach which is often associated with the pyrexia following surgical operations, in gastric ulcer, and in malignant and other organic lesions of the stomach in which all but fully-peptonised foods are rejected. The great drawback to the extended use of peptonised milk has hitherto been the trouble, care, and even skill required to be daily expended to prepare a fairly palatable and uniformly peptonised product. This may be overcome by the peptonising powders of Fairchild. These powders are put in small glass tubes, each containing enough to peptonise one pint of milk.
10. Burroughs, Wellcome and Co., have introduced a pepsine in scales. This original form possesses great activity, and owing to its permanence and price is highly recommended. It is guaranteed free from milk, sugar, starch, or any added substances. One grain in eight fluid ounces of water, with one per cent. per volume of H. Cl., will dissolve 1000 grains coagulated albumen in four hours at a 100°—the standard test.

PEROSMIC ACID.

An acid obtained from the metal Osmium by various methods. It has an extremely pungent odour and acrid taste; it is soluble in alcohol and ether.

Therapeutical uses.—It has been recommended in cases of sarcoma, lymphoma, in large strumous and cancerous glands, and chronic neuralgias.

Preparation and dose.—A 1-per cent. solution. 1 to 3 minims may be used hypodermically.

PHORADENDRON FLAVESCENS.

A parasite growing on several trees, especially the oak, sometimes called Viscum album, commonly known as mistletoe. N.O. Loxanthaceæ.

Therapeutical uses.—It has been used by the old Greek physicians, Hippocrates, Dioscorides, &c. Hippocrates recommends it in diseases of the spleen. It has been employed in nervous affections, hysteria, and dysentery, especially in epilepsy. It possesses narcotic, anti-spasmodic, and tonic properties.

Preparation and dose.—Fluid extract. Dose 10 to 30 minims.

PHYTOLACCA.

The herbaceous plant Phytolacca decandra. N.O. Phytloaccaceæ, commonly called Poke root, and growing in the United States.

Therapeutical uses.—It is said to possess emetic, purgative, and narcotic properties, and has been employed in the treatment of various diseases, as chronic rheumatism, granular conjunctivitis, and in syphilis, in which it is combined with stillingia, lappa, sarsaparilla, in the well-known formula introduced to the profession by Dr. Marion Sims.

Preparation and Dose.—Fluid extract. 10 to 20 minims.

PINUS SYLVESTRIS.

The common Pinus sylvestris growing in northern and central Europe.

Therapeutical uses.—It is employed as a local and internal remedy in rheumatism, paralysis, skin diseases, chronic catarrh, chronic laryngitis.

Preparations and doses.—1. The volatile oil is used internally in doses of 15 to 20 drops. In inhalations it is mixed with light carbonate of magnesia and water.

2. A fluid extract is employed in baths.
3. Wool and wadding cure are used at German baths.

PISCIDIA.

The bark of Piscidia erythrina, a tree growing in the Antilles, commonly called Jamaica dog-wood.

Therapeutical uses.—It is a narcotic, owing its properties to an active principle, piscidin; it acts on the sensory ganglia of the spinal cord. It is employed internally and locally as a remedy for toothache and neuralgia of the fifth pair, in delirium tremens, as a sedative in asthma and bronchitis, and as an anodyne to allay pain, spasm, and nervous excitement.

Preparation and dose.—Fluid extract. Dose 20 to 60 minims.

PLANTAGO.

The seeds of J. P. Major, commonly called plantain seeds.

Therapeutical uses.—The plantain seed is officinal in the Indian Pharmacopœia, where it is used as a remedy for dysentery, owing to its demulcent properties. The juice of plantago major has been recommended by Professor Quinlan, Dublin, in cases of bleeding from the nose, lungs, &c.

Preparation and dose.—Decoction, two drachms of the bruised seed in two pints of water. Dose 2 to 4 ounces three or four times a day.

POLYMNIA UVEDALIA.

Bearsfoot. N.O. Asteraceæ.

Therapeutical uses.—It has been recommended in various affections of the spleen, and particularly in enlargement of that organ. It action is resolvent and astringent.

Preparation and dose.—Fluid extract. Dose 20 to 40 minims.

PONGAMIA.

A leguminous tree growing in India—Pongamia glabra. An oil is obtained from the seeds.

Therapeutical uses.—It is a popular remedy in India for skin diseases—scabies, herpes, pityriasis. It has been employed by British practitioners, and reported on favourably, in cases of ringworm, &c.

Preparation.—The oil expressed from seeds rubbed in two or three times a day.

PTELEA TRIFOLIATA.

A shrub indigenous to North America. N.O. Xanthoxylaceæ, commonly called Wafer-ash.

Therapeutical uses.—One of the many remedies recommended for asthma. In some reported cases it has proved useful.

Preparation and dose.—Dose 10 to 30 minims.

QUEBRACHO.

The bark of Aspidosperma Quebracho. N.O. Apocynaceæ, a tree growing in the Argentine Republic.

Chemistry.—Frande discovered an alkaloid Aspidospermine, but Hesse has since determined that there are as many as six alkaloids, in the aspidosperma of commerce. MM. Eloy and Huchard have separated the alkaloids in a state of purity.

Physiological action.—A series of thirty-six physiological experiments have been made by MM. Eloy and Huchard on the anti-thermic action of these alkaloids. All the alkaloids were found to have a marked antipyretic action. A remarkable effect was also observed to occur in the colour of the venous blood, which became of a vermilion tint like that seen after poisoning by prussic acid and carbon monoxide.

Subcutaneous injections of 10 to 20 centigrammes of the hydrochlorate of aspidospermine in patients suffering from typhoid fever appeared to lower the temperature where quinine had no effect. Lactate of aspidospermatin is a more powerful alkaloid in reducing temperature than the hydrochlorate. The sulphate of hypo-quebrachine and the lactate of quebrachine are still weaker antipyretics.

Therapeutical uses.—For a long period of time the inhabitants of South America have employed quebracho on account of its febrifuge, tonic, and anti-asthmatic and astringent properties. Dr. Berkart reports favourably on its use in dyspnœa associated with emphysema of the lungs, and atheroma and degeneration of the cardiac muscles.

Preparations and doses.—1. Liquid extract. Dose one teaspoonful.

2. Tinct. 1 to 5 of proof spirit. Dose ½ to 1 drachm.

3. Aspidospermine, hydrochlorate of. Dose 10 to 20 centigrammes.

4. Aspidospermine sulphate. Dose not fixed.

Clinical Records.

GLASGOW OPHTHALMIC INSTITUTION.

Case of Detachment of the Retina, Operated on Two-and-a-half Years Ago.

By A. T. Thomson, M.D., Assistant-Surgeon.

I have just come across a patient on whom Dr. Wolfe operated on about two-and-a-half years ago for detachment of the retina, whose case I reported in the *Medical Press and Circular* for October 11th, 1882. As the question of durability of cure is of considerable importance in these cases you will permit me to give a short statement of the above case.

History.—A. L., æt. 29, stonemason, was admitted into the Glasgow Ophthalmic Institution on August 7th, 1882. Until the middle of January of the previous year he always enjoyed good health, but about this time dimness of vision came on very suddenly one morning. He was in the habit of taking whisky to excess. On the margin of the left orbit on its temporal region there is a vertical cicatrix caused by a wound with a piece of iron which he states was inflicted three years previously. He applied to two ophthalmic hospitals for relief, in both of which his case was pronounced incurable, from one of these he received a card stating that he suffers from "amblyopia potatorum and separation of the retina." He was indeed greatly addicted to drink, but as the other eye was never affected his case was regarded as simply a retinal detachment. Ophthalmoscopic examination showed general infiltration of the retina of the left eye, and there was in addition one prominent central portion more elevated than the rest. This central rag of retina was floating in the effusion. The operation was performed on August 9th, 1882, in the usual manner. On the fourth day after the operation vision was so far restored that he could see objects distinctly in every direction, and read No. 20 Jaeger. One essential point I omitted to state at the time I reported the case is, that the little blink of sight downwards, which he had when he came into the institution was so embarrassing to him while engaged in his work, that he frequently requested to have the eye removed.

March 11th, 1885.—Patient presented himself to-day in order to say how he has been getting on since he left the Institution. Has been working regularly since the operation was performed; can see to do his work comfortably, and without his former uncertainty. Expressing himself as being highly pleased that his request was not granted in the removal of the eye. When the right eye is closed he can walk about confidently with the operated eye. Can see persons and objects in the street through the window, giving accurate description of all he sees. Can read Jaeger No. 20 at ten inches. It may be said, therefore, that the eye has improved by time than otherwise.

This case recalls to my mind a very interesting statement made recently by Dr. Swanzy, of Dublin, in your columns of February 25th, 1885, regarding the transplantation of skin by Dr. Wolfe's method, some cases of which I also recorded in your journal. Dr. Swanzy says: "It was not until forced by the circumstances of a case that I employed it. Now, having found it a most satisfactory proceeding, I much regret that I postponed it so long. I believe also that it will yet be a more perfect method than at present." This opinion applies with greater force to the operation for detachment of the retina, which it is to be hoped will receive a corresponding amount of attention from British ophthalmologists.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

Friday, March 27th, 1885.

The President, Mr. T. Bryant, F.R.C.S., in the chair.

Mr. Mayor Robson (Leeds) on

A SERIES OF CASES OF SPINA BIFIDA TREATED BY PLASTIC OPERATION. (TWO PATIENTS EXHIBITED.)

After some preliminary remarks, Mr. Robson described four cases on which he had operated. (1) A. S., æt. 6 days, subject of a spina bifida the size of an orange; operated on October 26th, 1882. Case fully described in *British Medical Journal* for March 24th, 1883. The child lived and thrived for a year, when it died after a day's illness from teething convulsions. The site of the tumour only presented a linear scar. The interposed periosteum had not formed new bone. (The excised sac was shown to the Society.) (2) Mary A., æt. 18 days, a puny, ill-developed child, with a large spina bifida in the lumbar region; the sac was thin and translucent quite to the margin of the tumour, and the skin around inflamed. It was all excised except two narrow portions which were sufficient to form meningeal flaps, these being covered in by skin flaps obtained by separation and sliding from the lumbar regions. The wound healed by first intention, but the child died from a continuation of the marasmus present before operation. At the autopsy the whole lumbar spine and part of the sacrum were bifid. There was no meningitis. (Specimen shown to the Society.) (3) L. J., æt. 16, subject of spina bifida in lumbar region size of fœtal head, was admitted to the infirmary to have tenotomy for talipes, the sac of the spina bifida began to inflame the day after admission before any operation had been done, and produced high temperature and severe head symptoms threatening life; it was aspirated eight times between November 13th and December 9th, the last three aspirations yielding pus. She was rapidly losing ground and apparently sinking, so on December 11th Mr. Robson excised the sac after reflecting the skin by crucial incision; the cavity was drained for a few days. Her head symptoms were at once relieved, and she recovered rapidly, being discharged cured twenty-four days after operation, with the wound quite healed, and only a scar where the tumour had been. (Patient shown to the Society.) (4) D. C., æt. 7, was subject of spina bifida in lumbar region, 7½ inches in circumference; sac thin and inflamed at fundus; skin dissected from sac, and redundant sac and integument removed; suture of meninges by catgut, and of skin by wire. Wound healed by first intention, and patient was discharged cured thirteen days after operation. Child shown to the Society six weeks after with a linear scar where the tumour had been. All the operations we

performed strictly antiseptically, the eucalyptus atmosphere being used instead of the spray. Mr. Robson thought that the care in the after treatment exercised by his house-surgeon, Mr. Atkinson, had helped considerably in the successful result of cases three and four. The points to which he would draw attention are—(1) The principle of closing the meninges by bringing together two serous surfaces as in peritoneal surgery, and superimposing separate skin flaps, the meningeal and skin lines of suture not being apposite. (2) The great importance of observing strict antiseptic precautions, as a septic condition would probably end in the same way as these cases usually do when they spontaneously ulcerate, viz., by meningitis and convulsions. (3) The success attending the plastic operation in cases which are absolutely not amenable to any other form of treatment, *e.g.*, where the coverings are thin, or the opening into the spinal canal large. (4) The possibility of transplanting periosteum, and its capability of surviving, as in the case read first. Although in that example bone did not form. One may hope that the use of human periosteum, "*e.g.*, from a recently amputated limb" will give better results. (5) The successful issue of Case III., where although the sac was acutely inflamed, its complete removal with efficient drainage effected a cure. This case presents several points of pathological importance, *e.g.*, (*a*) The increase of temperature without septicity apparently due to tension of, or pressure on, the great nerve centres. (*b*) The great relief given by aspiration. (*c*) Suppuration in the sac possibly due to simple tension, probably not due to septicity as the fluid was quite sweet on every occasion. (*d*) The entire absence of brain symptoms after operation, although the pressure on the great nerve centres must have been considerably interfered with during the time of healing of the wound. I would suggest the following as a practical classification of cases of spina bifida for purposes of treatment: (1) Where no operation can or should be done. (2) Where no operation need be done. (3) Where an operation should be done. Class I. (*a*) Where the deformity is very extensive as in fissure of the whole or a considerable portion of the vertebral canal. (*b*) Where there is complete paraplegia as in a case my friend Dr. Libbey, of Horsforth, asked me to see with him where the sac was large and excessively thin quite to its margin, and where the lower extremities hung absolutely powerless. (*c*) Where the sac is large the fissure extensive, and the coverings excessively thin quite to the edge of the tumour, and no skin can be obtained to cover the meninges. But that such extreme examples even may stand a chance of cure is proved by Case II. Class II. Where nothing need be done.—Where the sac is small and the coverings are so dense and firm as to form a good pad over the opening in the spinal column, as in the case of a girl of 14, whose mother brought her to see me a few months ago, when I advised a thin silver shield to be worn over the swelling to protect it from injury and prevent further bulging. Class III. Where some operation should be done.—(*a*) When the sac only communicates with the spinal canal by means of a small opening; here it is a simple matter to dissect off the skin, expose the neck of the sac, ligature it by means of one circular ligature, and cut off the redundant meninges, bringing the skin over so as to have the line of skin sutures quite at the side away from the pedicle. Such an operation was performed by Mr. Ed. Atkinson, one of my colleagues at the Leeds Infirmary. (*b*) Where the sac has a good skin cover and communicates with the spinal canal by a large opening, it is quite easy to perform the operation described in Case I., carefully closing the meninges and if possible placing the line of skin sutures away from the meningeal line of union. Such cases have been operated on successfully, not only by myself but by Prof. Jessop, U.S.A. Human periosteum might be placed between the meninges and skin, but I am not at all sure that a thin plate of bone, if formed, would be very serviceable, although I had hoped to have got it in the first of my cases. If the expanded neural arches be large I think it might be feasible to bend them towards the central line, and by uniting them with thin silver wire, obtain a truly physiological closure of the spinal canal. I have not had a chance of trying this plan as yet. (*c*) Where the coverings are excessively thin quite to the margin of the tumour, as in Case II., the operation is more difficult and uncertain as the skin can only be obtained by a process of sliding from contiguous parts, and the tension necessarily present is not conducive to healing. (*d*) Where the spinal cord or the nerves are blended with the sac which often cannot be told until the dissection of the skin from the meninges is made, I should advise excision of portions of the redundant meninges at one or more places between the nerves replacing the nervous structures in the spinal canal and bringing over the skin-cover; keeping up free drainage between the membranes and integuments, or if this could not be done, the membrances might be punctured, the collapsed sac with the nerves intact being placed in the canal, and the skin cover made as before. It is important to remember that a silver or a leather shield be worn over the site of the operation in order to protect the parts from injury, and to prevent the cicatrix from stretching or giving way.

Mr. BRYANT said that there was frequently great temptation to employ injections in spina bifida, but there was scarcely sufficient evidence to show the use of such a proceeding. He was grateful to Mr. Robson for bringing forward examples of this mode of treatment. In some of the four cases given the opening through the laminæ was large, and yet good results had followed his operation. He thought that these cases were a step forward as helping to their treatment. It was fortunate that in these cases the nerves were not involved in the cord. The last suggestion of Mr. Robson was probably a good one. He would possibly not perform the operation if the nerves were displaced. At the present time a committee was sitting to inquire into the treatment of spina bifida.

Mr. R. W. PARKER said that as one of the committee referred to by Mr. Bryant, he was able to state that he had listened with especial interest to Mr. Robson's paper. He did not think we should get much further in the treatment on account of the serious lesion we have to deal with. The committee had thought it advisable to make a special study of the anatomical position of spina bifida. Examples had been inspected at various museums, and over a hundred specimens had been seen. In at least 95 per cent. some part of the spinal cord entered into the sac. The nerves arise from the membranous portion to be distributed through the entire length of the cord. It was impossible to discover a radical cure. If much paraplegia were present, the operation would not be of much service. No obliteration of the sac could restore the normal condition. In the child he had just seen outside he was of opinion that a portion of the sac still existed. Probably that portion was not entirely obliterated. He thought that in many cases of spina bifida Mr. Morton's method of injection was available. There were cases on record which had lived for many years after this mode of treatment had been adopted. After death the spinal cord had been examined. No doubt temporary recovery was possible. If the membranous portion were merely covered in, cutting away might possibly succeed.

Mr. GODLEE said that such free dealing with these cases without consequent meningitis was most interesting. In cases which had been injected with Morton's fluid some amount of meningitis was certainly set up. He had seen two cases lately in which this fluid had been so employed. Upon the first injection slight meningitis supervened; upon the second injection a distinct attack of meningitis resulted, accompanied by convulsions, paraplegia, and paralysis of the bladder, followed by cystitis. These cases recovered for a time. In the four cases cited by Mr. Robson it was fortunate that the nerves were at the bottom of the sac, especially as Mr. Parker had remarked it was usual for portions of the cord to be involved in the sac. That afternoon he had seen a post-mortem examination on a child dying from spina bifida, in which there were two or four lower sacral nerves passing to points slightly on one side of the median line. He thought that the particular kind of treatment at present before the Society should be considered very carefully, and perhaps put into practice generally.

Mr. ROBSON, in reply, said he was astonished to hear that 95 per cent. of the cases mentioned by Mr. Parker were found to contain spinal cord. Probably in museums the most severe cases were placed. He had operated in eight cases of spina bifida, and in only one he had seen nervous structure in the sac. The filum terminale was probably partly involved in the distension. His only experience of Morton's fluid was from cases that had come under the notice of his colleagues. Bad results had generally followed this treatment in their hands, and they had, in fact, given up the use of it. Many cases had terminated fatally after its employment. The results in the cases he had described encouraged him to pursue the treatment he had recently adopted.

Dr. W. B. Hadden on a case of

CHOREIFORM MOVEMENTS SUPERVENING IN INFANCY AND OF CONGENITAL ORIGIN.

The patient was a female, æt. 22, there is nothing to note in the family history, except that a sister died of fits at the age of 10 months. The mother had had no miscarriages, but was said to have suffered from albuminuria for two months before patient was born. Labour came on at full time, lasted 12 hours and no instruments were used. Very soon after birth the child's head used to fall back, and she did not sit up like other children. Dentition was easy, no fits and no head injury, never walked better than she does now. Movements first noticed when child was aged 7 mos., but did not attract serious attention until the age of 2. Have persisted ever since. Began to talk between the age of 2 and 3. Catamenia appeared at 15, have always been regular but scanty and painful. Patient is a short, stout, well-developed girl. Is quite intelligent, reads fairly, but cannot write, because of the condition of her hands. Head large and flat, but symmetrical, hard palate, a little arched, no deformity of spine. Movements very slight when lying down, and absent during sleep. They are at once noticeable on attempting movement, or if excited, by being watched. Face and upper limbs mainly affected. On trying to speak the face becomes contorted. The angles of the mouth are retracted, upper lip and alæ nasi raised, the forehead wrinkled, the eyelids partially closed. Hence, there are various and rapidly succeeding grimaces. An appearance of gaiety is followed by a frown, by a sniff of disdain and by a momentarily lachrymose aspect. The speech is interrupted and the words brought out explosively, muscles of the back and abdomen unaffected. Very slight movements of the tongue. The fingers are flexed at the metacarpo-phalangeal joints and extended at the phlangeal. But this position is not fixed. Fingers are often expanded and there are simultaneous to-and-fro movements, suggesting athetoses, but more rapid and various. Some rigidity about muscles of arms and forearms. The muscles are well developed and respond well to galvanism. Her grasp is feeble. Her legs are short, well-developed, and as she lies in bed, have very fair power. She cannot stand or walk without help. When supported she shuffles along, the legs overlapping, and the knees rubbing together, and the thighs being adducted. Much resistance to passive movement of the legs; tendon reflexes probably exaggerated; occasional ankle-clonus; sensation both common and special, is perfect; no loss of control over evacuations. The case belongs to a group which, though having individual differences, all possess one common feature, the spastic condition of the legs and the peculiar gait. The spastic paraplegia may exist alone, with or without affection of the arms constituting Charcot's spasmodic tabes dorsalis, or infantile spasmodic paralysis. In two cases described by the author there were atrophic changes in the other extremity. In addition to the present case he has seen two very similar instances. In connection with the spasmodic paraplegia of infants other symptoms may be present, such as fits, mental defect, nystagmus, squint and inequality of pupils, deformity of chest, asymmetry of skull, delayed dentition and defects of speech. The lesion in the case described was probably congenital, a porencephalous defect. Dr. Ross describes a very similar case, apparently due to injury in infancy. The author has never been able to satisfy himself that infantile spasmodic paralysis and congenital athetoses are dependent on injury either during or after birth. Treatment of various kinds was tried in the present case, but without benefit.

Dr. Money said the matter was very interesting from several points of view. That it touched upon the whole of cerebral and spinal pathology. He had much to say, but scarcely knew where to begin. He had seen two cases answering to the first of Dr. Hadden's cases. In one of the cases that had come under his notice the condition was hemiplegic, the movements were limited to the face and one arm. He thought these cases contributed to throw light upon the pathology and physiology of the fibres which passed into the grey matter. The chief symptoms of nervous disease were here exhibited. One answered to cerebral paralysis. There was inability to send volitional impulse to the muscles. There was continuous rigidity, and, lastly, choreiform movements. We had to do with various degrees of innutrition of the nervous cells, and also with varying degrees of innutrition. As regarded the pathological anatomy no doubt the primary lesion resided in the cortex in many cases; but sometimes the disease had commenced in utero, or very soon after birth, in which case the lesion had begun near the decussation of the fibres of the cord. Some cases might be due to disseminated sclerosis although he was unaware that such an event has been verified by post-mortem examination.

Dr. Hadden, in reply, said he was much obliged to Dr. Money for his instructive remarks. Possibly if the course of the fibres was arrested high up there would be spastic condition of the arms and legs, when low down merely spastic condition of the legs would result. This had been shown. The simple atrophy found in cases described by Dr. Ross had arisen during injury at birth.

Mr. John R. Lunn on

CALCULUS AND TUMOUR OF THE BLADDER—LITHOTOMY. DEATH ON THE NINTH DAY.

J. C., æt. 35, married, a stoker by trade, was admitted into the St. Marylebone Infirmary, September 8th, 1884. Four weeks before admission he noticed his water run away involuntarily, and had attended as out-patient at an hospital, where he was sounded. Two weeks before admission he was obliged to give up work and his urine became very offensive and thick. On admission, a No. 10 catheter was passed, which gave the patient a good deal of pain, the urine was loaded with albumen and pus. The prostate seemed apparently enlarged. The patient was again sounded September 17th, when a stone was struck. Lateral lithotomy was performed on the 18th, and a large calculus removed from the bladder, weighing 1½ ounces, composed of oxalates, phosphates, and a little uric acid. In addition to the calculus a new growth was felt, which was too extensive to remove. The day after the operation the patient expressed himself much better and free from pain. Vomiting set in on the third day. He passed claret colour urine through the wound. The left kidney was noted to be enlarged two days before he died, September 26th. *Post-mortem notes* forty-eight hours after death.—The wound in the perineum looked very unhealthy and showed no signs of healing. The bladder weighed 8 ounces, devoid of urine and almost the entire surface was occupied by a new growth. No secondary glands were found. Both kidneys and ureters were distended with purulent matter. The right kidney weighed 8 ounces, the left 14 ounces. I am indebted to Mr. Eve for the microscopical account of the growth. The structure of the tumour had the character of a soft cancer, the cells were rather small and spheroidal, with large nuclei, and were in no part observed to be arranged in walls or nests. In the softer parts of the tumour they were aggregated in large, diffuse, small and rounded masses in spaces formed by a scanty struma, while in the firmer parts the struma was abundant and fibrous, and the cells formed elongated rods and masses.

Mr. Bryant thought that the connection between growths in the bladder and calculus was not very common. Deposits had been found in these cases, but nothing that deserved the name of calculus. He remembered a case of cancer of the bladder in which the whole organ was affected, and a case in which papillomata covered the whole cystic surface. Both these cases were of very long standing. It was surprising to find such extensive disease of the bladder with stone, and no symptoms beyond those described by Mr. Lunn. Mr. Bryant asked Mr. Lunn if there was much bleeding in the operation of lithotomy, to which he replied there was none to speak of.

Mr. Richard Barwell on

THREE CASES OF PISTOL SHOT WOUND. 1. ABDOMEN; 2. CHEST; 3. HEAD.

1. The first case was a wound, self-inflicted with a Derringer of 4-10th inch bore. The bullet passed through the seventh costal cartilage, the diaphragm, the stomach, and just notching the kidney, passed out of the abdomen between the first and second lumbar transverse process. The young man survived 22 hours. The case was introduced partly to show the power of these small pistols, but chiefly as evidence of the very little bruising which small conical projectiles fired at short ranges produce, there being no ecchymoses round any of the openings into the viscera, &c., save a very little at the kidney wound. The second case was that of a gentleman who shot himself with a pistol of under ¼-inch bore. The wound was within the

areola of the left nipple; but the weapon must have been held obliquely, for the bullet, missing the heart by probably very little, passed through about eight inches of the left lung and lay outside the chest near the lower angle of the scapula. There was very considerable hæmorrhage from the wound, and coughing caused the blood to be driven out several feet, there was also a good deal of hæmoptysis. Strict quietude, ice, acetate of lead, and opium subdued in about fifteen hours the external hæmorrhage, but the hæmoptysis continued for six days. Pneumo- and hæmo-thorax together with surgical emphysema were very marked. Pneumonia came on on the seventh day. After the lapse of three weeks, during which he had been in a very precarious condition, improvement set in, which steadily but pretty rapidly progressed. On the thirty-fifth day Mr. Barwell removed the bullet, which he had hitherto avoided, wishing the wound of exit from the chest to become previously closed. Seven weeks after the injury the man was discharged from care, somewhat weak, but quite well. 3. Carl F. shot himself in the mouth and in the ear with a revolver just ½-inch bore, October 24, 1884. The wound first named was on the left side of the soft palate, and penetrating that part inflicted another in the posterior wall of the pharynx. That bullet has never been found, and has given no trouble; it is probably encapsuled among the deep muscles on the left of the spine. The other bullet passed for three-quarters of an inch down the auditory meatus without injuring it on either side, then continuing its directly transverse course, left that channel by a small wound at its posterior part. A probe passed in here touched a substance which Mr. Barwell believed to be metallic, exactly two inches from the margin of the meatus. The depth and direction of the wound caused abstention from any attempt at extraction, because it appeared to Mr. Barwell that the projectile must lie in very dangerous proximity to the lateral sinus. After forty-eight hours, abundance of clear serum became mixed with the blood discharged, it was either cerebro-spinal fluid or liquor cotunnii, the admixture of blood then of pus prevented any testing for sugar. The man, who was singularly apathetic, progressed favourably with the exception that a week after the infliction of the wound the parts about the angle and ascending ramus of the jaw swelled, and shortly after suppurated. On December 4th there was in those parts sufficient disturbance to indicate that the projectile was producing considerable irritation, and ought to be, if possible, removed. Moreover, if, as seemed possible, the lateral sinus had been injured, the wound would in the five weeks have healed. With some difficulty, for it was rather large, Mr. Barwell passed a Nélaton's probe sufficiently far to obtain the lead mark. Making a curved incision behind the pinna he trephined the mastoid process to the depth of three-quarters of an inch; finding a small track leading still deeper he again got on Nélaton's probe the lead stain, but at a distance from the trephine hole of more than an inch. The track was cautiously enlarged with a gouge, a pair of sinus forceps passed down to the bullet, which, although very firmly fixed in the bone was successfully removed. After this operation the man had no bad symptoms, the abscess in the jaw was opened, the trephine hole rapidly filled, and by the middle of December he was well. *Remarks.*—All these men shot themselves, the pistols were therefore held very close, and they all used weapons the projectile of which is driven by the fulminate alone. In the last case the muzzle was on the skin, and in a medico-legal point of view it is important to note that there was no mark of burn nor of powder-tattoo. This, Mr. Barwell says, in his experience is the usual condition with weapons of that description. The other lessons from these cases are that small conical bullets discharged at short range bruise soft parts but very little, and though the projectile possesses very considerable velocity, the immediate result of such wounds, unless some peculiarly vital part be hit, is small. A man may have more than one of these bullets in him, and yet be capable of a good deal of fighting. He may indeed after all recover, as these cases show, even though the wound be long and complicated. The pistol used in the last case, and the bullet taken from the chest and head were shown.

Being now ten o'clock, no discussion followed the reading of this paper.

ACADEMY OF MEDICINE IN IRELAND.

MEDICAL SECTION.

FRIDAY, FEBRUARY 27TH.

The President, Dr. F. R. CRUISE, in the chair.

SURGEON-MAJOR J. B. HAMILTON read a paper on

CHOLERA, ITS ENDEMIC CONDITIONS AND EPIDEMIC PROGRESSION.

The great conflict of views that strikes the investigator and the difficulty experienced in harmonising the opinions of many and equally capable observers were pointed out. Dr. Bryden's observations (as understood by the writer) were alluded to. The endemic area or manufactory of cholera being the delta of the Ganges, a description of the "Sunderbunds" (this delta) was given, and the general condition of insanitation in India. It was pointed out that the excreta of the inhabitants of this vast continent, estimated at 125,000,000 lbs. daily, or some 20,000,000 tons yearly, were deposited on the surface to be desiccated by the sun and diffused by the air, thus fouling the food and water supply of the entire country. The native of India, while exceedingly particular about his food, owing to caste prejudices, was most careless regarding his domestic sanitation, especially his water supply. Illustrations were given of the use of foul water, even in Calcutta, not far from the palace of the Governor-General. The action of the S. W. monsoon was then shown, and the theory of the advance of cholera from the endemic area was illustrated by special reference to the epidemics of 1878 and 1879 on a map coloured to show the areas attacked each year. Dr. Bryden's forecast of cholera attacking the Punjab in 1879 was described, and the value of his knowledge of the progress of epidemic cholera, as shown by the advice given by him to the Government of India to march the army encamped in Afghanistan, in the summer of 1879, through the Khyber into India, notwithstanding the fact that cholera was at the time epidemic at Peshawur and in the Pass. By this movement, it is well understood, many lives were saved, and a possible disaster averted. Bryden's theory of cholera was summed up in the words "earth-born" and "air-borne." The theories of propagation by "water" and "human intercourse" were next gone into. It was pointed out that in India (in the Bengal presidency certainly) the disease advanced with the wind and against the current in the rivers; next, that though the water supply is constantly equally foul, cholera will be absent for years; and lastly, it was pointed out that cholera does not localise itself where the water supply is impure, epidemics ceasing, though the water remains bad, *plus* the addition of cholera poison. At the same time, the influence of a bad water supply was freely admitted in intensifying local outbreaks. Pettenkofer's views were alluded to, especially the case of Fort William, Calcutta, and some remarkable evidence, published by the late English Cholera Commission, was mentioned. It was shown that people drinking pure pipe-water were attacked, while villagers close by remained quite free, though they daily drank of water seen to be swarming with Koch's bacillus, in fact, from one of the tanks examined by him. "Human intercourse" was discussed, and it was illustrated by the Hurdwar Fair, to which pilgrims come by thousands from all points of the compass, and, of course, return the same way, but it was a matter of undoubted fact that cholera was never carried by these pilgrims in a southerly direction, which, of course, would be the case if human intercourse had the influence ascribed to it. But briefly it was stated that cholera in India neither "retrograded nor radiates." The immunity enjoyed by hospitals in which cholera was treated was shown, as out of sixty-seven hospitals only eight were attacked, fifty-nine remaining free. In the writer's experience of sixteen years in India and six epidemics, none of the attendants in the hospitals under his charge had suffered. The fact that cholera was not spread by railways was shown, and the case of Mooltan was alluded to, in which cholera never appeared (though trains from infected districts entered it daily) till rain fell, and then it became epidemic. This latter fact goes to prove the influence of moisture on the action of the cholera poison. It was also admitted that possibly cholera in Europe may take on a more typhus form, and thus become contagious, though the evidence on this head is doubtful. The question of

quarantine was gone into, and this point was summed up as "impracticable, useless, and vexatious," but at the same time, no precautions should be omitted regarding infected ships entering our ports, disinfection of the ship and isolation of the crew being insisted on. The system of evacuation of infected stations and buildings, as carried out in India, was described, and the evacuation of all buildings attacked by cholera in this country advocated. A condition of perfect sanitation was most necessary, and all possible steps should be taken before the advent of an epidemic. The danger of saline purgatives when cholera is epidemic was insisted on, and cases were given, within the knowledge of the writer, where cholera followed doses of Eno's fruit salt. Cholera was stated to be an infectious disease, not after the manner of small-pox or scarlet fever, but was defined as a disease caused by the reception from without of a specific infective material. The difference of opinion regarding a bacillus being the origin of cholera, as held by Koch, was shown, and it was held that at present our knowledge of causation is a blank page. The symptoms of the premonitory diarrhœa were given, and early treatment strongly advocated, as it is only in this stage that medicines can be of any avail. Simple instructions should be circulated, and to the poorer classes an astringent mixture, consisting of dilute sulphuric acid, tincture of opium, spirit of chloroform, and peppermint, should be issued gratis. The symptoms of true or malignant cholera were then briefly given, and the cause of the symptoms was believed to be entirely due to the loss of serum from the blood, though the reason for this action was at present unknown. It was shown that an endosmosis into the intestinal tract was going on, and the inutility of giving drugs or stimulants pointed out. It was further argued that such a course of treatment was positively hurtful, as if reaction set in, the very time it was most necessary the absorbents should be at rest, they were engaged assimilating opium, calomel, brandy, &c., and the patient too frequently died of the secondary fever induced by our previous well-meant efforts. In the algid stage external treatment was valuable—frictions, hot bottles, sinapisms, hypodermic injections; but internally, nothing but ice and soda water to assuage the terrible thirst, so that if reaction should set in the patient would be in the best possible condition for after-treatment, and nature might then be guided to a favourable issue. The present outlook regarding the prevention and treatment of cholera is dark indeed, but it is to be hoped that in the future light may be thrown on this, the greatest pestilence that has ever attacked mankind.

Surgeon-General De Renzy, C.B., had had considerable experience of cholera in India under a great variety of circumstances. In Mooltan, one of the hottest and driest places in the world, the rainfall being only five inches in the year; at Cherrapunji, where the rainfall is 500 inches a year; at Backergunge, a few feet above the level of the sea; and in the Himalayas, at a height of 7,000 feet; on sandy soils and clayey soils, and in villages built on hard rock; at places where the subsoil water was within a few feet of the surface, and where the soil was as dry as possible to a depth of 100 feet. The maps exhibited did not accord with the facts. The endemic area of cholera was not at all so sharply defined as represented. It included great tracts of country widely separated from the delta of the Ganges. The Brahmaputra Valley, on one side of India, was never free from cholera, as the tea planters knew to their cost; and Bombay, on the other side, has never been entirely free. Previous to 1865 the mortality from cholera in the city of Bombay ranged from 2,000 to 5,000 deaths a year. Since the introduction of a good water supply in the year mentioned the number of deaths has been comparatively small, except in the famine year, 1879, when vast numbers of famine-stricken creatures flocked into the city. Neither were the diagrams representing the cholera mortality after the Hurdwar epidemic of cholera in 1867 correct. The reason of the mortality appearing so heavy in the country N.W. of Hurdwar was that the registration of deaths was more carefully attended to in the Panjab. In other provinces there was no regular machinery for the registration of deaths. With regard to the question of cholera being carried by the wind, the best way to treat it was to bring precise, well-authenticated facts to bear on it. He adduced several which entirely negatived the supposition. In 1867 the British infantry at Meerut lost 12 per cent. of their strength, while the artillery and cavalry, which lay within a few hundred yards of the infantry, were nearly as healthy as they would have been in England. The atmosphere in both cases must have been practically the same. Surgeon-General De Renzy's experience led him to believe that where the water supply was taken from a pure source, and was distributed in such a way as to be secure against contamination, cholera could do comparatively little injury.

Dr. Henry Kennedy mentioned the fact of vessels leaving port perfectly healthy, and yet on the voyage an immense number of men had been swept off. In London a plan had been recently adopted which was worth a trial—namely, the transfusion of saline fluids into the veins. As much as eighty ounces had been injected, and in some cases with success.

The Registrar-General (Dr. Grimshaw) expressed himself in favour of the belief that cholera was principally spread by human intercourse, and that one of the great influencing causes was bad water, as pointed out by Surgeon-General De Renzy. It was proved that the appearance and progress of cholera in this country followed directly from human intercourse.

Dr. J. R. Burke, R.N., Deputy Inspector-General of Hospitals and Fleets, and Dr. C. F. Moore having also joined in the discussion,

The President considered that if there was anything certain in medicine it was that cholera was communicable from person to person.

Dr. W. M. A. Wright read a paper on a case of

SLOUGHING OF THE RECTUM.

The patient was a lady, æt. 65, who had had piles for the last twenty years, but who was in other respects quite healthy, who led an active out-door life, and whose bowels were stated to have acted most regularly, became ill on January 22nd, 1884. When visited the following day she said her piles had become inflamed, and on examination a ring of them was found external to the anus, nipped by the sphincter, much congested, very tender, and irreducible. Anodyne treatment was adopted locally and generally; on the 25th profuse leucorrhœa set in; on the 27th complete retention of urine, which lasted for eight days; on the 28th diarrhœa came on, and the skin over the gluteus maximus on both sides of the anus, but especially the right, became very tense, red, glazed, and erysipelatous looking. On Feb. 1st an external opening formed on the right side, about an inch from the anus, and almost all the fæces began to pass through it; by the 4th, power over the bladder was regained, and the inflammation had sufficiently subsided to allow of a rectal examination, when an enormous mass of fæces was found, broken up by the finger, and partially removed by an enema; daily enemata removed the entire mass by the 10th. When the fæcal tumour was partially got rid of, the internal opening was made out clearly about one and a-half inches up the gut on the right side, and as large as a half-crown piece. On the 14th a secondary abscess, with odourless pus, opened into the fistula, after which recovery was uninterrupted. *Remarks.*—The inflammation of the piles and sloughing of the rectum was undoubtedly caused by the pressure of the fæcal mass (just as a fœtal head may cause sloughing of the vagina in the second stage of a tedious labour); the periproctitis and erysipeloid condition of the skin over the buttock were caused by the escape of the fæces into the cellular tissue of the ischio-rectal fossa. No cases quite analogous were found recorded. The retention of urine was probably after. A vaginal examination would have revealed the cause sooner, but could not have altered the treatment. The patient when last seen, nine months after the attack, had quite recovered; the fistula was completely closed, the bowels regular, and no symptoms of stricture present. Operative interference was refused when it became practicable.

Dr. Finny referred to a case under his care in which a vaginal examination revealed the true cause of the symptoms to be a mass of impacted fæces in the rectum.

Mr. Doyle and Mr. Foy having made some observations,

The President mentioned that the late Sir Dominic Corrigan used to lay down that when a diarrhœa obstinately continued the rectum should always be examined, and it would often be found that there was either fæcal accumulation or cancerous ulceration.

Dr. Wright briefly replied.

Dr. WALTER SMITH read notes of

FOUR CASES OF ACUTE PNEUMONIA OCCURRING IN MEMBERS OF THE SAME FAMILY AT OR ABOUT THE SAME TIME.

Case I.—Boy, æt. 16, first seen on third day of illness. A very severe case, terminating fatally on the morning of the ninth day. The respirations were rarely below 60, and there was constant delirium. Right lung first affected; then the left lung involved. Case II.—Boy, æt. 13, seen on the second day of illness. Pneumonia of base of right lung, spreading on fourth day to base of left lung. Crisis on ninth day, and good recovery. Case III.—The youngest boy, æt. 7, seen on first day of illness. Pneumonia of right base. A mild case, terminating by crisis on fourth day. Case IV.—An adult sister of these boys had been ailing for some time with a severe cough, but struggled on until obliged to give up. Pneumonia of the left base, ending favourably by crisis. The four cases developed within a few days of each other. The chief point of interest, suggested by examples of multiple cases, is as to their ætiology. That is, are they instances—(*a*) of epidemic pneumonia; (*b*) of infectious pneumonia, imported into a house and spreading from person to person; or (*c*) of pythogenic pneumonia? The sanitary condition of the house in which these patients lived was very indifferent, but it may be observed that the Report on Acute Pneumonia of the Collective Investigation Record, Vol. II., furnishes "no ground for asserting that multiple pneumonia is associated with exceptionally bad sanitation."

Surgeon-General DE RENZY called attention to the frequency of epidemics of pneumonia in the Punjab, and believed the disease was of an infectious character.

Dr. W. WRIGHT mentioned two cases parallel to those noted by Dr. Smith.

Dr. J. W. MOORE espoused the view that pneumonia should rather be styled pneumonic fever, and thought that a correlation existed between pneumonia and enteric fever as regards prevalence.

Drs. C. F. MOORE and DOYLE also joined in the discussion, and Dr. WALTER SMITH replied.

LIVERPOOL MEDICAL INSTITUTION.

THE tenth ordinary meeting of the Session was held on Thursday, March 5th.

Dr. GEE, President, in the Chair.

THE GOOD *v.* WHITTLE FUND.

Before the commencement of the ordinary business, the report of the Good *v.* Whittle and others Fund Committee was submitted to the meeting, and the Treasurer's statement read, after which the President presented Drs. Whittle and Hutchinson with a cheque for £169 17s. 2d., being the amount subscribed to the fund after deducting the expenses of collecting. The presentation was accompanied by a few well-chosen words expressive of the sympathy felt by a great number of the profession for Drs. Whittle and Hutchinson, as shown by the number of subscribers to the testimonial. The presentation was feelingly acknowledged by Dr. Ewing Whittle, Dr. Hutchinson and Dr. Glynn Whittle also expressed their thanks for the substantial sympathy extended to them.

SPECIMENS.

Mr. JOHNSTON showed a kidney with accessory vessels.

Dr. BOSTOCK showed a radius in which fibrous union of a fracture had taken place.

Dr. BURTON showed as card specimens the uterine appendages of a woman, æt. 32, operated on in the Hospital for Women, in which the left ovary was the seat of a large abscess from which about 2 oz. of pus were aspirated, and the right of several smaller ones. Both fallopian tubes contained caseous looking deposits.

Dr. RAWDON showed a boy on whom excision of the ankle had been performed. The boy was able to walk well and there was very little deformity.

Mr. RICHARD WILLIAMS showed a case of trachoma of the ocular conjunctiva the seat of which was the external angle of the eye. He remarked that the appearances were not nearly so well marked as before the commencement of treatment.

Dr. GROSSMAN showed (1) a superior maxilla removed for malignant disease (epithelioma). The tumour was so large that it could not all be removed. Shortly after operation erysipelas attacked the parts with the result that the disease remained stationary for four weeks and then began again. He thought that treatment by means of the thermo-cautery might be with advantage carried out; and (2) a case of ivory exostosis of both orbits with photographs. The growth sprang from the inner part of the orbit, its progress was extremely slow, and finally brought on exophthalmos. It began four years ago, no cause for it was known. Pain was of fair amonnt but not very frequent.

Mr. EDGAR BROWNE had had a case of ivory exostosis in which he had operated with advantage, by drilling parallel holes and cutting away above the level of the drill-holes.

Dr. KNIGHT for Dr. Little, related two cases of excision of the knee-joint, which illustrated the difference of results sometimes obtained from the operation, the union in one case being bony and the other fibrous.

Dr. ARMAND BERNARD then read a paper on

THE TREATMENT OF SECONDARY SYPHILIS.

which will be found at page 281.

The PRESIDENT commenting on this paper, referred to the important part played by tertian syphilis in many obscure diseases, and especially those of the nervous system, and hoped that some speaker would take up this part of the subject,

After some remarks by Dr. JAS. WILSON,

Mr. PUZEY said that he had sent patients to Woodhall Spa, and had seen a good deal of benefit from treatment there. The treatment for syphilis in general had altered wonderfully during the last twenty years. He thought a portion of the change was due to Dr. Broadbent's lectures, in which the value of mercury in tertiary syphilis was shown. He agreed with the reader of the paper that no special treatment was necessary in ordinary cases, but there were certain cases in which induration was very marked, in which it was necessary to push mercury to sponginess of the gums, and this even before the eruption appeared. The prejudice of the public against mercury had been much diminished in recent years. Syphilitic iritis was very rare in private practice, and it yielded rapidly to appropriate treatment by atropia and belladonna.

Dr. BAILEY had met with cases that had been well treated and then neglected, in which tertiary syphilis had shown itself. One gentleman showed it twenty years after the primary affection, the later symptoms coming on after injury in a railway accident.

Dr. CARTER combatted Dr. Bernard's statement as to the uselessness of sarsaparilla. He had given it in several cases in the Royal Southern Hospital, and the results were so satisfactory that he had published them in the *Practitioner*. The cases he alluded to were of advanced cachexia, thin hair and slow spreading ulceration of the soft palate. Iodide of potassium was given but without benefit. They were then given large doses of the compound decoction of sarsaparilla alone without other medicine. It should not be wholly despised. The negro medicine mentioned by the late Marion Sims consisted largely of sarsaparilla and stellingia.

Mr. C. G. LEE said that very many cases of iritis were not amenable to treatment, and thus often became the subjects of iridectomy.

Mr. SHEARS said that the syphilitic afflictions of the retina accompanied by large and serious hæmorrhages into the retina, were still less amenable to treatment. They recovered, but with impaired vision.

Mr. F. W. LOWNDES said that mercury commenced early, modified the course if it did not prevent the occurrence of secondary symptoms. He gave hyde c. creta and Dover's Powders. He scarcely ever had occasion to complain. The treatment was certain but rather slow. Mercurial baths were extremely useful. In regard to inunction his experience had been somewhat happier than his colleagues. There was one objection to it; some patients were apt to use the ointment rather too freely. He agreed with Dr. Bernard as to the remarkable absence of tertiary syphilis. He could only call to mind two deaths in ten or fifteen years.

Dr. ARCHER said that when he was at the Mill Road Workhouse Hospital a large proportion of the cases were suffering from tertiary syphilis, and suggested that the cases of tertiary syphilis were more likely to drift to a workhouse than to the Lock Hospital.

After some remarks from Dr. Harvey, Dr. Bernard replied.

Special Articles.

CREMATION IN AMERICA.

In connection with Sir Henry Thompson's lecture last week the following code of rules which are to regulate the application, and cost for the cremation of each body at the new Lancaster crematorium in the States will be read with interest.

1st. *Application.* All applicants for cremation of bodies must present a certificate of death, signed by the physician attending during the last illness, whose standing as a reputable practitioner must be attested by a magistrate or notary public. A blank for this purpose will be furnished by us; but in lieu of this, the certificate of the health officers of cities, in legal form, will be accepted.

6th. *Cost.*—The cost of incineration is 25 dollars. The additional expense of conveying the body from the depôt to the Crematorium, service of undertaker, one coach for friends accompanying the body, and a plain receptacle for the ashes, will aggregate 10 dols. This amount (35 dols.) must be received by us in current funds, postal order, or certified cheque, before the body is cremated. A hearse will be furnished when desired at 5 dols., and additional coaches when needed at 3 dols. each. Urns to receive the ashes will also be furnished when desired, as soon as arrangements now in progress are completed. The editor of the *Med. and Surg. Reporter*, in whose paper the foregoing appears, writes, "In this matter of cremation, sanitarians are the proper judges (as to the balance between the *pros and cons* of the question), and they decide that cremation is the best method of disposing of the dead, that it entails far less risk upon the living than does the method of inhumation." That such is the case who can doubt, when the mind is allowed for one moment to reflect upon the slow horrible process of oxidation, and destruction by loathsome worms, that is daily going forward in our midst, in the cemeteries and grave-yards, in and around our cities and throughout the country at large. It is but a surface sentimentality, that sees in the present disposal of our dead, any ideal, of either beauty, or a peaceful and unbroken rest. "Dust to dust and ashes to ashes" is the end to which man must come. Decomposition and decay, are but slow forms of the same process that takes place in cremation. Both are merely forms, differing in rapidity, of the process of oxidation; the one occupying years, and then only imperfect, the other thirty minutes, and complete. The disposal of the body has no possible connection with the distinct fate of the spirit; a fact, which disposes of anything in the shape of religious objections to the process of incineration. Those who still desire to see grave-yards the last resting places of the ashes of their friends, can have their wishes gratified, but under vastly altered circumstances. If cremation were generally adopted, these resting places might be kept trim and pleasant to look at, no longer affording so much food for cynical reflection upon the frailty of human grief, and the brief remembrance of those who have gone, in the abounding neglect of graves and their surroundings. The decay of the body does its work in causing the graves to fall in, and the head and border stones to become crooked and out of place. The result is well known to all who visit our present burial places. Such could not be the case were cremation adopted. If true sentiment is to have weight, it leans heavily in the scale for the adoption of the rapid method of oxidising our bodies when the spirit has flown. Surely it is time, that option and opportunity should be afforded to those who are in favour of incineration, to have their wishes gratified. The medico-legal is the true difficulty in the way, but, under proper precautions, the risk of misadventure in this direction might be reduced to a minimum. That the prejudice against such a disposal of our dead, is less strong now than it was some years ago, is a well-known fact; and, it is equally well known, that much of the opposition which is met with is most superficial, not based upon a proper careful consideration of the subject in all its bearings, and, that in the majority of instances, when there has been time for reflection and consideration, it ceases.

Cremationists cannot hope to escape the fate of all innovators, *i.e.*, that opposition of old-standing prejudices, however unreasonable, but they can afford to wait, for the views they advocate are true, whether they are looked at from a health, a sentimental, or a religious point of view. The measure they advocate secures a speedy and beneficial fulfilment of man's fate, that he shall return to mother earth as "Dust to dust," and as "Ashes to ashes;" his resting place being no longer a source of painful contemplation to those he has left behind him in the race to the goal.

MODERN MILITARY HOSPITALS FOR HOT CLIMATES.

Her Majesty's Government having requested plans for the erection of a military hospital suitable for hot climates, and for unusual sites, a model has been designed by Sir Andrew Clarke, R.E., and Mr. E. Ingress Bell, A.R.I.B.A. Having been invited to a private view of this model hospital, we are enabled to furnish a description for the information of our readers, interwoven with some opinions of our own, from a practical medico-military point of view. Each ward circular in form, is intended to have an internal diameter of 66 feet, and a height of 24 feet, thus giving a total of 2,600 cubic feet, and 130 superficial feet to each of the 26 patients for whom it is intended. To each bed will be assigned eight feet of wall space; between the different beds there will be a distance varying from 5 feet at the head to 3 at the foot. Light and ventilation will be amply provided for, the former by windows in proportion of one to every two beds, the latter by those windows, and in addition by ventilators and a shaft acting horizontally and perpendicularly. In the large space left otherwise vacant in the centre of the ward, six columns of different sizes will support a ventilator, to be raised above the level of the baracca, or upper roof, which, after the manner of the ancient Egyptians, is intended to be erected over that of the ordinary ward. In that space, a stove in winter, a fountain in summer may be arranged; there also such of the patients as are able to do so may sit and amuse themselves.

The ward unit, such as is here described, and more fully shown in the general plan of the intended hospital, admits of being multiplied to any required extent, bearing in view that the hospital represented is intended to be essentially fixed, not moveable. In regard to all the ordinary requirements of such an establishment, including out houses, administration, residences for medical officers, attendants, &c., water supply, warming, illuminating, &c., the arrangements indicated in the plan are very complete. But inasmuch as the proposed object of the designers is to supersede the rectangular form of ward, by the circular, we naturally inquire what are the advantages supposed to be possessed by the latter over the former. On this point, we confess that the impressions we have formed from a first inspection of the plan and model are that not only do they present no advantage whatever over the rectangular shaped ward, but that they combine some obvious disadvantages as compared with that form. A few examples of such inconveniences must here suffice. The very great diameter of the ward, as compared to an ordinary hospital ward, namely, 66 feet as against 26, thus leaving an interval of 48 feet as against 10 between the feet of opposite beds, is disadvantageous in two ways. It gives really a fallacious impression of superficial space occupied per man, much of that space being virtually wasted; it also renders horizontal ventilation

impracticable. The circular form, assuming it to be adopted in India, would induce stagnation of air, and would, moreover, render it most difficult, if not impossible to efficiently make use of punkahs; while it would be altogether impracticable to take full advantage of thermantadotes. With regard to perpendicular ventilation by means of the central ventilator, it is very questionable how far this provision would act except when aided by artificial means; in tropical climates, where the normal temperature outside and in the interior of the ward would be as nearly as possible alike, and where artificial means of the kind required could not readily be applied, it is to be feared that there would be no upward draught whatever. Another disadvantage of the large circular ward, and it a very serious one is, that a number of sick men in all stages and conditions of their sickness, together with their attendants would be constantly in view of one another. For these reasons, and there are others, which could be mentioned, we would hesitate to recommend the erection of a hospital consisting entirely of circular wards. There appears no particular reason however, why one such ward should not be erected by way of experiment, all other wards being of the usual rectangular shape. Except in this one respect, the entire arrangements as represented in the plan and model examined by us, appear to be excellent in every way.

France.

[FROM OUR OWN CORRESPONDENT]

ERYSIPELAS AND THE EMPLOYMENT OF ANTISEPTICS.—At the Academie de Médecine M. Verneuil read a paper on "Erysipelas and the Employment of Antiseptics," in course of which he said that, although it is acknowledged by all that the antiseptic method has less influence on erysipelas than on infectious diseases, yet it is no less true that the malady became much less frequent in surgical cases, since antiseptics were so freely used. He remarked that in the service of M. Gosselin 133 cases of erysipelas occurred during three years succeeding 1862, while M. Verneuil in the same period of time, but exactly ten years later, had only 30 cases with 7 deaths. At present, although the disease had still diminished in the Hôpital de la Pitié, it nevertheless persisted in a sort of chronic state. He thought that precautions should be taken outside the hospitals by the ordinary practitioner, so as not to allow if possible those cases to go to the hospital, for it was well known that the poison was often introduced by the patients brought in. M. Gosselin said that during the last eight years he had only seen 86 cases of erysipelas in la Charité, with 23 deaths. His method of dressing consisted of camphorated spirit and Listerism. M. le Fort declared that the camphorated spirit dressing gave him always the greatest satisfaction.

DEPOPULATION IN FRANCE.—At the Académie de Médecine, M. Fournier, in admitting that moral constraint was a powerful cause of the diminished births, thought that syphilis was still more potent. Of 200 families observed outside the hospital in which the husband was syphilitic and the mother healthy, there were 403 births with 115 dead children. Where the mother was affected the proportion was still greater. The noxious influence of syphilis on children was so great that it was rare to find one, even, reach the age of one year. The general statistics declare that syphilis kills 68 per cent. of the children of tainted parents. However, it must be confessed that the number of births have diminished. In 1880 there were 33, 1 in 1,000 inhabitants, while in 1883 the births were 24, 8.

CHLORIDE OF METHYL SPRAY.—M. Tennesson gave a *résumé* at the Société Médicale des Hôpitaux of 31 cases of pain treated by a spray of chloride of methyl. Out of 10 cases of sciatica 9 were cured by the first application, and of 11 cases of muscular rheumatism 2 only resisted; in 5 cases of articular rheumatism the pain disappeared after one discharge of the spray. Several cases of "stitch" of pleurisy and pneumonia were immediately relieved, and the patient got well. In order to prevent any accident—gangrene, for instance—imputed to this method, the spray should not be continued longer than 5 or 6 seconds.

COCAINE IN DISEASES OF THE PHARYNX AND LARYNX.—M. Gonguenheim, member of the Société de Thérapeutique, gave the results of his researches on the treatment of diseases of the pharynx and larynx by cocaine. The solution which he uses is composed as follows: Hydrochlorate of cocaine, 16 grains; water, ʒv. Swabbing with this solution twice a day has relieved the distressing dysphagia of tuberculous laryngitis in a most satisfactory manner. There was one drawback to its employment, and that is, the high price of the alkaloid (18s. the 16 grains or gramme).

THE increase of crime in France is occupying the attention of the authorities, for in the last few years it has been threefold what it was before. Assassination is becoming alarmingly frequent, and violation of children has increased in frightful proportion. Infanticide is still practised with untoward frequency.

REGISTERED FOR TRANSMISSION ABROAD.

The Medical Press and Circular

Is published every Wednesday morning. Price 5d. Post free, 5½d.

POST FREE TO ANNUAL SUBSCRIBERS . . . £1 2 6
,, IF PAID IN ADVANCE 1 1 0

Post-office Orders and Cheques to be drawn in favour of—
A. A. TINDALL, 20 King William Street, Strand, London, W.C.
A. H. JACOB, 8 Molesworth Street, Dublin.

Agents for Scotland:—
MACLACHLAN and STEWART, South Bridge, Edinburgh.
A. and W. STENHOUSE, Hillhead, Glasgow.

Sole Agent for the Continent:—
JOHN F. JONES, 31 Bis, Rue du Faubourg Montmartre, Paris.

ADVERTISEMENT SCALE—Whole Page, £5 0s. 0d. Half Page £2 10s. 0d.; Quarter Page, £1 15s. 0d.; One-eighth Page, 12s. 6d.

Small Announcements of Practices, Assistancies, Vacancies, Books &c., of Seven lines or under, 4s. per insertion; 6d. per line beyond

Considerable reductions are made from the foregoing Scale when orders are given for a series of insertions. Letters in this department should be addressed to the Publishers.

SUBSCRIPTIONS FOR FRANCE are received by Messrs. BAILLIERE, Rue Hautefeuille, Paris—post free in advance, £1 3s. 6d. per annum.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 1, 1885.

DOCTORS AND DOCTORING.

OUR lively and pungent contemporary, *Truth*, in a recent number, takes up the burthen of the "old, old

story," and, having nothing better to do, takes a shy at the Doctors. Under the above heading, it has one of those easily written and pleasant to read articles, in which a few grains of truth serve as the foundation for any quantity of "chaff;" those who see a pun will kindly excuse it. Such articles are quite as much appreciated by members of the profession as they are by the laity, but, for thorough enjoyment by the latter they must be read when in good health, when there is no twinge of gout or disordered liver to remind them they are mortal, and therefore liable to require the services of the much abused medical man. When we read them what queer reflections do these articles excite. In the first place, which of all the professions tries so earnestly or so patiently to cut its own throat by preaching in season and out of season those laws of healthy living which, if absolutely conformed to by the laity, would do so much to take the bread from out of our mouths. As far as we know not one. Daily we are trying to educate the public to a proper knowledge of the evils of defective drainage, ventilation, and other house sanitation; also to impress upon them the necessity of avoiding the evil effects of prolonged mental or bodily strain, of over eating, or irregular or improper diet, and the absolute necessity for regular meals, exercise, and recreation; but to what purpose? Who listens to us? A few enthusiasts, who, perceiving the truth of our teaching, have the good sense, perseverance, and moral courage to follow them out. Medical men themselves sin against knowledge. Knowing what is right they yet fall short in their performance, and are compelled at times to quote to their patients the old saying, "Do as I say, and not as I do." Indeed, doctors are almost the first to laugh at themselves, and to joke at their own expense. They rarely refrain from telling a good story, even when it tells sorely against themselves. They can afford, however, to do so, since there is deeply ingrained in human nature the dislike to pain, discomfort, and death, which compels all alike to seek the aid of medicine, when the functions of the body are astray. In and out of the profession this tendency is the same, and it is often an amusing part of our medical experience, to see the scoffers changed into the meek and compliant patients, ready to do or to swallow anything their medical advisers may deem fit to order them.

It is all very well for the writer in *Truth* to quote Sir William Jenner's saying, "The Science of Medicine is a barbarous jargon, and every dose of medicine is a blind experiment;" and Majendie's address to his students, "Gentlemen, medicine is a humbug. Who knows anything about medicine? I tell you frankly I don't. Nature does a good deal; doctors do very little—when they don't do harm," with approval, following it up with the opinion that "the doctor is often superfluous, sometimes mischievous, and occasionally fatal." These opinions are, as we said before, easily written, and amusing to read, but there their influence ends. Few have the courage to act up to the teaching implied therein, and of the few who do, some may possibly do well but the majority come to grief, and too late seek the help before despised. On the whole we do not think there is such widespread dishonesty in the ranks of our profession as such writers imply. We do not think that medica men wilfully and knowingly hang on to cases where their services are not required or specially desired. This is a charge which ought not to be brought forward in a light or thoughtless spirit, for it may, and indeed must, do mischief, of which those bringing it never dreamed. There are few difficulties in the practice of our profession greater, or requiring a nicer sense of touch and tact than that of knowing exactly when to give up or slacken off an attendance. With the patients' friends, "neglect, indifference and carelessness" are the charges brought against the man who gives up too soon, or who makes his visits at too prolonged intervals; "over attention, and the desire to get all he can" is the comfort in store for him, who, anxious for the welfare of his patients, is not sparing of his attention and trouble. Indeed, there is but one solution to this difficulty, and that is, that medical men should do what their conscience tells them is right to do, and leave the result to be what it may.

Our friend in *Truth* again says, "There is another dubious side of the question. Doctors often say to you, "Be sure you come to me at once. I can arrest disease at an early stage; but delay—hesitate! hesitate!—and you are lost!!' This is just one of those dangerous half truths whereout doctors do suck no small advantage." This shows how very little the writer knows what he is writing about, or else does not, even in the qualifying remarks which follow, express himself with that clearness his subject requires. If he were specially retained as an advocate for the pecuniary interests of the profession, he could not take a better line of argument to serve them than is here implied, *i.e.*, that people ought not to consult their medical advisers too soon. Further on he is good enough to say there are conditions when the application or administration of remedial measures are likely to be of the utmost service, but he seems to take it for granted that his readers are sufficiently clever to be able to recognise the incipient stages of those diseases, in which he believes early treatment may prove so far useful as to turn the scale for health or permanent disease. The members of the profession generally, we think, will find no difficulty in assuring him that, as a mere matter of daily experience, the worst cases, longest attendances, saddest results, and biggest bills, may be traced to the neglect of those slight premonitory symptoms, which had no significance for the patient, but which, would have been full of meaning for the medical man. That our critical friend does not mean to be unkind the following passage shows, "Still in picking a few holes, not unkindly, I hope, in current medical practices I wish fully to admit the extent of our obligations to the general kindness, knowledge, counsel, and diagnosis of physicians as a class, whilst the enormous strides made by surgery in so many departments are amongst the marvels of modern civilisation."

The article, as we have already said, is amusing to read, and we may rest assured it did not cost the writer much trouble in its composition. It is quite in an old and well recognised style, but is in itself of little value, since, in the first place, it is most unlikely to change the manners, customs, and various modes of life of the pre-

sent day; nor, when a man feels seedy does it quite show him the way to get rid of that feeling of seediness. There must still be an appeal to the doctor, with, we trust, the usual result under the circumstances, *i.e.*, an early consultation, speedy relief, and a short attendance.

MEDICAL DEGREES FOR LONDON STUDENTS.

THE negotiations with London University directed to the object of obtaining such modifications of the M.B. regulations as shall bring this degree within reach of every ordinarily industrious student of medicine were advanced another step on the 18th ultimo, when a committee of the Senate conferred with a deputation of representatives from the various schools. The avowed object of the conference was to consider the advisability of holding the preliminary examination twice in each year, instead of only once, as at present, but the expressions of opinion that were evoked in discussing the subject may be taken as suggestive of many more points than the one immediately considered. As to the necessity for the principal change to more frequent examinations a unanimous vote was given; and in connection with the details of the examination itself several highly desirable alterations were proposed. One of these referred to the date at which the tests should be held, and there can be little doubt that the most appropriate periods for them are those shortly antecedent to the date of entry at a medical school—viz., prior to the commencement of the summer and winter sessions. A forcible reason for this course is contained in the suggestion made at the conference, that in the future the "preliminary scientific" will hold a position similar to that occupied by the preliminary arts examinations. One, quite as much as the other, ought to be, and should be, passed before the commencement of medical studies, and the whole force of opinion seems steadily to point to an acceptance of this, as much in the case of London University as of any other diploma-granting corporation.

Another very important point is that relating to the manner in which the examination must be passed. The more enlightened plan of permitting candidates to pass in part of the various branches of knowledge, and thus encouraging accurate study, has approved itself even to so conservative a body as the Royal College of Surgeons, and it is curious to note that a large number of the representatives of medical schools at the conference showed a spirit of antagonism to the proposal to give students rejected at the examination in question credit for the subjects in which they *do* satisfy the examiners, and to submit them to re-examination in those subjects in which they had previously failed. It is inconceivable that the existing system of demanding the whole of a long string of subjects *each time* a man is examined can have any other effect than burdening him with a weight which never sufficiently impresses his mind to leave more than the faintest mark when once the examination necessity for it can be thrown aside. Indeed, it is often the case that young men, straining to keep up some knowledge of all the sciences comprised in the schedule, are placed in a position that they are not equal to, and encounter most unmerited failure in consequence; whereas, had they been given the option of taking up the subjects on two or more separate occasions, they would not only be spared the pain and annoyance of rejection, but would be also efficiently grounded in the subjects of examination.

It is doubtless due to the fact that the majority of the representatives are London University men, and anxious as such to maintain the character of the degree for "stiffness," that this view does not obtain among them; but unless the whole movement for reform and improvement is to end in absolute failure it is certain that relaxation must be permitted in the direction indicated.

It was suggested that difficulty would be experienced in dealing with students who, having under such a scheme passed but a portion of the examination, had still part of it to accomplish; and a feeling of unwillingness to allow such men to go on with hospital work pending completion of the preliminary scientific test was expressed. A little reflection, however, will prove the imaginary nature of the obstruction. Few teachers are unaware that any student of average ability will find ample time in his first session to acquire an examination knowledge of a single scientific subject, especially now that his physiological and anatomical studies are so carefully limited and prescribed. Besides, the importance of conserving the time to be spent in qualifying for practice is itself a plea against any obstacle to commencing the technical curriculum as well as the question of expense. But the University itself might in many cases, and especially when good examinations have been passed, remove all difficulty by reducing the time to be spent in hospital work by such distinguished students. Indeed, in this matter of time the University is far too seriously exacting, for it is by no means desirable that it should exact from every student the full four years of hospital work subsequent to passing the preliminary scientific.

But perhaps the most important subject for consideration in connection with that under review is the matriculation examination. Far more even than the "prelim. sci." does this affect the interests of medical students, inasmuch as it must be passed by all who would obtain the M.B. Now until the whole scheme of this test is altered in conformity with modern requirements, the M.B. can never become a popular degree. Even then, however, the absurd restrictions attending the latter must be removed, and it must be permitted to any qualified medical man to pass the examination in the degree irrespective of intermediate period of study, that is, he must be allowed to take them in order, rapidly as they occur; and so, depending on his power of satisfying the examiners in each case, pass on without delay to the final test. Proof of qualification and of hospital attendance ought alone to be demanded from those already on the *Register*, while the compelling clauses as to time and duration of study ought only to apply to those *in statu pupillari*.

We would thus sum up the changes that must be made ere a satisfactory or sufficient improvement is possible as the following:—(*a*) Permission to pass the various examinations in sections, as is being done at the great corporations in England. (*b*) Permission to calcu-

late the duration of the curriculum from the date of passing *any part of* the preliminary scientific examination. (*c*) Permission to qualified men to disregard intervals of time, and to take up the various examinations for the degree as rapidly as they may desire, and after lodging certificates, &c., of study.

LUNACY LEGISLATION IN THE LORDS.

The phlegmatic functions of the House of Lords were stimulated last Thursday by the introduction of the new Lunacy Bill, under the pilotage of the Lord Chancellor. His lordship, after traversing the history of past legislation, expressed his conviction of the necessity of consolidation in remodelling the lunacy laws. He sketched the history of recent agitation, and referred to the present position of licensed houses on the lunacy map, and the strong expressions which have lately emanated from judicial benches because of the present state of the law in regard to the liberty of the subject. The new Bill is not yet ready for the public gaze, and we must therefore meanwhile content ourselves with the assurance implied in the Lord Chancellor's statement that an honest attempt is being made to deal with the several defects in the law, especially with reference to the initial measures for confining persons as lunatics. The law and practice of Scotland have been made considerable use of in concocting a scheme of reform. The provisions for the reception and detention of private patients have occupied a large share of attention, and detention will be made legal only under an order of the judge of the county court, a stipendiary magistrate, or a justice of the peace. The Lord Chancellor added to this a saving clause to the effect that if their lordships could suggest a better substitute than a justice of the peace he would gladly efface this functionary. In this, as in other proposed features of the new measure, we see a conformity to Scotch practice, but, whereas in the latter there is something like solidarity, in the former the responsibility is weakened by its wholesale distribution. We object still more to the new departure for another and more weighty reason, viz., that the uniformity of procedure with respect to the committal of all classes of lunatics is as far from attainment as ever, and we are multiplying responsibilities and diversifying functions for the detention of individuals who, but for the accident of fortune, have identical citizen rights and privileges. The liberty of the poor man is as sacred as that of the rich; and to the one as much as the other is illegal detention a cruel hardship. Scotland has virtually the same law for the committal of rich and poor alike, and the uniformity is sound in principle and safe in practice. Claims for illegal detention are unknown in Scotland; and the cost of procedure is moderate and reasonable for all classes. Why England should not obtain a more uniform means of committal is one of those things difficult to understand, except on the assumption that the framers of the new Bill have not mastered the subject, or having mastered it, lack the courage and endurance to crush out of English lunacy what is rotten and obstructive, and clearing out a new path, to establish on a surer basis the first principles of a sound lunacy statute.

With other items of the Lord Chancellor's speech we have, in the meantime no concern, as they were inadequately reported, and without the Bill to guide us, might be wrongly construed. This exception only we make—that the important item of private asylums received an exposition lucid and broad enough to enable us to draw certain gratifying conclusions. If we are not mistaken, there has been a lack of spirit in dealing with this matter also; but in not yielding to the clamour for the abolition of private houses, his lordship has evinced a wise caution. The destructive faculty is more easily put in exercise than the constructive; and his lordship has evidently been inhibited by the necessity of structural resolution which arbitrary abolition would immediately entail. While county and borough justices may buy up private asylums at a fair market value, the compulsory abolition of them has not been considered a wise step, "looking at the great number of patients in private asylums, and the want of preparation for their reception elsewhere." It is provided that after five years no paupers shall be received in licensed houses, and the consent of the Commissioners will be necessary in future before the justices can license a provincial house.

We have always unflinchingly contended that in the agitation against private asylums the just rights of proprietors were not respected. We are glad that amidst the tumult of contending parties the voice of reason and common sense has held sway in the councils of the legislature, and borne fruit in a measure which, in so far as it bears on this chronic heart-burning question, pronounces emphatically in favour of a class which has been scorned and abused by the fanaticism of an organised mob and the bitter animosity of some medical journals not remarkable for the tenderness of their professional sympathies. When the purport of the measure is fully disclosed, we hope to find ourselves in accordance with its general tenour, but nothing is surer than this, that in the more turbulent atmosphere of the lower house it will be "weighed in the balance and found wanting" by not a few recognised leaders in lunacy agitation.

THE EFFECT OF THE FRANCHISE BILL ON POOR-LAW MEDICAL OFFICERS.

The Registration of Voters Bill has been introduced by the Chief Secretary for Ireland, and we regret to observe that its provisions realise our worst apprehensions of the effect of the Franchise Bill on the Poor-law medical officers. Some months ago we pointed out that the extension of the franchise to the humblest of the peasantry must have one of two results—either the law which at present disqualifies a voter who has obtained medical poor relief would be maintained, in which case the greater number of the newly enfranchised poor would lose their votes, or else the law in question would be abrogated, in which case the whole of the farming and shop-keeping classes who are now prevented by the penalty of disqualification from sponging on the dispensary doctor would be let loose upon the poor-rates as pauper patients. From these alternations there was evidently no escape, and, as it was quite certain that Parliament would not allow its extension of the franchise to be counteracted by a petty medical relief law, we fully anticipated that the only

existing check upon indiscriminate Poor-law doctoring would be removed, and that a large number of well-to-do farmers and shopkeepers would at one stroke be transferred from pay patients to the doctors' free ticket list. We therefore urged with all possible emphasis that the Irish Medical Association should take immediate steps to promote a compromise by which the existing poor relief disqualification would be maintained against the well-to-do farmer, while the labourer would be enabled to vote free of all such consideration. No notice was taken of our warning and—for result—we have before us Clause 3 of this Registration Bill, which provides that "medical or surgical assistance, or the giving of medicine under any Act relating to medical charities in Ireland shall not be deemed to constitute relief under the Acts for the more effectual relief of the destitute poor in Ireland within the meaning of the Representation of the People Acts." In other words, the law proposed for the future is that every one who pleases may sponge on the dispensary doctor and on the rates without incurring any of the stigma of charitable relief.

The Executive of the Irish Medical Association will, we hope, be able to explain why they have permitted this law to be promulgated on the authority of Government without taking any step whatever to represent to the Government the disastrous effect of it upon the already much-abused Irish Poor-law medical relief system. At present it seems to us that the Association has not shown its wonted vigilance, and that the dispensary medical officers have, thereby, suffered a severe blow. But we do not think it is too late to avert that blow if active and energetic means be adopted, and there are two means by which it may be done. The clause may possibly, be amended in Committee, with consent of all parties, so as to limit the freedom from disqualification to the really poor, or else a Medical Charities Amendment Bill may be passed contemporaneously, with approval of Government, which will place upon the indiscriminate issue of medical relief tickets that restriction which is so grievously needed. This would, we think, be the best solution of the difficulty, for it would remedy old abuses as well as counteract the new difficulty, and we are sanguine that a reasonable Bill would meet with the approval of the Irish Local Government Board and of the most amenable of the Irish party.

If some decisive step be not taken private practice will entirely cease in many dispensary districts, and the official work of the dispensary will be greatly increased in all.

Notes on Current Topics.

Another Attempt to discredit Vaccination

A CHILD died last week at 5 Albany Place, Regent's Park, and the cause of death was certified by C. C. Whitefoord, M.R.C.S.Eng., and L.S.A.Lond., residing at 117 Albany Street, London, as "Vaccination sixteen days; blood-poisoning nine days; convulsions." The child's history was the following: It was born on December 20th, 1884, and, with the exception of a convulsion a week after birth, was healthy and bright until after the date of vaccination. This was performed on March 5th, 1885, by Mr. Claremont, Public Vaccinator of St. Pancras, and between this date and that of inspection on March 12th, the child was only slightly out of sorts. However, on March 14th, cough and shortness of breathing set in, and the vaccinated arm was noticed to be inflamed and swollen, the swelling and inflammation being confined to the vicinity of the vesicles. The mother called in Mr. Whitefoord, who said the child was suffering from congestion of the lungs and brain, following vaccination, and caused by it. He prescribed for it, but convulsions set in, and the baby died on March 22nd. Mr. Whitefoord having given the above certificate, a post-mortem examination and inquest were held on Saturday last, March 28th. Mr. Pepper, of St. Mary's Hospital, performed the autopsy, and found evidences of typical capillary bronchitis, and of meningitis. The latter he regarded as not due to pyæmia, since it affected the pia mater only, and was not situated between the arachnoid and dura mater, and also on account of the absence of any unhealthy condition of the vaccination places, and of any evidence of pus in the joints, or softening of glands or viscera. This he gave in evidence at the inquest, at which Dr. Sweeting, Medical Inspector of the Local Government Board, watched the case on behalf of the Government, and gave evidence as to an investigation into the case which he had made. It appears that Dr. Sweeting examined the deceased baby's arm two days after death, and found the vaccination to have been perfectly normal, and no signs of erysipelas or pyæmia present. He further obtained from the Public Vaccinator's Register a list of about thirty children who had been vaccinated from the vaccinifer of the deceased infant, and from the vaccinifer preceding the immediate one, as well as other children who attended the station on March 5th and 12th. In only one of the cases had any injurious effect followed vaccination, and in this case the arm was found inflamed and ulcerated, owing to the supervention of measles five days after vaccination. Vaccination was perfectiy regular and normal in all the other cases, and the children were quite well and healthy. The jury, after hearing the evidence, returned a verdict that death was from natural causes—viz., capillary bronchitis and meningitis, produced by exposure to cold, and that the vaccination was properly performed, and in no way to be connected with the death f the child. They further added a rider severely censuring Mr. Whitefoord for his indiscretion in giving such a "misleading and incorrect" certificate. In reviewing the details of this case we confess to a blush of shame that any member of the profession should have so far forgotten himself as to pen such a foolish and malicious certificate as the one which engaged the attention of the coroner's jury. Mr. Whitefoord at the inquest attempted to explain away the term "blood-poisoning" which he used by asserting that he meant the "constitutional disturbance" produced by successful vaccination, but the lameness of his explanation was apparent to all in the Court, and not least to the jury. He adduced some vague hypotheses as to arm-to-arm vaccination being the agent to blame for the alleged untoward effect, but could give no scientific reason for them or refer to any definite precedents. Mr. Whitefoord confessed that he

vaccinates largely (with points), and that the vaccination of the deceased baby was so efficient that when he saw it he considered that it would be protective from small-pox for a lifetime. And yet, with curious inconsistency, he penned a certificate a week afterwards that the child died from vaccination! Now that vaccination is assailed on so many sides, it is extremely disheartening to find a medical man joining the ranks of those who attack it, and especially when his opposition is associated with the lamentable ignorance and want of good faith displayed by Mr. Whitefoord.

Sound Hair in a Sound Skin.

It will be somewhat of a surprise to many persons that the hair-dressers of the United Kingdom are formed into societies, "colleges," and associations, with the view of advancing, not only their own pecular trading interests, but also with the object of improving themselves in scientific knowledge relating to the skin and hair, their diseases, and the conditions favourable to their health and preservation. That this should be so cannot but prove a source of gratification to medical practitioners, whose efforts to cure affections of the hair and skin can derive much assistance from intelligent co-operation on the part of those whose special task it is to care for the well-being of these structures under ordinary conditions. We are glad, therefore, to notice that Mr. James Startin was recently invited to lecture before the "Hairdressers' Guild" on "Diseases of the Hair," and from the report of the discourse thus delivered, and printed in the *Hairdressers' Chronicle*, it is clear that a very decided interest has been aroused among the members of the Guild in connection with the subject introduced by Mr. Startin and discussed at some length by his auditors. The lecture was principally descriptive of the anatomy of the hair and skin, and of the affections commonly associated with them; and while it might possibly be objected that a little too much of technicality was introduced into it, still it is difficult to see how such special description could have been altogether avoided. As a whole the address was well calculated to convey instruction, and was evidently prepared after careful consideration of all the circumstances under which it was delivered; and we take these latter to indicate an encouraging desire on the part of hairdressers to acquire broader views of the scientific aspects of their calling.

Death of Professor Morison Watson.

It with the most unfeigned regret that we have to record the death of Dr. Morison Watson, Professor of Anatomy at Manchester, which took place on Wednesday last. The deceased, although but forty years of age, had risen to occupy a prominent position in both the medical and scientific world, his name being very widely known as that of one of the ablest contributors to the volumes descriptive of the results of the *Challenger* Expedition. During the time that he has been associated with the professorial department of the Owens College, Dr. Watson has succeeded in gaining the respect and affection of his pupils and colleagues to a marked degree, having, in addition to the professorship named above, held also the posts of Curator of the Medical Museum and Dean of the Medical School. It was while discharging his duty at the College that Dr. Watson was attacked by his fatal illness, this having commenced on Feb. 3 last, when sudden hemiplegia, due to cerebral hæmorrhage, set in as he was demonstrating to his class. From this time onwards until the end unconsciousness was almost continuous, and death, as already stated, occurred on the 25th March. The loss sustained by the death of Dr. Watson will be severely felt in the centre that has benefited so greatly by his presence; but equally also the science of medicine has good cause to lament his decease, for his numerous contributions to professional journals are of a nature to prove what rich stores of information he might have imparted had life been spared him to follow out the investigations suggested to him by his observation and learning.

Cremation in England.

The crematorium erected some years ago by the Cremation Society, at Woking, was on Wednesday last the scene of the first regulation cremation of a human body in this country; and it is highly satisfactory to learn that the ceremony was in every way successful, both as to the manner of its performance and the results obtained. The body burnt was that of a lady member of the Cremation Society, who left instructions in her will to the effect that she expressly desired this form of burial to be observed in her case. A post-mortem examination of the remains was first made, and the actual burning of the body wss completed in one hour, the ashes that were left being quite white in colour and inconsiderable in amount. All the arrangements observed were carried out also with the full consent and agreement of the living representatives of the deceased lady.

Research at Harvard University.

The recently-published report on the working of the Universlty of Havard during the academical year 1883-84 contains evidence of a very satisfactory amount of work done in the shape of researches conducted in the laboratories that have been built for purposes of instruction and investigation. The nature of these performances can be judged from the following list of subjects which have engaged attention during the twelve months in question, and which are enumerated from the official report by the *Boston Medical and Surgical Journal*:—(1) The distribution of arsenic in the body in cases of poisoning by that substance. This investigation is still in progress, the material being chiefly obtained from cases of suicide by arsenic or Paris green occurring in Boston. (2) The sources of domestic arsenical poisoning. (3) The milk and food supply of the State, the material being obtained from the State Board of Health, Lunacy, and Charity. (4) The water-supply of Boston, specimens from the various sources of supply being obtained from the Boston Water Board. (5) The sanitary condition of the public schools of Lynn with reference to the contamination of the air in the schoolrooms. This investigation was made at the request of a special committee appointed to inquire into the subject, and the results appear in

their printed report, presented to the School Board of Lynn, Dec. 1883.

The Proposed Abolition of Private Lunatic Asylums.

WE have recently more than once called attention to Mr. Corbet's Bill for lunacy regulation, and his audacious proposal to close the doors of every private asylum in the country without recognising to the extent of one penny the loss thereby sustained by their proprietors. We feared that the proposition might receive some countenance from the Government Lunacy Bill, the introduction of which was daily expected, but we are glad to say that our fears were ungrounded. The Lord Chancellor, in introducing the Government Bill in the Lords referred to in another column, said it was proposed to give greater facilities for extending the asylums system, so that it might by degrees be adopted for the general reception of private and non-pauper patients. It was hoped, therefore, that the system of public asylums would become in a natural way a substitute for these licensed houses. At the present time, and looking to the great number of patients in licensed houses, their sudden absorption did not seem wise or desirable. There were provisions in the Bill for the compulsory purchase of licensed houses upon terms to be fixed by the Act, the amount to be ascertained by a jury or by arbitration; but to suppress these houses, on which a large outlay had been made, and to do it suddenly, without having in the meantime made adequate provision for the large number of lunatics to be dealt with, was a step which could not be recommended. No new licences, however, would be granted after the passing of the Act without the consent of the Secretary of State. This seems to be a statesmanlike way of dealing with the extinction of interests which the public chooses to abolish, and it contrasts forcibly with the proposition of Mr. Corbet, who, from being a clerk in the Irish Asylums Department, thinks himself commissioned to wipe out the "mad doctors" with a scrape of his mighty pen. The proverb which refers to people who "step in where angels fear to tread" may be considered applicable.

The Work of the Syphilis Dissemination Agitators.

THE statistical report of the health of the Navy during the year 1883 shows, as might be expected, a vast increase in the amount of syphilis, following upon the insane vote of the House of Commons, which practically repealed the Contagious Diseases Acts. From the return it appears that on the whole there was a decided decrease in the amount of syphilis at all the stations except the Home and the Mediterranean, and that the increase at the latter is to be attributed to the fact that during a considerable part of 1882 the fleet was engaged in Egypt, and the men had neither the time nor the opportunity for contracting the disease. The Home station gives a ratio of cases of primary syphilis amounting to 71·39 per 1,000, that for 1882 being 27·29 per 1,000 less, and the average for the ten years preceding less still. The virtual suspension of the Acts took place in May, and the returns closely agree with this fact, as the increase during the second half of the year was much greater than during the first half, the ratio per 1,000 being, in 1883, 160·39 and 214·7, as compared with 147·73 and 125·13 in 1882, for the first and second halves of the year respectively. The gonorrhœa returns point to just the same result, the cases showing an increase of 16·6g per 1,000 on the Home Station. We venture to hope that it is not too late for common-sense legislators, backed by these figures, to demand from Parliament a recision of the vote which it so hastily recorded. We observe that in answer to a memorial, signed by upwards of fifty Liberal members of Parliament, urging the repeal of the Contagious Diseases Acts before the present Parliament is brought to a close, Mr. Gladstone has replied that he fully recognises the importance of the representation, but he cannot pledge himself on the subject beforehand, especially at a moment when the time of Parliament is forestalled under exceptional circumstances. He anticipates, however, that some statement will in all probability be made before the end of the session indicating the views and intentions of the Government regarding this matter.

An Imperial Health Office for Vienna.

THE Austro-Hungarian Government are at present contemplating the institution of an Imperial Health Office, on the plan of the one in Berlin. It has long been felt that an office of this kind was needed, and the realisation of the project is looked forward to by the leaders of the profession with satisfaction.

The Government "Poisons Bill."

THE measure which was introduced in the Lords last week by Lord Carlingford, and subsequently read a second time, is of great public importance, and of some interest to the profession.

The leading features of the Bill are :—

1. To remove from the Pharmaceutical Society to the Privy Council exclusive control of the regulations respecting the sale of poisons.

2. To give the latter body power to frame and institute regulations for storing poisons.

3. To create a new class of poisons which may be sold by any person who will observe the provisions concerning labelling.

4. To prevent the sale of what may be called "medical poisons" to persons under seventeen years of age.

5. To repeal the exemption granted to patent medicines by the Pharmacy Act, 1868, and to provide that those containing poisonous ingredients should be labelled "To be used with caution."

6. To legalise the dealing in poisons by companies who employ a qualified assistant.

7. To create a distinction between medicines supplied on the prescription of medical men, and those supplied by a chemist and druggist without such prescription.

The clause (B.) which exempts the prescriptions of a medical practitioner from the restrictions applied by the Bill to drugs sold without prescription, states, that nothing in this Act shall apply to the sale of any medicine or drug prescribed by a legally qualified medical practitioner for his patient and supplied to such patient

by such practitioner or by a pharmaceutical chemist or chemist and druggist, if the box, bottle, vessel, wrapper, or cover in which such medicine or drug is contained is distinctly labelled with the name and address of the seller, and if the ingredients of such medicine or drug and the name of the person to whom it is sold or delivered are entered in a book to be kept by the seller for that purpose.

Provided that if such medicine or drug is prescribed for external use only, and either is a substance mentioned in the First Schedule of this Act or contains any such substance in such a quantity as to be poisonous, the box, bottle, vessel, wrapper, or cover, in which such medicine or drug is contained shall also be distinctly labelled with the word "Poison," and in default thereof the person supplying such medicine or drug shall, on summary conviction, be liable for each offence to a fine not exceeding five pounds.

Royal College of Physicians, London.

At a meeting of the Royal College of Physicians of London on Monday week, Sir Wm. Jenner, Bart, K.C.B., M.D., was, for the fifth year in succession, re-elected President.

The Pollution of Rivers.

At a well-attended meeting held at the Mansion House this day week, called by the National Society for securing Effective Legislation against River Pollution, Mr. Hastings, M.P., moved a resolution to the effect that a compulsory enforcement of the laws against river pollution is of urgent public importance, and that the meeting earnestly desires that the River Pollution Bill, which now stands for second reading, should be passed in the present session in the way best calculated to attain the object in view. Many gentlemen addressed the meeting on the subject, expressing regret that there was not a stronger public opinion on a question of so much importance to the health of those concerned. Something certainly should be done in the interest of health, food supply, and the manufacturers of greater London.

The Sham Certificate System in Dublin.

The system of issuing certificates of "diligent" attendance at lectures and hospital to students who are standing behind counters or seated on office-stools during the entire period comprised by the certificate is, it would appear, still surreptitiously pursued by the one medical school in Dublin which works that sort of trade. When we some two years ago devoted much space to an agitation against this most disreputable traffic, and to an arraignment of the certificates thus granted as fraudulent evasions of the regulations of qualifying bodies, the advertisements of night lectures were withdrawn, and no public manifestation has since been made that the certificates of attendance presented to the Colleges were really granted to persons who did not, and could not, in any real honest sense, be said to be engaged in the study of the profession. A series of resolutions recently published by the students of the Ledwich School make public revelation of the fact that the system is still in full work, for we find one of the movers of a resolution declaring that if one of the school staff "left the school, he would probably go over to the Carmichael School, and thereby the night lectures, which were of such benefit to the Ledwich School, would be discontinued, with the very probable result that many of the students would leave the school." It is a very grave consideration for those who are striving for medico-educational reform that in one of the chief centres of medical education in the kingdom the courses of study upon which medical practitioners obtain their licences to practise are only a pretence, and the evidence of such studies accepted without question by the licencing bodies is totally illusory, except as receipts for money paid by the student.

When this fact is notorious, and has been proved to demonstration before the General Medical Council, which —save the mark!—regulates medical studies—when each and every member of the Branch Medical Council whose duty it is to inform the General Medical Council on such matters is fully aware of it—when the Colleges which receive as sufficient these sham certificates continue to do so in presence of public newspaper announcements of their character—when all these things occur, it seems to us a little too late in the day to talk of the all-sufficiency of the *status quo* and to objurgate against those who agitate for such reform as will ensure a little honesty and decency in medical education.

How Typhoid is spread.

At Yarmouth a dustman has been brought up for selling a bed which had been in contact with infectious disease. A typhoid patient had died on the bed. The defendant was given a shilling to destroy it, but instead of doing so he sold it for a shilling to another man, who afterwards found means of reselling it for £1. The magistrate fined the dustman £1 and costs, or a month's imprisonment, and the man who received it from him £2 and costs, or a month's imprisonment.

Paroxysmal Hæmoglobinuria and Syphilis.

A little girl, æt. 9, was transferred from the Eye Clinic of the University of Jena to that of Medicine, on account of pain in the kidney regions and of passing dark brown bloody urine. Some days' observation under Dr. L. Götze showed that the child was suffering from what is known as paroxysmal hæmoglobinuria. The attacks began with shivering, dragging pains in the limbs, and pains in the region of the liver; after about half-an-hour's duration a short sweating stage came on, during which the temperature reached to 38·3° C. Shortly afterwards about 400 cb. cm. of almost black urine were passed. On microscopical examination great numbers of cylinders were observed thickly strewn with dark nuclei, some cast-off epithelium, but not a single red blood corpuscle. Such attacks were observed several times; as the patient was very susceptible of cold, it was quite enough to bring on an attack to remove her from the fire to the wall. The child also gave marked evidence—teeth, hyperostosis of the diaphysis of the long bones, a bilateral parenchymatous keratitis—of hereditary syphilis. On account of the evident syphilitic taint, antisyphilitic treatment was adopted, with the result that the attacks of hæmoglobinuria speedily ceased. From this the interest-

ing conclusion would naturally be drawn that the paroxysmal hæmoglobinuria was dependent on the hereditary syphilitic taint.

The Alleged Mismanagement at the Metropolitan Asylums Board Hospitals.

A SHORT time ago we announced that a serious and, apparently well-founded charge of excessive use of stimulants and mismanagement had been made against Dr. Collie, the medical superintendent, and other officers of the Eastern Hospital, which is under the control of the Asylums Board. An official inquiry was then instituted, and as a result it was announced, in a communication from the Local Government Board, read at the fornightly meeting of the managers of the Asylums Board, at Spring Gardens, on Saturday last, that the Central Authority had decided to direct the holding of a separate inquiry into the expenditure at the hospital in question. The letter further stated that the managers would shortly be informed as to the arrangements which would be made in connection therewith. Meanwhile Dr. Collie has written in defence of his course of action, maintaining that the champagne and other stimulants ordered were necessary to the proper treatment of the patients under his care.

WE regret to announce that Surgeon Lane, of H.M. Army Medical Department, whom we announced last week as being seriously wounded at Suakim, has since died.

SOME suspicious deaths and several cases of sporadic cholera are reported to have occurred at Jativa, in the province of Valencia, and in the province of Tarragona; but so far the Spanish authorities deny that any cases of Asiatic cholera have occurred.

A YOUNG lady named Miss Isabella Oates has been appointed at Fordingbridge, in Hants, to the post of vaccination officer. Her duties will extend over the whole union, and the appointment, which has been confirmed by the Local Government Board, has created quite a sensation in medical circles.

WE understand that the *Boy's Own Paper*, of the Religious Tract Society, whose readers have already subscribed over £1,200 for two lifeboats, besides £400 for a hospital cot, is promoting a Boys' Gordon Memorial on the lines known to be dear to Gordon himself—viz., to help the poorer working and suffering lads.

WE are pleased to note that the summons against Dr. Gross, medical officer to the Lambeth Infirmary, for assaulting a man named Blake, was dismissed on Saturday last, the magistrate describing it as a trumped-up charge, in which there was not a word of truth. At the same time he advised Dr. Gross to at once take out a summons against the man for perjury.

IN the last issue of the *Medical Press and Circular* there is a statement to the effect that Dr. Neil Farren is the first dispensary medical officer appointed J.P. in the North of Ireland. We have not correctly expressed our meaning, for we were aware that Dr. Geo. R. Leeper, Medical Officer Ederney Dispensary District, has had the honour of being a Justice of the Peace foa the county for more than three years past. We should have said that Dr. Farren's was the first northern appointment to the Commission of the Peace since the exclusion of dispensary officers was cancelled.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

THE INFLUENCE OF AGE ON THE FORM OF THE SKULL.—At a meeting of the Glasgow Philosophical Society, held on the 25th ult., Professor Cleland, M.D., delivered a lecture on "The Influence of Age, Sex, and Nationality on the Form of the Skull." Professor Cleland began by stating that the earliest development of the head was from behind forwards, while the trunk was developed in the direction passing away from the head, so that probably the starting point corresponded exactly with the "vital node" of Flourens, that spot at the root of the brain the destruction of which causes death. But the growth of the head does not proceed regularly from behind forwards. Its roof consists of three parts—occipital, parietal, and frontal. At birth the parietal obviously bears a much larger proportion to each of the other two regions than in the adult, the occipital growing more rapidly in childhood and early youth, and the frontal still more rapidly. The vault of the cranium up till a short time after birth also grows much more rapidly than the base and the face, but from infancy onwards these latter grow again at a more rapid rate than the vault; and therefore the artist ought to know that the younger the child the smaller and narrower the face should be represented in comparison with the cranium. The base of the skull and the face bones are the last parts to reach their full development; but while in the young the face is less prominent across the nose and under the eyes, there is an apparent prominence of the forehead and below the nose, which arises from want of development at the root of the forehead, the angle at which the front of the face is set to the floor of the forepart of the brain being distinctly greater than afterwards. But the apparent prominence of the forehead in children depends largely on another cause—namely, the fact that the skull is in childhood differently balanced on the top of the spine from what it is afterwards. The face and forehead being small cause the parietal region to be brought well forwards over the point of support to balance its weight; but as the weight in front increases, the face is tilted up, throwing more of the parietal region behind the point of support, and giving additional prominence to the increasing growth over the eyes, while the part above no longer looks directly forwards. In connection with this change of balance two wedges of bone grow gradually between the base of the skull and the foreparts of the articular surfaces, by means of which it rests on the spine. Another difference between the child's skull and that of the adult consists in this, that the cranium is a curved cylinder, originally continuous with the spinal canal, but curved semicircularly in the human subject; and in the child this curvature is not completed.

GLASGOW DEATH-RATE.—The mortality in Glasgow for the week ending with Saturday, the 21st ult., was at the rate of 30 per 1,000 per annum. The previous week it was 30, and in the corresponding weeks of 1884, 1883, and 1882 the rates were 26, 36, and 25 respectively.

EXCESSIVE INFANT MORTALITY IN GLASGOW.—At a

meeting of the Town Council of Glasgow for the transaction of police and other business, on the 23rd ult., Dr. Russell, medical officer of health, remarked that the number of deaths in the previous fortnight from infectious diseases of children was 72 in place of 75. The persistent ravages these diseases continued to make this year, so far as it had gone, were remarkable even in Glasgow for excessive loss of child life. In January and February 47 per cent. of all deaths were of children under five years. This proportion was exceeded only by Dundee and Greenock, where it was 49 and 51 per cent.

Dr. Arrot's Bequest to the Poor of Arbroath.—We understand that by the will of the late Dr. James Arrot, of Dundee, who was a native of Arbroath, his trustees are directed, after certain life-renters died, to pay over what might remain of his estates (about £7,000) to the minister and kirk session of the parish of Arbroath, to be applied by them at their discretion for the benefit of aged poor deserving persons resident within their jurisdiction (*i.e.*, parish of Arbroath *quoad civilia*) and not in receipt of parochial relief. The first division of the interest is expected to take place at Martinmas next and Whitsunday, 1886.

Edinburgh.—Health of the City.—For the week ending with Saturday, the 21st ult., the mortality in Edinburgh was 100, and the death-rate 21 per 1,000. There were 13 deaths under 1 year, and 24 above 60, of which 6 were above 80 years. Diseases of the chest accounted for at least 55 deaths, and zymotic causes for 10, of which 2 were due to fever, 4 to diphtheria, 2 to scarlatina, and 2 to whooping-cough. The intimations for the week comprised—Fevers 12, diphtheria 6, scarlatina 23, and measles 10.

Professor Douglas Maclagan.—At the closing of the session of the Class of Clinical Medicine in the Edinburgh Royal Infirmary, on the 27th ult., Professor Douglas Maclagan, who delivered the usual address, intimated that he was henceforth to take no further share in the clinical teaching. His many friends, however, will be glad to know that this step is taken from no other cause than that he may devote his time to the supervision of the recently-equipped laboratory of Public Health in connection with his Chair of Medical Jurisprudence and Public Health.

Literature.

HELPS TO HEALTH. (*a*)

It would be difficult to speak too highly in praise of this little work, which is a marvellous compendium of useful knowledge for a very wide variety of readers. In his preface Mr. Burdett claims that the aim of the book is "to give with sufficient amplitude, but in the fewest possible words, precise information concerning matters which affect the health and comfort of every class, from childhood to old age." From the pleasure experienced in its perusal we feel satisfied that Mr. Burdett's aim has been accomplished in the most satisfactory manner. The following will give a fair idea of the subjects treated of, and the general scope of the work; the list comprises the headings of the various chapters; we have the nursery, the school, care of the person, food and drink, work, rest, exercise, and recreation, the choice of a house, the structure of the house, the interior arrangements of the house, ventilation, warming and lighting, matter in the wrong place, health resorts, sanitary powers and duties of the citizen, urban sanitary officials, appendix. These subjects are treated of in thirteen chapters. The subject of each chapter is further divided into separate headings, each serving as the text for the author's remarks. As an example we give the points treated of in the chapter upon the nursery:—"Arrangement, floors, walls, choice of colours for walls, ventilation, warming, cubic space, lighting, furniture, playthings, rules for nursery, sleep, exercise, baths and bathing, teething, diseases of children, vaccination and re-vaccination, dress in the nursery, cleanliness in clothing, diet of infants and young children, artificial human milk, general remarks on children's food, times of meals, cleanliness in feeding, other general rules, Mr. Ruskin on nurseries." The chapter comprises 36 pages, every line of which may be regarded as replete with just that kind of information which will be found useful by nurses, mothers, and medical men alike, especially young medical men, who, wanting in the teachings of experience, cannot easily lay their hands upon this special kind of information in the larger works which they may have studied. Here they have it focussed into a small space, and clothed in clear, pleasant, and most readable language. It is unnecessary for us to quote select passages, since this little work has the additional advantage of being published at so reasonable a price as to be within the reach of all, both poor and rich alike. Indeed, it would be an invidious task, making selections where excellence is so general. We cannot do better than refer our readers to the book itself, assured that when they come to the end of its 250 pages they will not regret the time spent in reading it, or the money spent in its purchase. Of its kind, we regard it with a sense of almost unqualified admiration, and we hope its circulation will be as wide as it deserves to be. Upon all the subjects treated of its information is just the kind required.

(*a*) "Helps to Health." By Henry C. Burdett. London: Kegan Paul and Co. 1884.

Medical News and Pass Lists.

Abernethian Society.—The annual general meeting of this Society for the election of officers took place on Thursday, March 19th. The result of the ballot was as follows:—Presidents: Dr. E. W. Roughton; Mr. W. T. H. Spicer. Vice-Presidents: Mr. C. P. Crouch; Mr. A. Lyndon. Hon. Secretaries: Mr. F. W. Andrewes; Mr. T. W. Gardner. Additional Committeemen: Mr. Colby; Mr. A. R. Farrar.

The Mortality of Foreign Cities.—In the principal foreign cities the rates of mortality per week per 1,000 of the population, according to the latest official returns, were:—Calcutta 32, Bombay 28, Madras 53, Paris 25, Geneva 21, Brussels 27, Amsterdam 30, Rotterdam 28, The Hague 29, Copenhagen 23, Stockholm 30, Christiania 18, St. Petersburg 34, Berlin 25, Hamburg 22, Dresden 26, Breslau 29, Munich 32, Vienna 33, Prague 37, Buda-Pesth 29, Trieste 25, Rome 29, Venice 33, Alexandria 44, New York 29, Brooklyn 23, Philadelphia 26, and Baltimore 20.

Vital Statistics.—The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 23·5 per 1,000 of their aggregate population, and were as follows: Birkenhead 17, Birmingham 24, Blackburn 26, Bolton 26, Bradford 23, Brighton 18, Bristol 27, Cardiff 31, Derby 14, Dublin 34, Edinburgh 22, Glasgow 30, Halifax 27, Huddersfield 29, Hull 20, Leeds 23, Leicester 21, Liverpool 28, London 21, Manchester 32, Newcastle-on-Tyne 29, Norwich 23, Nottingham 20, Oldham 27, Plymouth 22, Portsmouth 19, Preston 23, Salford 21, Sheffield 23, Sunderland 44, Wolverhampton 27. The highest annual death-rates from diseases of the zymotic class in these towns were—From measles, 1·9 in Bristol, 3·2 in Cardiff, and 20·4 in Sunderland; from whooping-cough, 2·1 in Plymouth, 2·3 in Norwich, and 3·1 in Bristol; from scarlet fever, 2·6 in Wolvefhampton; and from "fever," 1·7 in Norwich. The mortality from measles in Sunderland showed a further increase last week, 49 of the 106 deaths from all causes being referred to this disease. The 36 deaths from diphtheria included 20 in London, 4 in Edinburgh, 2 in Liverpool, 2 in Salford, and 3 in Leeds. Small-pox caused 43 deaths in London and its outer ring of suburban districts, and one each in Liverpool, Manchester, Bradford, Sunderland, and Newcastle-upon-Tyne.

King and Queen's College of Physicians.—At the examinations held during March the following obtained the licences in Medicine and Midwifery of the College:—

Medicine.—George Brown, George Fletcher Collins, John Hobbs, George St. John Oldham, Robert John Langford Rowley.

Midwifery.—Anthony Lawrence Blake, George Brown, George Fletcher Collins, John Hobbs, George St. John Oldham, Robert John Langford Rowley.

Notices to Correspondents.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the *Medical Press and Circular* may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean and flat after it has passed through the post.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

THE M.D. DEGREE. A QUERY.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—My son, now practising in one of the Colonies, proposes to come to England this summer, and would like to obtain the degree of *M.D.* during his sojourn at home. Can you kindly tell me where he could best obtain it in the limited time at his disposal? He is well up in his profession, as he makes a point of keeping himself *au courant* with the knowledge of the day, and he would therefore prefer a stiffish examination to one that was merely nominal. Durham would not suit him, as he has not been fifteen years in practice. My son already holds the L.R.C.P. and M.R.C.S. of London.

I am, Sir, yours, &c.,

March 26th, 1885. F. R. F.

[There is no British University at which the degree of M.D. can be obtained in a limited period of time such as our correspondent indicates. In those cases where residence is not essential—viz., London and the Royal Irish Universities, the several examinations can only be taken at prescribed intervals, and the process of graduation occupies nearly four years. Except for practitioners of fifteen years' standing no means of immediate graduation is provided. Our correspondent's son could, however, obtain the M.D. of Brussels within a week.—ED.]

MR. A. P. HILLS (Battersea).—Report duly received. We hope to find space for it in our next.

DR. J. E. LEE (Philadelphia).—We cannot offer an opinion on your invention without seeing it. If it embodies the flexible qualities you claim for it, and is strong enough to bear the necessary strain, it will no doubt be valuable, but of this we entertain some misgivings.

COSMOS.—The information given you is perfectly correct. We understand that the work has been out of print for nearly three years, but that a new edition is now passing through the press.

J. M. K.—1. The position of the dispensary house in a district is entirely at the discretion of the guardians, subject to the sanction of the Local Government Board, and there is no possible way of making them alter the locality. 2. We do not know of any such institution as the Irish Medical Agency. If you mean the Irish Medical Association, the office is at 8 Dawson Street, Dublin.

IGNORAMUS asks: Is it *illegal* for a dispensary medical officer who has already received a red ticket from a well-to-do farmer to accept in addition a fee *voluntarily* tendered by the patient (as the latter put it) in consideration of extra trouble?

[The receiving of a fee for services rendered upon a medical relief ticket is not countenanced by the Local Government Board, and we have known a medical officer to be dismissed after twenty-three years' service for so doing as a habit. But, nevertheless, it is constantly done, and, we think, may be done without infraction of rule or of propriety if the fee be not in any way solicited.—ED.]

L.R.C.P. (Manchester).—Aloin is a most desirable cathartic, and may be safely used, as it produces no unpleasant after-effects, especially in habitual constipation.

MEDICAL ADVICE BY TELEPHONE.

APROPOS of the spread of telephonic communication in medical practice, an American exchange has the following amusing story to tell:—

Husband: "My wife has a severe pain in the back of her neck, and complains of a sort of sourness in the stomach."

Physician: "She has malarial colic."

Husband: "What shall I do for her?"

[The operator at the central telephone exchange thoughtlessly switches off the connecting wire to a machinist talking to a saw-mill man.]

Machinist to Husband: "I think she is covered with scales inside, about an inch thick. Let her cool down during the night, and before she fires up in the morning take a hammer and pound her thoroughly all over, and then take a hose and hitch it to the fire-plug and wash her out."

Husband has no further need of this doctor.

DR. B. O. C.—Too full for present number; hope to find space for it in our next.

ERRATUM.—The article in our last issue on "The Treatment of Pneumonia," page 255, was inadvertently described as by Dr. William Gilchrist Burnie, instead of by Dr. William Burnie, Dr. Wm. Gilchrist Burnie being the son of the author of the article referred to.

BIRTHS, MARRIAGES, AND DEATHS IN ENGLAND.

A GENERAL abstract of marriages, births, and deaths registered in England in 1884 was issued as a parliamentary paper on Saturday last. This shows that up to the middle of 1884 the estimated population of England was 27,132,449, against 25,974,439 enumerated by the census of 1881. The number of deaths last year was 531,951, marriages 408,410, and of births, 908,584.

Meetings of the Societies.

THURSDAY, APRIL 2ND.

OBSTETRICAL SOCIETY OF LONDON.—At 8 p.m., Specimens will be shown by Dr. John Williams and others.—Dr. Murphy, Sequel to a case of Ovariotomy.—Dr. John Williams, On the Circulation in the Uterus, with some of its Physiological and Pathological Bearings.—Dr. Bousquet, Note sur un cas d'Absence Totale de l'Utérus et d'Occlusion du Vagin.—Dr. W. H. Day, Case of Uterine Fibroid complicating Labour treated by Enucleation.

WILLAN SOCIETY OF LONDON (at St. John's Hospital for Diseases of Skin).—Dr. C. R. Drysdale, Recent Experiments on the Treatment of Syphilis by Dr. Diday.—Cases of Syphilis to be shown by Dr. Tom Robinson and Mr. Startin.

WEDNESDAY, APRIL 8TH.

BRITISH GYNÆCOLOGICAL SOCIETY.—At 8.30 p.m., Specimens will be shown by Dr. Fancourt Barnes, Mr. Lawson Tait, Mr. Reeves, and others.—Dr. Aveling, On a Case of Double Pyo-salpinx.—Mr. Lawson Tait, A Case of Pyo-salpinx.—Dr. Bantock, A Case of Hydro-salpinx.—Dr. Lamprey, A Case of Double Monstrosity.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—The next meeting of this Society, which was announced for Friday, April 3rd, is postponed to the Friday following Good Friday.

Vacancies.

Celbridge Union.—Medical Officer to Workhouse. Salary, £115. Election April 29. (See advt.)

Cranbrook Union, Hawkhurst District.—Medical Officer and Public Vaccinator. Salary, £55, and fees. Applications, with testimonials, to the Clerk by April 7.

Hospital for Consumption and Diseases of the Chest.—Resident Clinical Assistants. Applications, with testimonials, on or before April 18.

Manchester Royal Eye Hospital.—House Surgeon. Salary, £70, with board, residence, &c. Applications, with testimonials, to the Chairman of the Board of Management, not later than April 14.

Royal Free Hospital, Gray's Inn Road.—Junior Resident Medical Officer. Applications, with testimonials, to the Secretary, on or before April 8.

West London Hospital, Hammersmith.—House Physician and House Surgeon. Applications, with testimonials, to the Secretary by April 23.

Appointments

BRAMWELL, E., M.D. Aber., M.R.C.S., Medical Officer to the Workhouse of the Tynemouth Union.

BROWNE, G. H., L.R.C.P.Ed., L.F.P.S.Glas., Medical Officer of Health for the Brynmawr Urban Sanitary District.

EDWARDS, F. S., F.R.C.S.Eng., L.R.C.P.Lond., Assistant Surgeon to St. Mark's Hospital for Diseases of the Rectum.

IRWIN, J. R., L.R.C.P., L.R.C.S.I., Medical Officer to the Workhouse, and to the Whitehaven District of the Whitehaven Union.

JACKSON, T., L.R.C.S.Ed., L.S.A.Lond., Medical Officer for the Holbeach North District of the Holbeach Union.

KEYWORTH, J. W., M.D.Lond., M.R.C.S., Surgeon Superintendent of the Napier Hospital, New Zealand.

MCGEAGH, J. P., M.D., M.Ch.Q.U.I., Medical Superintendent to the Mill Road Infirmary, West Derby Union.

Births.

BUZZARD.—March 26, at 56 Grosvenor Street, London, W., the wife of Thomas Buzzard, M.D., of a daughter.

STAMPER.—March 26, at Pembroke Dock, the wife of J. Fenton Stamper, M.D., of a son.

Marriages.

HARRISSON—FREEBORN.—March 25, at St. Mark's, Kennington, John W. Harrisson, M.B., of Sandwick, to Charlotte E., daughter of the late Dr. R. Fernandez Freeborn, of Oxford.

Deaths.

CAIRD.—March 1, at Hartwell House, Kiama, New South Wales, John Hay Caird, L.R.C.S.Ed. & J.P., aged 29.

COATES.—March 25, at Endless Street, Salisbury, William Martin Coates, F.R.C.S., aged 73.

HASTINGS.—March 25, at 7 Mansfield Street, London, W., Cecil Wm. Hastings, M.D., aged 55.

LANE.—March 21, at Suakim, from the effects of a wound received in the action at Hasheen, Surgeon Isaac R. Lane, M.D., A.M.S., son of the late Major Lane, of Arlandstown, co. Cork, aged 22.

PEARSE.—March 28, at Cheltenham, George Pearse, M.D., late Director-General Madras Medical Department, and Honorary Physician to Her Majesty, aged 88.

SEYMOUR.—March 22, killed in the attack on General M'Neill's zareba, Montague H. M. Seymour, R.N., First Lieutenant of H.M.S. *Dolphin*, fourth son of the late H. M. Gruggen, M.D., aged 30.

STEIL.—March 25, suddenly, at 110 Shepherd's Bush Road, London, W., George Robert Steil, L.R.C.P., M.R.C.S., aged 84.

WATSON.—March 25, at Manchester, Morison Watson, M.D., F.R.S., Professor of Anatomy, Owens College, Manchester, aged 39.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 8, 1885.

CONTENTS.

ORIGINAL COMMUNICATIONS

Abdominal Surgery for 1884. By J. E. Burton, Surgeon to the Hospital for Women, Liverpool 301

Lumleian Lectures on Some Points in the Natural History of Primitive Dry Pleurisies. Delivered before the Royal College of Physicians. By Sir Andrew Clark, Bart., M.D., LL.D., F.R.C.P. Lond. 304

Changed Aspects of Unchanged Truths: The Use and Abuse of Rest. By Arthur Jackson, M.R.C.S., Surgeon Sheffield General Infirmary; Lecturer on Surgery Sheffield School of Medicine 307

CLINICAL RECORDS.

Hôpital Français à Londres—A Case of Limited Paralysis and Anæsthesia. Under the care of Dr. Vintras. Reported by Alfred S. Gubb, M.R.C.S., L.R.C.P. Lond., Resident Medical Officer 308

TRANSACTIONS OF SOCIETIES.

ACADEMY OF MEDICINE IN IRELAND—

Anomaly of Arch of Aorta 309

Anomalous Coronary Branch arising from Pulmonary Artery 309

PAGE

Musculus Sternalis in Anencephalus Fœtus 309

Vena Azygos Major ascending on the left side, and the bearing of this Anomaly on the Development of the Azygos Blood-vessels 310

Description of Andaman Skeleton compared with those of other races 310

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY—

Abnormal Development of the left side of Frontal Bone 310

Enlarged Head, probably Hydrocephalic 310

SPECIAL ARTICLES.

Ablatâ Causâ, Tollitur Effectus 312

LEADING ARTICLES.

REVITALISATION 313

MEDICAL MEN AND OVERWORK 314

THE TEACHINGS OF THE MEDICAL REGISTER 316

NOTES ON CURRENT TOPICS.

The Dangers of Steam Road Cars 316

Birkenhead Fever Hospital 317

Sir W. Jenner on the Burning Question 317

Hospital Dead-lock at Faversham 317

Health in the Great Towns 317

PAGE

The Annual Election of Examiners in the Irish College of Surgeons 318

Arcades Ambo 318

SCOTLAND.

Professor Ogston of Aberdeen 319

The Combe Lectures to Glasgow Teachers 319

Aberdeen—Munificent Bequests 319

Chair of Botany at the University of Glasgow 319

Edinburgh University Court 319

Health of Edinburgh 319

CORRESPONDENCE.

The "Transactions of the West London Medico-Chirurgical Society" 319

Medical News 319

Pass Lists 319

NOTICES TO CORRESPONDENTS 320

Births 320

Marriages 320

Deaths 320

Original Communications.

ABDOMINAL SURGERY FOR 1884.

By J. E. BURTON,

Surgeon to the Hospital for Women, Liverpool.

FOLLOWING the wholesome practice of some surgeons to special hospitals, I here propose to give a short report of all the cases of surgery, in which the abdot men was opened, that were under my care in the hospital for the year 1884. Although the number is far short of what some surgeons can boast of, numbering, in fact, but twelve, every case has an interest of its own, and as the year was the first full one of the hospital's existence, perhaps in point of numbers even there is not much to complain of. I propose first to go through the cases in the order in which they occurred, then to classify them, and afterwards to submit the few remarks they appear to me to call for.

I.—*Umbilical Hernia, with Adherent Irreducible Omentum.*—The patient, S. H., æt. 52, was admitted on April 15th. She was a short fat woman presenting a large hernial protrusion at the umbilicus, that had existed for eighteen years. As no truss was of the slightest use, and as operations for the radical cure of the disease had, upon the whole, been very successful, I determined to give her the chance afforded by operative surgery. On the 21st, I cut down upon the sac, opened it cautiously, and after ligaturing and freeing several pieces of adherent omentum, some of them as large as the finger, I returned the ligatured ends, and closed the peritoneal opening as after ovariotomy, except that I first brought the edges of the peritoneum together by strong sunk catgut sutures, and then put in a deep layer, but not passing through the peritoneum and finally a row of intermediate superficial ones. No redundant tissue was removed. The highest temperature recorded was 102 at 11 p.m. on the 23rd. Later on a good deal of melting down of the fatty portion of the redundant tissue took place, and some stitch abscesses formed, both retarding convalescence, but neither at any time made the ultimate result doubtful. The amount of retardation in convalescence may be judged of by the fact that she was not discharged from hospital till June 12th, when she went out provided with a well-fitting abdominal belt. She was last seen on Jan. 3rd, 1885, when no signs of recurrence of the protrusion were visible, although the cicatrix had undoubtedly "given" somewhat, and the patient expressed herself as feeling much better for what had been done and, in fact, quite well.

II.—*Large Uterine Myomata.*—The patient was a woman, æt. 28, the wife of a farmer in Westmoreland. She had been married only eight months, and had had neither child nor miscarriage. Menstruation began at fourteen, and had always been regular but scanty, until about two years ago, when the flow began to grow profuse and gradually got worse. Since Christmas it has been almost constant. She was admitted into hospital on May 29th. She was then very anæmic and weak, and had a large soft abdominal tumour, indistinctly fluctuating, reached to within an inch of the ensiform cartilage. The urine was albuminous and had a sp. gr. of 1005. Some doubt existed, even amongst experts, as to the nature of the tumour, some being convinced that it was ovarian. On listening with the stethoscope, however, I found a souffle over a great part of the tumour, and a milky fluid could be pressed out from the nipples. These were also in an erectile condition, and the darkened areola and prominent papillæ, said to indicate pregnancy, were well marked. Taking all the symptoms presented into account, I had no doubt we had to do with a case of uterine enlargement from fibromata or myomata, and that if the tumour was not removed, the proper course was to remove the uterine appendages. Bearing in mind the doubts that still existed in some minds as to the nature of the case, it was decided that an exploratory incision should be made, and that the further steps to be taken should be decided by the condition of things thus demonstrated. This was done on June 5th in the presence of the hospital staff, including Dr. Grimsdale, consulting surgeon to the hospital, Mr. Bickersteth, and Dr. Hopper. The tumour was

found to be a very large soft myoma, with the broad ligaments and fallopian tubes proportionately enlarged. I succeeded without very much difficulty in removing the appendages of both sides. Two hours after the operation the temperature was 96·2, and the pulse 104. At 11.45 it was 99·6, pulse 108. From 12.30 p.m. on the 6th it gradually worked up to 103·4, pulse 112. It afterwards fell a little, but on the 7th it reached 104·4, pulse 140. She died the next day. The post-mortem examination was made by Dr. Davies. Diffuse peritonitis was found in the abdomen. On lifting the tumour out from its bed it was seen that there would have been no difficulty in removing it. Perhaps this would have been the proper treatment. The ureters were both found to be widely dilated, the right enormously so, being quite the size of an ordinary man's wrist. The left was about as thick as the thumb. The right kidney was simply a large cyst with a wall that tore on the slightest traction, and the left was but little better. On discovering the state of the urinary organs the untoward result of the case ceased to excite any wonder. Recovery, even temporary, was of course out of the question with the existence of such a condition of affairs. The case was, in fact, one of the "too late" series of which but too numerous examples still come under the notice of the surgeon.

III.—*Ovarian Tumour*, in which rupture of a large cyst had taken place at least two months before operation. This case was reported at p. 132, vol. 2, of this journal for last year.

IV.—*Malignant Disease of the Anterior Abdominal Wall.*—The patient, E. H., æt. 33, was sent by Dr. Brewer, of Birkenhead, with a history of an abdominal tumour of some months standing. Some history of a blow (kick) could be elicited, after which she suffered pain and subsequently enlargement of the part injured. When she first came under notice, the swelling, which was evidently seated in the anterior abdominal wall, occupied a space, roughly speaking, the size of a man's hand, extending from the margin of the ribs on the left side, across the middle line, passing in a slanting direction and within an inch or two below the umbilicus it could be felt an inch to the right of the linea alba, and filling up the iliac fossa of the left side. It was hard to the tough and tender, so that manipulation always caused a lingering pain that lasted twelve or more hours. She was admitted on August 18th, and kept under observation until September 17th, before anything was attempted. On this date an exploratory incision was made in the middle line, midway between umbilicus and pubes. Structure evidently malignant was cut through, and on passing a finger into the peritoneal cavity the tumour was felt pushing back the peritoneum and projecting about half an inch beyond the peritoneal level into the abdominal cavity. As such an extent of surface was involved, it appeared to me impossible to bring the edges of the anterior wall together in case of removal, so I was reluctantly compelled to leave the patient to her fate. The wound healed readily, the highest temperature recorded was 99·4 on the 22nd, and the patient left the hospital on October 2nd. I learned that she died some time towards the close of the year.

V.—*Umbilical Hernia.*—The patient A. W., was a fat woman, æt. 56. A few days before admission my colleague Dr. Davies, was called to her, and found her faint from loss of blood from ulceration of a vessel in the summit of a hernial protrusion from the umbilicus. The bleeding was quickly controlled by a pin passed beneath the vessel and a ligature beneath it. On September 8th I cut down on the sac, opened it, returned the loop of intestine, and closed the wound as after ovariotomy, paring away this time, however, all redundant tissue, and thereby getting a fairly artistic and sightly wound. On the 9th, 7.15 p.m., the temperature rose 101·9, pulse 126. Antipyrine was now given, and the temperature quickly fell to 98·4 on the 11th. On the 14th it was again up to 101·2, but from this date it ranged slightly above or about normal until the wound was healed. She was discharged on Oct. 9th.

VI.—*Chronic Peritonitis.*—M. E. E., æt. 18, a pale, sickly-looking girl, a worker in a lint factory, was admitted on September 1st. She had been ailing several weeks, and on admission had a fluctuating abdominal tumour in the middle line extending from two inches above the pubes. Menstruation regular. Resonance was distinct in both flanks. The case was diagnosed as ovarian tumour, or encysted dropsy of the peritoneum, but I inclined to the first opinion, as there was no history of pyrexia, and a well-marked limiting wall could be felt *per vaginam* behind the uterus. The temperature ranged generally low, 97·4 to 98·4 until the 22nd, when an exploratory incision was made. The peritoneum was found to be much thickened and on opening it a large quantity of dark soupy liquid escaped. What now looked like a cyst wall came into view, and I was urged to tap it, but on percussion I found it to contain gas, and thus to be a loop of large intestine. In the meantime I was puzzled to know where I really was, and after some hunting about I asked a colleague to explore. On passing his fingers down into the pelvis he came upon the uterus and ovaries, so that it was now clear that the cavity was the peritoneum, and that the disease was chronic peritonitis, in which the fluid was shut off by adhesion from passing all over the peritoneal cavity. I, therefore, sponged out, inserted a drainage tube, and closed up the wound. An hour and a half after the operation the temperature had fallen to 96·4, pulse 100, but from this time it rose with but little interruption to 103 on the 23rd, pulse 136. Antipyrine quickly brought down the temperature to below normal, 98 and then 97·8. On the 25th it again rose to 101·6, pulse 120. From this time there was a rather wide daily range until October 12th, when it became normal. She was discharged on October 30th. She presented herself in the out-patient's room in the end of January of this year. She was then quite well, and there was no sign of return of the disease.

VII.—*Cystic Ovary.*—E. T., æt. 34, was a married woman, who had suffered for several years with abdominal symptoms, chiefly pain in the pelvic region. She had been under treatment for so long a term and from such a number of medical men that medicinal treatment seemed to be of no avail. A small enlargement could, moreover, be felt behind the uterus, tender on pressure, which was diagnosed as either tubal or ovarian enlargement. She was accordingly admitted into hospital on September 22nd, and on October 2nd abdominal section was performed. A small cyst about the size of a walnut was found occupying the right ovary. This was removed. The other ovary on examination appeared to be healthy so it was left. Convalescence was uninterrupted, and the patient was discharged on October 23rd. In this case, I regret to say, that I am unable to give the subsequent condition as regards relief from pain, as she has not reported herself, but at the time of her discharge she expressed herself as feeling quite well.

VIII.—*Intra Pelvic Adhesions, Abdominal Section, Adhesions broken through.*—R. S., æt. 29, was a married woman who had not been pregnant for several years. Vaginal examination showed a left-sided laceration of the cervix apparently followed by sloughing. The laceration extended to the vaginal junction, and the loss of tissue had been so great that the edges of the cervix could not be brought into apposition without an undue degree of tension. Tracelorraphy was, however, performed in May in hope of restoring the cervix to a tolerably healthy state, but the tension required to bring the edges together was so great that the lower stitches sloughed out, and the success was only partial. The symptoms were much relieved for the time however, and it was not till October 9th that she was re-admitted into hospital for further treatment. At the time the sloughing took place subsequent to the laceration, the inflammation had evidently extended to the intra-peritoneal parts

leaving behind adhesions which appeared to be the cause of the pains complained of. On October 13th the abdomen was opened, and the ovaries were found to be closely adherent to the broad ligaments and partially enfolded in them. The adhesions were broken down and the wound was then closed without removing the appendages. On the 17th the temperature rose to 101·8 and antipyrine was given, after which on the 18th it fell to 97·2. After this date it never rose above normal. She was discharged on November 4th. This patient was last seen on February 17th, 1885. There was then pain, but in the epigastrium, and the breasts were also nodular and painful.

IX.—*Dermoid Ovarian Cyst—Removal.*—E. P., æt. 41, married twenty years, with one child eighteen years of age, was admitted on Oct. 17, suffering from an abdominal tumour, which she had noticed for about two years. It was the cause of pain, and the general health had suffered considerably. Ovarian tumour was diagnosed. On the 27th operation for removal was performed. The tumour was discovered to be a dermoid ovarian cyst weighing altogether about 10 lbs., and consisting of two principal cysts, the larger containing a thick, soupy, chocolate-coloured liquid, with a considerable quantity of cholesterine plates, and the smaller liquid fat with a large quantity of hair. The highest temperature recorded was 100·8, p. 104, on the 29th, until Nov. 8th, when it suddenly jumped from normal to 101, only to fall again as rapidly as it rose. Discharged Nov. 18th.

X.—*Broad Ligament Cyst—Removal.*—E. S., æt. 55, widow, was admitted Oct. 28th with an abdominal tumour, diagnosed as a unilocular ovarian cyst. On the 31st abdominal section was performed, when a cyst came into view with dark-coloured walls. The fluid that escaped on introducing the trocar was of the kind usually met with in simple parovarian or broad-ligament cysts. The operation presented no feature worthy of note. The highest temperature reached was 99·8, and that not until Nov. 10. Discharged Nov. 21st.

XI.—*Double Pyosalpinx—Removal of Uterine Appendages.*—A. C., æt. 31, admitted Nov. 20, had been married eleven years, one child, and no miscarriages. Had not been pregnant for ten years. Menstruation had been normal. Her symptoms have been present for ten years, but have been much worse the last twelve months. She has been under almost constant medical treatment. As she had been so long under treatment without benefit, and as the Fallopian tubes were plainly moderately enlarged and very tense and painful, I determined to remove them along with the ovaries. She was accordingly operated on on Dec. 8th. The operation presented nothing noticeable. The highest recorded temperatures were 101·8 at 7 p.m. on the 11th, and 102·2 on the 24th. Discharged Dec. 31st.

XII.—*Chronic Ovarian Pain, with Intra-Pelvic Adhesions—Removal of Uterine Appendages.*—E. P., æt. 30, single, had been under my care in the out-patient department for dysmenorrhœa, constant pelvic pains, and a general condition of ill-health for over a year. The symptoms were of over seven years' duration, and during the whole of this period she had been unable to earn her living. She was admitted into hospital early in the year, and was treated by hot vaginal injections, saline purgatives, massage, and milk (5 oz. every four hours). She improved much in general health and weight, but her pains were unrelieved. After her discharge she continued as an out-patient until December, when it appeared that removal of the uterine appendages gave the only prospect of permanent, or indeed, any benefit, as far as relief of pain was concerned. She was readmitted on Dec. 5th, and on the 22nd both uterine appendages were removed. A small pedunculated fibroid was found growing from the fundus uteri, but was not removed, as it was expected that removal of the appendages would check further growth. Recovery was uninterrupted, and she was discharged on Jan. 28, 1885.

The cases group themselves naturally as follows:—

	No.	Died.	Recovered.
Umbilical hernia, operation for radical cure	2	0	2
Ovarian cystoma 2 / Dermoid ovarian cyst 1	3	0	3
Abdominal section and drainage	1	0	1
Broad ligament cyst	1	0	1
Removal of appendages	3	1	2
Simple exploratory incision	1	0	1*
Exploratory incision and breaking down adhesions	1	0	1
Total	12	1	11

Remarks.—As regards the operation for radical cure of umbilical hernia it has now been established on a tolerably firm basis. These are different from inguinal and femoral herniæ, inasmuch as when a truss is worn, it is on a part of the body in which there is no basis for counter pressure. It is very rare, therefore, for the truss to keep the intestine from protruding, and, as a rule, the cases go from bad to worse. The danger from the operation is not great, certainly not greater than that of strangulation of the intestine sooner or later if operation be withheld, and probably not so great, and the cases are put into as good a position by the operation as they were in before the hernia came on. This is all however; to say that they are absolutely and perfectly cured would be going too far, for the same causes that produced the rupture in the first instance, might not unlikely produce a return of it if care were not taken to prevent it. For the permanent success of the operation then it is necessary that every patient after cure shall wear a firm and well-adjusted abdominal belt, and that this shall be exchanged for a new one, the moment it ceases to give the requisite support to the yielding abdominal walls.

The time is probably not far distant when medical men will send up their abdominal hernia cases for operation, as soon as the condition is discovered, and it is well that they should, for as long as such a hernia exists, no one can say how soon strangulation may take place, or other complication arise, such as adhesion of intestine or omentum to some part of the sac that will reduce to some extent and possibly greatly the chances of recovery after operation.

With regard to the cystic affections nothing further need be said; their number is too small for any more detailed account to be of value.

The first case in the group of removal of appendages was unfortunate, although as it was impossible to diagnose accurately, the condition of the kidneys and ureters and, as moreover, the only hope for the patient lay in some operative measure, I still think the operation was justifiable. If I had declined to operate my decision would have been influenced by a selfish motive, viz., a desire to keep down my percentage of fatal cases, and I think that in our relation to our patients we ought to be influenced by higher motives than simply a desire to show a good list of successful operations.

The second case of removal of appendages was for double pyosalpinx, and the third for chronic ovarian pain and dysmenorrhœa. The cases are as yet too few to be of use in the decision of the question of the justifiability of the operation of removal of the uterine appendages. The operations themselves are too recently performed for one thing, and in one case after leaving hospital, the patient suffered from what is pretty certain to have been a more or less extensive peritonitis, and the other had as was stated a small pedunculated fibroid, which may for some time be a source of pain.

Concerning the exploratory incision, for malignant disease I have rather regretted since that I did not remove it, although a large extent of peritoneum was involved, as Sänger, of Leipzic, has recently shown that the peritoneum may be removed with impunity, and that its

* Died afterwards from progress of the disease.

presence or absence affects, but in the slightest manner, recovery after operation. The poor woman would at any rate have had a chance for her life, and as it was she had none.

In Case viii I followed the example of Gusserow, of Berlin, who in several cases in which abdominal section was performed, removed nothing, and of which he reported that these were as much benefited as others in which the appendages were removed. The pelvic pains are indeed now absent in my case, but others are present chiefly in the epigastrium, and both mammæ, in which small hard painful nodules can be felt.

Lumleian Lectures

ON

SOME POINTS IN THE NATURAL HISTORY

OF

PRIMITIVE DRY PLEURISIES.

Delivered before the Royal College of Physicians.

BY SIR ANDREW CLARK, BART., M.D., LL.D.,
Fellow of the College; Physician to the London Hospital.

LECTURE I.—(*Continued.*)

(*Continued from page 278.*)

CASE 10.—In May, 1878, a gentleman consulted me for severe pain in the left side, teasing cough, slight breathlessness on exertion, and recurring irregularity of heart. The patient was sixty-one years of age, spare, florid, dark-haired, light-eyed, and, although disposed to stoop a little, well preserved. He was regular in his habits, fairly moderate in the use of alcohol, active, and a considerable smoker. The family history was characterised by rheumatism, gout, heart disease, and asthma. In the past personal history of the patient the most notable events were indigestion, often recurring, rheumatism, some stray visitations of gout, and two or three attacks of pleurisy of short duration. The attack for which the patient consulted me was of a week's duration, and was ascribed by him to having got chilled whilst driving late in an open cab. The lower half of the left side was slightly contracted, and expanded imperfectly on inspiration; the tactile vocal fremitus was at most parts greatly diminished; there was complete dulness on percussion; grating friction and a superficial rustling crepitation obscured the normal breath sounds; the pitch of the vocal resonances was lowered and curiously uneven. A few mucous rhonchi with sparse, coarse, moist crepitations were heard over the upper part of the same side. A few sibilant and sonorous rhonchi with large moist crepitations were heard throughout various parts of the right lung. The heart, drawn a little outwards, was weak and irregular; a systolic bruit was heard within both the mitral and the aortic areas. Nothing special was noted in the condition of the digestive, urinary, or nervous systems. Both hands, the knees, and certain parts of the spine exhibited osteo-arthritic changes. I had no opportunity of seeing this patient again until July, 1883, when, in conjunction with Mr. Gifford Ransford, I had charge of him until his sudden and unexpected death in March, 1884. In the early part of June, at Aix-les-Bains, the patient was seized with a sharp attack of pleurisy, and was placed under the care of Dr. Berthier. It is probable that the character of the thoracic signs led to a suspicion of fluid effusion, for I understood that an exploratory needle was used, and that not fluid was found. At the time of examination the patient complained of frequently recurring paroxysmal cough, ending in vomiting of muco-purulent, sometimes fetid, expectoration, of severe pain in the left side, of breathlessness on exertion, of night sweats, of slight fever, and of great prostration. The left side of the chest was irregularly contracted and flattened, and rose feebly on inspiration. Over the lower two-thirds there were diminished tactile vocal fremitus and complete dulness on percussion. The breath sounds generally were feeble, hollow, distant, and at most parts the vocal resonance was lowered in pitch and diminished in tone. At two places, one below the lower angle of the scapula, and the other about an inch external to it, the breath sounds were cavernous; the large moist *rdles* had a metallic quality, and there was loud bronchophony. Throughout the upper two-thirds the percussion note hyper-resonant; the respiratory murmur, of normal type, was loud, harsh, and accompanied by medium-sized moist crepitations; the vocal resonance was increased. Nothing abnormal was discovered in the right lung. The muco-purulent expectoration, of ordinary histological characters, contained areolæ of elastic tissue from the lung; but, although several times sought for, no tubercular bacilli were found. When the sputa were fetid micrococci were abundant. The heart, drawn upwards and outwards, was enlarged, weak, and irregular; at the place of impulse a loud systolic bruit was heard; and in the pulmonary area there existed another bruit, louder in pitch and fuller in tone. The temperature, falling in the morning, rose in the afternoon to 101 degs. There were slight chills and sweats. The digestive organs were much disorded; the tongue was loaded and the breath unpleasant. With anorexia and thirst, there was much flatulence; the bowels were irregular. The urine, at one time loaded with urates or depositing uric acid, was at other times limpid and slightly albuminous. Nothing worthy of notice was found in the condition of the nervous system. For months the patient steadily improved, and the condition of the left lung became quite passive. There were, it is true, occasional fits of paroxysmal coughing, some morning expectorations of the usual kind, and breathlessness or palpitation on exertion, but they did not materially interfere with the patient's comfort in life, and he did not himself give them any consideration. Curiously enough, however, as the condition of the lung and of the general health improved, the osteo-arthritic trouble returned, became slowly worse, attacked the neck, shoulders, back, hips, and hands, and was the cause of much suffering.

In February, 1884, the patient began to improve, and in the early part of March he had gained flesh and become in every way much better. But on the 10th of this month, being in his usual condition and exceptionally free from trouble, he suddenly began to cough up blood, and in a few minutes expired. The autopsy was made by Mr. John Morgan and Mr. Gifford Ransford. The whole left lung was united by layers of thick, dense, hard pleural lymph to the walls of the chest, and was removed with great difficulty. The lung was much diminished in size, dense and leathery to the touch, and invested by several layers of adventitious pleural membranes, varying in thickness and character at different parts. About the middle of the lung, where these membranes were thickest and most closely connected, they had, when cut, much of the aspect of a fibrous growth, and seen apart from their visceral connections could have been easily mistaken for one. When laid fully open the lung appeared for the most part of a dark-red colour, and was found to be dense, hard, tough, and cut with difficulty. Fibrous bands passing from the pleura, and intersecting at various angles, traversed the middle portions of the lung, and compressed small bronchial tubes and bloodvessels. In the base of the upper lobe, and nearer the posterior than the anterior surface, there were two ragged irregular cavities. One, about the size of a walnut, contained curdy matter and blood; the other, rather smaller, was empty. Several bronchi in the neighbourhood contained clots of blood. The summit of the lung was encased in a thick capsule of laminated and indurated lymph; but the lung substance itself was substantially free from disease. Except at its anterior and inferior free margins, where there was much vascular emphysema, the immediate base of the lung although greatly congested and traversed by intersecting fibrous bands, was pervious to air, and free from any marked

consolidation. The bronchial tubes were nowhere dilated. The right lung, beyond some pleural thickenings, exhibited no sign of disease. The bronchial glands were enlarged, but not caseous. The heart was enlarged, soft, dilated, and fatty. The mitral valve was rough, irregularly and finely nodulated, and incompetent. The aortic valves were atheromatous and incompetent: and the aortic lining was irregular, rough, and studded with patches and streaks of artheromatous deposits. In the sputum, many times examined during life, no tubercular bacilli colud be found.

Case 11.—In 1851 the patient, then a tall, stout, healthy bricklayer, æt. 42, with a good family history, fell from a scaffolding, and, having injured his right side, was admitted into the London Hospital, under the care of Mr. Luke. There it was found that he had fractured two of his right ribs and was severely bruised. After two months the patient was discharged from the hospital, and, although declaring himself well, had frequent cough, with blood-stained expectoration. In 1857 the patient came under my care for hæmoptysis. He was still stout and healthy-looking, and declared himself to be quite well, except for pain in the right side, a troublesome cough, and spitting of blood. A careful examination of the patient elicited no signs of disease, except in the right side of the thorax. There in the mammary and mid-axillary regions were slight dulness on percussion, increased tactile vocal fremitus, pleural grating, large moist crepitation, and moderately heightened vocal resonance. Coughing and deep inspiration produced sharp pain about the nipple. The pulse was 76, and the temperature 98·2 deg. In 1860 the patient again fell under my observation, and had altered much for the worse. He had become bald; his face, pasty and œdematous, wore an expression of suffering; his abdomen was loaded with fat; and he moved about with difficulty on account of shortness of breath. He still declared that there was nothing the matter with him but cough, profuse expectoration, pain in the right side, and dyspnœa on exertion. Inspection of the chest showed that the disease had considerably advanced since 1857. The right side of the thorax, between the clavicle and nipple, was retracted, and rose feebly on inspiration. The corresponding side of the neck was swollen, and the superficial veins, distended with blood, were not emptied during inspiration. In the retracted region there were found dulness on percussion, slightly diminished tactile vocal fremitus, pleural grating or cracking, bronchial breathing with coarse moist crepitation, and some increase of vocal resonance. These signs in more or less degree were found in the mid-axillary and scapular regions. In the summit of the lung the respiratory sounds were harsh and accompanied by crepitation; in the base no evidences of disease were found. The left lung appeared to be normal. The expectoration, which was abundant and gelatinous, or muco-purulent, consisted of a mucoid stroma having embedded in it leucocytes, blood-discs, granule cells, and epithelium. The heart was large, somewhat feeble, and beating at the junction of the cartilage of the fifth rib with the sternum. The pulse was 80; the temperature was 98·8 deg. No notable signs of disease were found in any other part of the body. In 1866 the patient had lost flesh, strength, and colour, and his whole appearance suggested the existence of malignant disease. The face had a leaden tint; the features were full, and the under eyelids baggy with serum; the neck was swollen; the right arm was œdematous; and the right side of the thorax, greatly retracted, was covered by the ramifications of over-distended veins. The movements of inspiration were shallow, laboured, and frequent; the heart was seen beating to the right of the sternum, at its junction with the fourth rib; and periodical paryoxysms of cough, making the face livid and sometimes ending in vomiting, discharged quantities of muco-purulent phlegm. In this phlegm were found, from time to time areolæ of elastic tissue from the pulmonary alveoli. Beyond some fine moist crepitations near the summit in front, nothing of moment was found in the left lung. Examination of the right lung yielded the results which follow. In the supra-clavicular region there were found hyper-resonant percussion note, increased tactile vocal fremitus, hollow bronchial breathing, prolonged expiration, crackling, clicking, and crepitating rhonchi and bronchophonic vocal resonance. In the infra-clavicular and mammary regions there were found great retraction of the thoracic walls, scarcely visible expansion on inspiration, diminished tactile vocal fremitus, blowing, and at some parts cavernous, breathing, clicking, crackling, and crepitating rhonchi and bronchophonic or pectoriloquous voice. In this region, also, the expiratory sounds were greatly prolonged, the rhonchi had a metallic quality, and pleural creaking or grating was sometimes audible. In the lung below these regions the respiratory sounds were jerking and harsh, the expiration was prolonged, and with both movements of breathing fine moist crepitations were heard. Percussion and the resonances were unaltered. The action of the heart, drawn, as already mentioned, to the right, was feeble and frequent. A low-pitched systolic murmur was heard at the base. The pulse, small and compressible, beat about 80 in the minute. No unsoundness was detected in the arteries. The extremities were cold, and the feet slightly œdematous. The tongue was loaded, appetite impaired, and thirst considerable. The liver was enlarged, and descended more than an inch below the free margins of the lower ribs. The bowels were irregular, and external hæmorrhoids sometimes distressed the patient. The urine was abundant and low in density. It contained about 5 per cent. of albumen, but deposited no casts. The skin was acting well, but there was neither night sweats nor chills. The evening temperature was 97·8°. About this time the patient was examined by most of my colleagues, and there was much discussion amongst us as to the nature of his malady; but the balance of opinion turned in favour of malignant disease. The patient remained for many months in the hospital. The physical signs of disease of the right lung continued after seven months substantially unchanged; but in all other ways, in appetite, flesh, strength, colour, and sense of well-being, the patient had become, to use his own phrase, "another man." Feeling thus much better, and anxious to get into some sort of work, he was, at his own request, discharged from the hospital. At the end of eighteen months the patient was found to be in extreme poverty, and becoming rapidly worse in health; and on October 1st he was readmitted into the London Hospital. At this time the condition of the chest was much the same as when last examined; but in one or two places about the middle of the upper lobe of the left lung there were signs of fresh disease; slight circumscribed dulness, moist crepitatioms, jerking inspiration, increased resonances. The heart was still displaced to the right; there were systolic murmurs at the base; the pulse at the wrist was small, feeble and under 80. The temperature was about midday 97·4°. It was, however, in his general condition that the patient had relapsed and become worse than at any previous time. With pallid and dusky hue of face, with greatly swollen neck, traversed by gorged and tortuous veins; with wasted body, and œdematous legs; with short and laboured breathing, interrupted almost to suffocation by paroxysms of cough; unable to move about without sweats and tremors—he looked the picture of suffering and weakness. The tongue was of a bluish hue, and thickly coated with a yellow fur; only fluid food could be taken; there was much flatulence; attacks of diarrhœa were frequent. The urine was of low density, moderately albuminous, and deposited granular and hyaline casts. The extremities were cold and blue. The skin acted freely and fell often into profuse sweatings. No notable sign of disease was discovered in the examination of the nervous system. Nothing done for the patient gave him relief. He became slowly weaker; and at length, after seventeen years' conflict with his malady, he succumbed. The thorax and abdomen alone were

examined after death. The heart and great vessels lay beneath, and a little to the right of the sternum, corresponding to the third, fourth, and fifth intercostal spaces. The heart was large, soft, and loaded externally with fat; there was no demonstrable valvular imperfection; the lining membrane of the aorta and small portions of the pulmonary artery were atheromatous. The veins at the root of the neck were partially compressed by adhesions connecting the upper lobe of the right lung to the neighbouring parts. It was only by the free use of the knife that the right lung could be removed from the chest. Greatly diminished in size and irregular in form, surrounded by a tough fibrous capsule, at some parts over an inch and a half in thickness, and having disposed along its inner surface from the apex to near the base a flattened mass of lobulated yellow fat, the organ on superficial inspection looked more like a tumour than a lung. A longitudinal section having been made, it was seen that the fibrous capsule investing the lung consisted of several closely superimposed layers of different character and thickness; that, where uncut, the outer surface was rough, uneven, and obscurely warty; that from the inner layers fibrous bands of unequal breadth penetrated the lung, and passing along the inter-lobular septa, or accompanying the vessels, or surrounding the smaller bronchi intersected in various directions, produced an areola of varying size and form; and that chiefly at the intersections, but also occasionally elsewhere, the fibrous bands exhibited small, hard, tough, nodular swellings. Corresponding to the place where the ribs had been fractured, the adventitious pleural membranes were infiltrated with flakes and particles of calcareous matter. The upper two-thirds of the lung were intensely congested and riddled with small, ragged, irregularly-shaped cavities. Here and there were small consolidations due to the presence in the alveoli of an amorpho-granular obscurely fibroid matter. The pulmonary arteries, and at some parts the pulmonary veins, were thickened. Once in a lobular branch of the artery a nodule was seen almost entirely obliterating the lumen of the vessel, and growing from its inner wall. Almost everywhere the adventitia was thickened, not apparently by cell proliferation, but by a nearly homogeneous infiltration. In several instances in which small branches of the pulmonary artery were apparently much compressed or thickened, the alveolar territory to which it was distributed was in a condition either of fatty usure or of atrophic emphysema. This relation between the state of the vessel and the state of the lung was so frequent that one was disposed to regard it as causal. Some of the larger bronchial tubes in the upper part of the lung were dilated, whilst their walls had become thin and soft, but tough. At these parts the ciliated epithelium was replaced by a subspheroidal one, the cartilages were wasted and inelastic, and the muscles had apparently undergone fibroid degeneration. Here and there an early division of the interlobular bronchi was found almost obliterated, and the alveoli connected therewith were collapsed. Immediately beneath the pleura throughout the whole extent of its diseased portions the lungs exhibited uninterrupted lines or patches of pneumonic consolidation. In the worst part the consolidation was of the croupous sort; but at several points where the consolidation was larger, and in immediate relations with lymphatic spaces or vessels, it was caseous. At some parts in the midst of the fibroid induration the alveolar walls were greatly altered in structure, and the alveoli contained a matter composed of free nuclei, leucocytes, epitheloid cells, and pigment globules. The alteration of the alveolar walls was considerable. They were thickened; the epithelium lining them was subspheroidal, and arranged sometimes in a single and sometimes in a double or even triple layer. Some of the alveolar capillaries were obliterated; others were dilated, almost saccular; all of them appeared to be thickened. The intervascular spaces, much larger than in health, had a fibrillated appearance, and were crowded with oval nuclei irregularly disposed. Once or twice an alveolar wall was seen to be nodulated; and both in structure and arrangement the nodule resembled a minute fragment of a nucleated fibroma. The lower third of the lung was intensely congested, and yielded on pressure an abundant frothy blood-stained muco-purulent matter. On its surface, and particularly in its free margins, the lung was emphysematous; but emphysematous patches were found also about the centre of the lung, close to, and sometimes in the midst of the fibroid induration. The left lung, of large size and a greenish-red colour, was connected by loose adhesions to the costal pleura. The whole lung was greatly congested, and yielded on pressure an abundant frothy sanguinolent serum. In the middle of the upper lobe there was a group of bodies which, in their naked-eye characters, could not be distinguished from what are called veritable tubercles or grey granulations. About the size of a hempseed, spheroidal, and projecting above the level of the cut surface of the lung, they were greyish, semi-transparent, dense, hard, tough, and free from every trace of caseous change. Each body, composed for the most part of fibro-corpuscular elements, interspersed with epithelial like cells and short nucleated fusiform fibres, might have been regarded, according to the subjective attitude of the observer, either as a mere fibrous knot or as a true tubercle. The irregular layers of new membrane constituting the capsule of the lung were of two kinds, but not alternately arranged. The one kind was hard, close, and similar to a lamellar fibroma; the other resembled a loose areolar tissue in the trabeculæ of which were branched connective tissue corpuscles, and in the meshes thereof decaying leucocytes and epithelial-like cells. The bronchial glands were enlarged and loaded with pigment, but not caseous. The juice, in addition to the normal lymph corpuscles, contained in enormous numbers spheroidal multi-nucleated cells in a state of active endogenous proliferation. The liver and spleen were enlarged and congested. The capsules of both organs were greatly but irregularly thickened. In the former, cirrhotic changes were beginning. Both kidneys were enlarged and much congested. Their capsules were opaque, thickened, and adherent. The capsular surface of each kidney was obscurely granular and mottled; but there was little wasting of the cortical substance. In many of the arteries, however, there was thickening of their outer and inner coats. I have in this case described some of the pathological changes found after death at greater length than the scope of these lectures will fairly warrant; but I excuse myself on the ground that they affect questions of fundamental importance, and that having followed the case throughout its whole course, I may venture, with less hesitation than will be necessary in the other cases, to deal with the conclusions which the study of the case seems to justify one in drawing from it.

Here I must bring to an end this narration of cases. Every one of them represents but inadequately the group to which it belongs, and from none of them can be obtained a connected, and, as far as our present knowledge extends, a complete view of the subject matter of our inquiry. But when all these cases are collated, compared, and otherwise critically considered, one case will be found to illustrate or explain another, the more complete will in some measure supplement the less complete, and in the pathological changes found in those cases in which autopsies were made, we may fairly form probable judgments of the pathological changes which would have been found in other cases in which autopsies were forbidden. In this way it may happen that we shall at length succeed in getting larger and better knowledge than we now possess of the origin, course, and issues of dry pleurisies. And although it must be that this knowledge shall prove in many ways defective, and in some even inaccurate, it will at least suffice to provoke inquiry, and to make plainer and easier the way for those who follow in the search for what remains to be corrected and discovered therein.

CHANGED ASPECTS OF UNCHANGED TRUTHS: THE USE AND ABUSE OF REST.

By ARTHUR JACKSON, M.R.C.S.,
Surgeon Sheffield General Infirmary; Lecturer on Surgery Sheffield School of Medicine.

Five-and-twenty years have elapsed since Hilton began to deliver his lectures at the College of Surgeons on the influence of mechanical and physiological rest. I am one of those who can look back, almost as if it were yesterday, with delight at the enthusiastic reception they met with at the hands of the profession, placing their author for all time foremost amongst the distinguished members of that famous school which owes its origin to Thomas Guy. Amongst the many works published during the present century, which will be read during the next, the works of James Syme, and three English ones, will occupy a distinguished position—Watson's "Principles and Practice of Physic" (1843), Paget's "Surgical Pathology" (1853), and Hilton's "Rest and Pain" (1863). They are books written, not by the young to get a reputation, but they are classical works, written by men in the prime of life, and founded upon the rock of experience and truth, and having for their object the progress of science and the benefit of mankind. It has been said of Paget that he found surgical pathology a chaos, and he left it a science. May not the very same remark apply to the very distinguished man who succeeded him ten years afterwards in the chair of anatomy and physiology? Did he not reduce surgical treatment to a science? Did he not show us how to treat cases with true anatomical and physiological precision?—how to follow the pain along the course of a nerve till the seat of the disease was found?—and consequently how to diminish the number of cases of pain, which previously were relegated to the class of diseases termed "rheumatic or neuralgic"?

For many years, bearing in mind the great principles laid down by Hilton, and feeling the unchangeableness of those great truths, I have felt discontented and disappointed with my own results. I could not flatter myself that I secured as good results as he did. A movable joint, previously the seat of disease, is a rarity in my wards, a common one in Hilton's experience: I get anchylosis, not in the diseased joint where I want it, but in the next joint, where I do not.

My fractured legs, treated according, as I believe, to the truths laid down by Hilton, and as carried out by more recent authorities, are not as successful as they should be, considering the position of the science and art of surgery in the nineteenth century.

Sprained joints, as treated now, result often in anchylosis, or disease, however completely our notion of perfect rest is carried out. Am I singular in these disappointing results? I am afraid not. I hear of many surgeons with similar feelings.

With this impression, when at the kind request of your Secretary, I agreed to read a short paper before this Society, I thought that we might profitably consider the question of the "Use and Abuse of Rest," and discuss, if you are willing, the work of one of the greatest surgeons of the century, and ask ourselves whether we are faithfully carrying out his views, whether we are succeeding in our treatment as he did, and whether, if we are not doing the one, and are failing in the other, we can review his and our work, and mend our ways with benefit to our patients and credit to ourselves.

"Physiological and mechanical rest." How terse, how true; what greater homage could man offer to his Creator than Hilton offered.

"Regarding," says he, "this subject of rest in its highest, best, and closest relation to mankind, and looking at it by the aid of my feeble penetration, I would in all humility remind you that when God ordained that man should live by the sweat of his face as a punishment for his disobedience it pleased Him, in the plenitude of His unspeakable benevolence, to consecrate the manifestation of His power and his goodness by permitting man's fatigue and temporary exhaustion, to be followed by his greatest earthly solace, the blessing of rest and repose, by calm and peaceful sleep—a blessing which should be the immediate reward of his labour. Nature devoting her best efforts, during this period of rest and sleep, to repair those powers which may have suffered exhaustion, to renovate the bodily strength, and to restore the mental vigour, mitigates man's punishment by a source of real and refreshing enjoyment, enabling him to resume his labour in all the delightful vigour of a renewed existence."

"Physiological and mechanical rest," when rightly used, by far the most useful of all prescriptions. When used without anatomical and physiological precision, without thought, without common sense, what a source of endless misery, what a source of complete failure in the treatment of disease. Note the combination, "physiological and mechanical rest," the two together, not the one without the other. Is it possible that we have carelessly and unintentionally divorced the two? Have both physicians and surgeons alike changed the aspects of unchanged truths in the same way that has been done by the mad fanatics who in the present day profess to be the exponents of the simple religion delivered nineteen hundred years ago. The answer must be in the affirmative, and without any more reason—the craving after change, and something new is just as common now as it was hundreds of years ago.

The physician appears to me, in the bewilderment caused by his theories, his extra pharmacopœia, his inhalations, his rarefied air, to have forgotten all about "physiological and mechanical rest." And the same may be said of the surgeon—"Bacteriorum bacteria omnia bacteria." All is lost sight of in the germ theory. In the mist produced by the spray producer, physiology and anatomy disappear from view, much in the same way as a well-known object disappears on the advent of a fog. May I illustrate my meaning by two cases taken from the medical and surgical wards of a hospital? I think they are typical cases.

I saw as I stood talking in a medical ward one day in hospital in this country a man sitting up in bed with his body exposed from his umbilicus upwards, waiting for a nurse, who did not seem in a hurry, coming with a poultice to encircle his chest. I was told he was suffering from pneumonia.

I wondered whether Hilton's ghost hovered by his side, and whether he was grieved at the breaking of his great fundamental laws. What is the difference between an inflamed lung and an inflamed knee-joint? Do not the same principles of treatment apply to both diseases? How does the surgeon treat inflammation of the lung from a broken rib? Does he poultice it?—make a man get into the sitting posture every three or four hours?—excite his heart's action by movement?—fill his lung with blood?—poultice it to keep it œdematous and congested? No; he keeps it at rest, physiological and mechanical; he reduces the thoracic movements to a minimum by strapping, the heart's action by the exhibition of digitalis or aconite, the patient lies quietly on his back, with his bedclothes dry, and, if necessary, with that grand therapeutic agent, ice, applied to his chest.

May not the physician learn something from the surgical treatment of traumatic pneumonia? I think he may. I do hope that the days of the poultice treatment of pneumonia are drawing to a close. The death-knell has been rung by Bristowe, and I hope its burial *without* hope of a resurrection is not far distant. But is the surgeon free from blame? Does he keep ever before him the idea of physiological and mechanical rest? No; in the wild excitement produced by Listerism, in the craze about bacteria, and the germ theory, in the erroneous confidence in the moisture, Physiology and Anatomy are alike forgotten: the wound and the patient are

worried to death; or if he does adopt rest as part of his treatment, he forgets the physiological section of it and abuses the mechanical. Consider our fractures, our sprained joints, our osteotomies—mechanical rest they have without stint; but do we take into account the best means of securing physiological rest? No; emphatically no. We apply hard, heavy, wooden splints; we encircle the limb with bandages and strapping; we leave the part inflamed or broken, exposed, and strangled. We are disappointed when it is not a success. We keep limbs too long in splints, and we apply them to too many joints; in fact, we do exactly what Hilton *never did*. A diseased or inflamed knee-joint was not treated on a back splint, including the ankle, but by a carefully applied splint at the back of the knee-joint only.

Those of us who have had the personal experience of a sprained knee-joint, followed by inflammation and effusion, can a tale unfold; and I have no hesitation whatever in saying that to wear a splint all day, and all night, never to be able to change the position of the limb, is the very reverse of physiological rest. An adult does not move his limb when it causes him pain to do so; there is no danger in the case of an adult of dislocation; and there is really, unless he is an idiot, no necessity for a splint.

Furthermore, there are many reasons against it. A slight change of posture gives him physiological rest; the constant application of ice gives him more; and pressure from an india-rubber bandage is from time to time a great comfort. In the very young there is a tendency to contraction and displacement, and splints are necessary to counteract it. At the same time, I think we ought to consider whether better results cannot be obtained by sandbags and weights, rather than by constriction. Aston Key treated most of his fractures in this way. In all probability œdema, stiff-joints, and pain were unknown in his wards as sequelæ of fractures.

Then we have another way of dealing with fractures, the American plan, which has the advantage of having no circular bandage, no constriction. The broken limb lies in a flannel bandage, attached to light wire, the wire being swung from the roof of the ward with pulleys and weights. When the patient wants a change of posture he lifts the weight gently up.

No interference with the circulation, either arterial or venous, takes place, and the sequelæ I have alluded to are not common in ordinary fractures.

Sir James Paget invented a mode of putting up fractures with the same views, and used to lay great stress on the importance of having no bandage round the limb. But there are other points to consider with regard to physiological and mechanical rest upon which Hilton insisted. He opened abscesses to secure coaptation of their internal surfaces and union by giving them rest. What is done now? We introduce a large tube, which we call a drainage tube, and which men, like Savory, decline to believe does drain the cavity; we separate the sides and we defer healing. And further, all the healing of fresh wounds in healthy structures is greatly retarded by their introduction, which is wholly unnecessary.

We may as well at once honestly give up all that textbooks say about the first three modes of healing, if this mode of drainage is to be continued.

One way of producing physiological and mechanical rest is, I hope, more frequently adopted, *i.e.*, in amputations, the short flaps of former days being now on the wane: rest is secured by long flaps, which fall together without any tension, and do better than in former days. And lastly, this practice of Hilton is furthered much by the disuse of stimulants. The operators at the end of the last century prepared their patients by bleeding and purging. Then came a reaction, and stimulants were used very freely; but now we prepare people for operation by continuing their usual mode of diet, unless there is anything vicious in it, and thus secure physiological and mechanical rest constitutionally as well as locally.

Gentlemen,—My disconnected paper is done, and I trust that I have proved my case—viz., that changed aspects of unchanged truths require discussion, and that we must not lightly lay aside the doctrine of a great man like John Hilton.

Clinical Records.

HÔPITAL FRANÇAIS À LONDRES.

A Case of Limited Paralysis and Anæsthesia.

Under the care of DR. VINTRAS.

(Reported by ALFRED S. GUBB, M.R.C.S., L.R.C.P. Lond., Resident Medical Officer.)

M. B., æt. 25, married, admitted on December 8th. Patient complained of headache (vertical), which was constant, but worse at night, with occasional dimness of sight and diplopia. Legs are said to have been swollen, but are not so at present. No varicose veins. Her father died at 40 of some head affection, and she has lost three younger brothers from croup. She has been married four years. Prior to her marriage she was perfectly strong and well; never had any illness, and joints have never been swollen or painful. After an instrumental labour with first child her health suffered, and she was subject to hæmorrhage during subsequent three months. One day during the fourth month after her confinement she suddenly felt choking sensation, and lost consciousness for about three quarters of an hour, on recovering from which she was unable to move any of her limbs. She says her mouth was drawn to the right side, but she was able to articulate perfectly. At this time, too, a strabismus from paralysis of external rectus of left eye became evident, with amaurosis of same eye. The strabismus persists, and the sight of left eye is still imperfect. She was admitted to the Hôpital de la Charité at Paris, where she was residing, and she remained an in-patient there for eighteen months. There was incontinence of urine and fæces for twelve months. The treatment, from what patient states, consisted of the bromides and Faradaic electricity. She gradually improved under treatment, and recovered the use of her limbs. Menstruation ceased during this period, but re-appeared on leaving the hospital, and has been regular ever since. No history of syphilis. Patient is well nourished, but pale, with convergent strabismus of left eye. Pupils are unequal, left being larger, and responding but slowly and imperfectly to light. Nodular swelling on left tibia, painful, especially at night. The skin over it ultimately became implicated and sloughed, leaving a characteristic circular, sharply circumscribed ulcer. Lungs, liver, and spleen normal; heart regular, apex beat imperceptible, first sound muffled and prolonged at normal site of apex; area of dulness not increased. Urine normal in quantity, clear, acid, and no albumen or sugar. Temperature normal. On the 15th December in the afternoon she noticed a tingling and numbness in left arm and shoulder, which in the course of a few hours became paralysed, together with loss of general and special sensation. The anæsthesia extended from the fingers upwards to the root of the neck and across exactly to median line, and downwards to some three or four inches below nipple line. It was complete, and neither pricks nor burns were felt. Was ordered grs. 10 each of iodide and bromide of potassium three times a day, the dose of the iodide being subsequently raised to 20 grains, but up to the 30th December no improvement had taken place in the limb, which was quite flaccid and still completely devoid of sensibility of any kind. Bulk of muscles remained normal, and patient seemed disposed to get fat. Electricity was now had recourse to, the current employed being obtained from one of Coxeter's 40-cell silico-carbon batteries, a simple arrangement allowing of easy dosage and of the current being either interrupted or reversed as desired. There has been no wasting of the muscles, and they contracted perfectly to the slowly interrupted current. Patient feels a hot, prickling sensation at sites of electrodes, and when the contractions are repeated at short intervals complains of a feeling of fatigue in the muscles. The contractions were at first feeble, but at subsequent séances became more energetic with a less number of cells. In the course of a month movement of the arms gradually returned, some weakness of the deltoid alone remaining. The anæsthesia also cleared

up, but more slowly. Patient's general health is good. The ulcer on the tibia, which has been dressed with black wash, continues to suppurate, and shows no particular tendency to heal.

Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND.

Sub-Section of Anatomy and Physiology.

Opening Meeting, Thursday, February 19th.

The President, Dr. D. J. Cunningham, in the Chair.

The President expressed his sense of the honour done him in electing him to the chair for the session—an honour which he prized highly, not only in being considered worthy of succeeding such men as Dr. Macalister and Dr. Purser, but also on account of the great interest which he had all along taken in this department of the Academy.

Mr. Broomfield exhibited his patent Eustachian valve, also a model for showing to a class the changes in the crystalline lens during accommodation.

Dr. Bennett exhibited a facile method of demonstrating alternation of the sectors of the crystalline lens of the eye to a class by injecting either into the posterior side of the capsule of the lens, or between the vitreous humour and retina, a small quantity of mercury which formed a bright reflecting surface, the shape of which depended on the surrounding tissues. The results obtained by the mirror posterior to the vitreous humour appeared to give the best results. He stated that for a successful demonstration an eye not too fresh and a top light are desirable.

The President was glad Dr. Bennett had returned to his old subject, in which he had formerly gained so much distinction. He had certainly shown an ingenious method of demonstrating the sectors of the eye, which it was impossible to do with the parts together.

Dr. Benson concurred.

Dr. M'Ardle read a paper on

Anomaly of Arch of Aorta.

The branches derived from the transverse portion from right to left were—right carotid, left carotid, left vertebral, left subclavian, and right subclavian. The only ones having a peculiar course were the right carotid and right subclavian. The former at its origin was somewhat to the left of the trachea. After ascending for half an inch it passed directly to the right, in front of the sixth and seventh rings of trachea, and then upwards on the right side of that structure. The subclavian came off from the posterior aspect of the arch on a level with the remains of the ductus arteriosus; thence it passed in from off second and third dorsal vertebra, and behind trachea and œsophagus, so that these structures were compressed between it and the foregoing vessel. The only other peculiarity of this trunk was its cone-shaped origin, where it was at least half as large as the aorta. It diminished to the normal size before giving off a single branch.

The President said that the case which Mr. M'Ardle had so well described was one of the commoner varieties met with in the dissecting-room of the anomalous arrangement of the aortic branches. It was one of the most interesting of all the anomalies, because at first sight it appeared to be very difficult of explanation. The difficulty, however, at once disappeared on close examination. It had been shown lately that the anomaly was associated with the transference or transposition to the right side of the thoracic duct. This was explained by supposing that the thoracic duct, like the aorta, was laid down in the form of two lateral tubes, which afterwards fuse. It was interesting to notice the relation of the laryngeal nerve, because the fourth arch, counting from above, was obliterated, and therefore it was not recurrent at all, having nothing to hook round. There were about five cases on record of the transference of the thoracic duct to the right side. These were given by Drs. Crookshank, M'Donnell, Brown, and Arthur Thomson of Edinburgh.

Dr. Bennett instanced, as unique in its surgical aspect, Kirby's case, in which he examined the parts after death, and in which a foreign body lodging in the œsophagus had wounded a subclavian vessel abnormally in its way. Still more remarkable was the fact that the patient, though suffering from an impacted body in the œsophagus, died from an entirely different cause—namely, the impaction of some portion of food in the glottis.

Mr. M'Ardle, in reply, said that in removing a very large mass of glands from the neighbourhood of the aorta, the thoracic duct was cut across. It passed between the aorta and the œsophagus. The recurrent laryngeal nerve passed directly to the right side. There was a case noticed by Hyrtl (who quoted from Lister), in which an artery coming from the left side passed between the œsophagus and trachea.

Dr. Brooks gave a description of

Anomalous Coronary Branch Arising from Pulmonary Artery.

This case occurred in an old female subject in the dissecting room of Trinity College, Dublin. The abnormal branch arose from the left anterior sinus of Valsalva of the pulmonary artery; it was rather under an eighth of an inch in diameter, and its branches ramified chiefly on the infundibulum of the right ventricle, a few small ones supplying the coats of the pulmonary artery. Both the normal coronary arteries were present, and were rather large.

The President testified to the accuracy of Dr. Brook's observations upon the extremely interesting and rare case which he had described. At the outset he was himself sceptical, never having seen an artery of the same origin before, and it was only after considerable pains on Dr. Brooks' part that he was persuaded to believe the case was really a *bonâ fide* one. There was only one other case of the kind on record.

Dr. Little had never seen anything analogous to the case.

Dr. Purser observed that as there was free anastomosis it must have carried arterial blood, and must have acted as a vein. The blood must have flowed from the point of high to the point of low pressure.

Dr. Brooks, in reply, said the anastomosis was tolerably defined in one part. He had no doubt some of the arterial blood must have travelled on account of the high pressure. Still the communication did not seem to be sufficiently free for the whole of the blood to go that way.

The President communicated a paper which he received from Prof. Shepherd, of McGill College, Montreal, on

Musculus Sternalis in Anencephalus Fœtus.

In six such specimens Professor Shepherd had found the anomalous muscle, and in five of these he had been able to make out its nervous supply to be the same as that of the pectoral group of muscles.

Dr. Brooks mentioned having seen two cases this year (one of which he showed the President) of the pectoralis minor getting a nerve as a branch of the second intercostal. Seeing, then, that in some cases the pectoral muscles may get a branch from the intercostals, it was an additional argument in favour of the musculus sternalis really belonging to the pectoral group.

Mr. Abraham expressed himself greatly interested in the President's paper. It was certainly with great diffidence that he himself brought forward the view therein expressed two years ago, and therefore it was gratifying to him that that view had received such able confirmation since then. From his own observation he quite agreed with the President that the muscle was so frequent in females. There was one point as regards the President's new theory to which he would call attention, as to the fact of the muscle occurring in anencephali. He could not see what connection that could have with respiration, because anencephali were always born dead, and never attempted to respire; and therefore, if the muscle was of any use to that creature, it was difficult to say that it had any connection with respiration.

Dr. Bennett said the statement that all anencephali were born dead was going too far, because he knew that one of those examined was born and breathed for four hours after delivery; so that in that instance the respiratory function was established fully and completely extra-uterine. The band from the pectoral across the free axilla was an irregular muscle of the pectoral group, and was peculiar to females.

The President said the point which Mr. Abraham had mentioned in regard to the anencephalous fœtus could be

explained in this way—that if we have impressed upon us a slight tendency towards the development of that muscle, it would be understood that where nature was turned topsy-turvey, any such impression might be strongly developed. The chest of the anencephalus fœtus was seldom employed for respiration, and was generally stinted in its character. He bore out Dr. Bennett's observation in regard to the greater frequency of the axillary band in females than in males, and that he was correct in placing it in the pectoral group. The case mentioned by Dr. Brooks, in which the supply was given to muscles from the intercostal nerves, was a very interesting one.

VENA AZYGOS MAJOR ASCENDING ON THE LEFT SIDE, AND THE BEARING OF THIS ANOMALY ON THE DEVELOPMENT OF THE AZYGOS BLOOD-VESSELS.

Dr. BROOKS said: This case occurred in a male subject, and appeared to be a transposition from right to left of the normal arrangement. The vein ascended on the left side of the bodies of the dorsal vertebræ, receiving the left intercostal veins, with the exception of the first and second, and also a branch from the right side, which entered it at the level of the eighth dorsal vertebra, and was formed by the confluence of two veins, which lay on the right side of the bodies of the vertebræ; the superior of these two received the sixth, seventh, and eighth intercostal veins; the inferior collected the blood from the ninth, tenth, and eleventh intercostal spaces. The left azygos, thus formed, attained to the size of an ordinary azygos major; it crossed the junction of the transverse and descending portions of the aortic arch, and opened into the left innominate vein. A small vein opened in the ordinary position of the (right) azygos major; it was formed by the confluence of four intercostal veins, but the trunk lay not in the ordinary position of the azygos major on the bodies of the vertebræ, but on the ribs external to the gangliated cord of the sympathetic. This peculiar position was interpreted as representing a larger portion of the posterior cardinal vein persisting than usual. A remarkable bend in the course of the left azygos, whereby a portion crossed the necks of the tenth and eleventh ribs, was explained in the same way. Reference was made to the symmetrical condition of the venæ azygos in the embryo as affording a ready explanation of the transposition, the right, instead of the left, azygos system having been broken up.

THE PRESIDENT remarked that this anomaly was also of interest from a comparative anatomy point of view, because in some of the lower animals it was the normal arrangement for the vena azygos major to pass up the left side, the opposite to that in the human subject. In the sheep this was the case. In marsupials it sometimes chooses the one side and sometimes the other. The Tasmanian wolf was an example of its passing up the right side as with ourselves.

DESCRIPTION OF ANDAMAN SKELETON COMPARED WITH THOSE OF OTHER RACES.

The PRESIDENT gave a description of an Andaman skeleton, and compared it with those of other races. He referred to the two elaborate papers which had been communicated by Prof. Flower to the Anthropological Institute upon the osteology and affinities of the Andaman islanders, and showed how closely the skeleton in his possession bore out the many remarkable facts described by that author. He especially directed attention to the lower jaw, vertebral column, and the sternum. He compared the lower jaw with that of a European child of five years old, and showed how closely they resembled each other. In both the feebly marked chin, the poor development of the basal or subdental part of the body, the low ascending ramus, and shallow coronoid notch were very manifest. The cervical vertebræ were distinguished by their spinous processes exhibiting very little tendency to bifidity. The bodies of the lumbar vertebræ were not moulded in such a fashion as to give any assistance in the formation of the lumbar curve; in fact, the sum of their anterior measurements was considerably less than the sum of their posterior measurements. The sternum was remarkable for its extreme narrowness, but this is a feature which the author considered might possibly be an individual peculiarity, as he had had no opportunity of examining this bone in other Andaman skeletons, and Prof. Flower had not mentioned it in either of his papers.

The author concluded by stating that Prof. Flower had unquestionably put his finger upon the salient point in connection with the Andaman skeleton when he called attention to the many infantile characters which it exhibited.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

FEBRUARY 26TH, 1885.

WM. A. GARRARD, Esq., President, in the chair.

ABNORMAL DEVELOPMENT OF LEFT SIDE OF FRONTAL BONE.

MR. B. WALKER brought H. Y., æt. 29, a hawker at present, but a man of many pursuits in the past, before the Society with the above peculiarity. The protuberance extended from a point a little beyond the mesial frontal line, 5½ inches to the left in the horizontal direction, and from the left eye-brow 5¾ inches in the vertical. The supra-orbital plates was evidently involved, as the left eye was more prominent than the right, and, at the same time, was displaced downwards. The right side of the head measured 10¾ inches, and the left 12½, showing an inch and a half's difference between them. The sight was remarkably good, and his intelligence above the average. He stated that the malformation had existed since his birth. He could assign no cause for it; and has always enjoyed good health. The question connected with the man's condition was, to what is the malformation due? Is it simply the result of periostitis and bone deposit, or, is it that the bone is misshapen, corresponding to some peculiar brain formation? Mr. Walker thought the case interesting from a phrenological point of view.

The PRESIDENT favoured the view of periosteal thickening and bone deposit.

Mr. JONATHAN BARBER wanted to know if there had been any accident at birth which might account for it?

Mr. PYE SMITH agreed with the President in his remark as to periosteal thickening, the result of inflammation of that membrane.

Mr. SNELL, under the impression that the case was different to what it was, had brought down some diagrams of skulls, illustrative of Landolt's observations, in which, he found, that in cases of unequal refraction of the two eyes, one side of the head would be found to be larger than the other—the larger side corresponding to the largest eye. Thus in a case of normal refraction on one side, and myopia on the other, the latter would be the largest side of the head. In a case of varying degrees of myopia, the higher degree would correspond with the larger side. In the case of varying degrees of hypermetropia, the larger side of the head would correspond with the lowest degree of hypermetropia and so on. Mr. Snell has repeatedly verified the correctness of these statements, and showed the diagrams which had been traced by means of a hatter's machine.

Dr. KEELING drew attention to the fact that size of skull was not always a safe measurement of intellectual capacity. Hugh Miller, who was noted as a very clever man, especially as a geologist, had a very large head, and used to say he only knew another as large in his native village, and that was the headpiece of the village idiot.

Mr. WALKER, in reply, expressed himself as a believer to a certain extent in the doctrines of phrenology. That capacious intellects and capacious skulls were usually associated together. He mentioned the fact that this man had been under the hands of a phrenologist, who had persuaded him that some very powerful mental qualities were his in connection with this tremendous "bump," and that he had not had a fair chance of their development and use. As the man was still living, in good health, and in the full enjoyment of his intellectual capacities, there was no chance of deciding by post mortem examination the exact nature of the protuberance.

ENLARGED HEAD, PROBABLY HYDROCEPHALIC.

Mr. B. WALKER also showed a girl, æt. 13, with a greatly enlarged head, the shape almost typical of the heads said to be hydrocephalic. It measured 24 inches in circumference, 15 inches from ear to ear, over the upper portion of the occupital bone, and 13 inches from ear to ear over the vertex. The child suffers from no defect of sight, memory, or intellect, in any way. When very young, she suffered a good deal from her head, and she still suffers much during the hot summer months.

The President, Mr. Pye Smith, agreed with Mr. Walker in regarding the condition of the head as of hydrocephalic origin.

WEDGE OF BONE REMOVED FOR GENU VALGUM.

Mr. Pye Smith showed a wedge of bone which he had removed from the lower end of the femur of a man with severe genu valgum. The specimen was from the right limb, a similar one from the left having been shown at a previous meeting. The limb first operated upon was well, the other was healing.

FRACTURE OF THE SIXTH CERVICAL VERTEBRA.

Mr. Pye Smith also showed part of the spinal column of a man, æt. 40, exhibiting a fracture of the 6th cervical vertebra. The injury had been received in a fall from a dray, whilst the man was intoxicated. There was paraplegia and loss of sensation below the umbilicus except in the distribution of the ilio-inguinal and the ilio-hypogastric nerves. There was good thoracic respiration and no rise of temperature. A bed-sore began to form within twenty hours of the injury, and death resulted upon the fifth day. At the autopsy the cord was softened and congested opposite the fracture, and there was also a softened and ecchymosed portion with considerable effusion of blood around it in the lower dorsal region. This latter lesion seemed to have produced the paraplegia, and the later inflammation higher up the fatal termination.

Mr. White (late house-surgeon, Sheffield Public Hospital and Dispensary), stated that the case was not at first diagnosed as one of spinal injury. He looked upon the order of events as—1st. Concussion; 2nd. Injury to spinal column in cervical region; 3rd. General myelitis.

The President thought it a remarkable thing that the man lived as long as he did, after sustaining such a severe injury.

Mr. A. Jackson remembered a very similar case being brought into St. Bartholomew's Hospital during his house-surgeoncy there. The man had tumbled from his car whilst under the influence of liquor; he was brought in insensible, and as the surgeon on duty for that week was in the house at the time he was seen at once. The injury to the spine was undetected, the case was pronounced one of intoxication, and galvanism was ordered to arouse him from his state of stupor. Shortly after its application Mr. Jackson was called urgently from his dinner, only to find him at the point of death. At the autopsy, injury to the spinal cord and displacement of the vertebra at the 6th cervical were discovered. The displacement, Mr. Jackson, thinks was brought about by the use of electricity.

Dr. Banham regarded the early formation of the bed-sores as an interesting and remarkable point.

SPECIMEN OF ANEURISM OF THE AORTA.

Mr. Lockwood showed this specimen, taken from a man, æt. 50, a labourer, who had been admitted into the Public Hospital and Dispensary with blood flowing from his mouth and nose, He died five minutes after his admission, and about half an hour from the commencement of the discharge of blood. There was no history of drinking habits, and all the other organs were healthy. At the post-mortem, aneurism of the transverse portion of the arch of the aorta was found; the left carotid was normal, but the left subclavian was considerably dilated. The rupture had taken place through a valve-like opening at the root of the left lung.

AURAL POLYPUS.

Mr. S. Snell exhibited a large aural polypus. It was of the fibroid variety, and grew from the meatus. It was interesting on account of the very large size to which it had attained. The portion shown was as large as a hazel nut; about a third more had been removed but not shown.

CHANGED ASPECTS OF UNCHANGED TRUTHS.

Mr. A. Jackson read a short but interesting paper upon the difficulties attending the proper use of mechanical and physiological rest in the treatment of disease. The paper excited a lively discussion, and will be found at page 307.

The President, referring to this paper, agreed with Mr. Jackson, that joints are kept too long in splints, and also hat surgeons are too timid in attempting to break down the adhesions which usually form during the fixture of the joint. He approves of Gamgee's method of applying lighter restraining splints than the ordinary heavy wooden ones, such as lattice work, leather, mill-board and starch, in the fixing of joints.

Mr. B. Walker could not agree with Mr. Jackson in condemning the use of poultices in the treatment of pneumonia, and asked what, if any, application he would use in treating such cases?

Dr. Martin wished to know how long splints should be allowed to remain applied in dealing with fractures and sprains?

Dr. Porter thought that the reader of the paper did not give physicians sufficient credit for their efforts in the direction of securing physiological rest in treating pneumonia, and other inflammatory cases. He asked if the use of opium aconiti and digitalis, and other remedies, was not the result of the physicians' desire to rest the inflamed organ, and divert towards other organs functions which it had been called upon to fulfil. He also drew attention to the plan of strapping the thoracic walls in treating cases of pneumonia, as an example of the physician's use of mechanical rest.

Mr. Atkin feared that if sprained joints were not fixed by restraining splints, there would be danger of injury from movements when the patient was asleep. In cases of operation he advocates early redressing of the stumps when oozing is likely to have ceased. By doing so, he believes ease from pain and physiological rest of the part would be secured. His experience is that the time the stump is allowed to remain in the first dressings whilst oozing takes place, and whilst the matters thrown out are retained, is the most painful. He recalled to Mr. Jackson's attention what had been taught by Mr. Jackson, as Professor of Surgery, when he was a student in his class, *i.e.*, the plan of fixing the joints above and below the seat of fracture in such cases.

Dr. Keeling having expressed the pleasure he felt in listening to the paper read, thought that mental rest was not the least important point in the treatment of disease, though somewhat difficult to obtain. He also thought that the paper was illustrative of the disadvantages, as well as the advandtages, of rest; that joints are sometimes left too long, stiff, and unused. The point arrived at, must be, to allow of movement without pain; a certain amount of movement, but to control excessive action of the parts. He is strongly of opinion that there can be no doubt of the advantage of early passive movements of the tendons in the neighbourhood of injured joints, especially so in the case of the wrist joint. As an example, he mentioned the case of a man, who, as a clerk, was dependent upon his penmanship as a means of livelihood, and in whom he took a special interest. Both radial bones were broken. At the end of three weeks, the splints were taken off, and passive movement of all the tendons playing over the end of the radial bone carefully carried out. An excellent result was obtained. The man, who had to write a great deal, was able to resume work very soon after the injury, and was free from the stiffness which is such a usual accompaniment of this accident. Dr. Keeling also mentioned the particulars of another case, that of a French woman, injured in the same way, in whom, it was found impossible to secure union of the bones, until she was confined in bed, and thoroughly at rest, the joints being restrained from movement by the use of sandbags. Every case, he thinks, must be treated upon its own merits; no fixed rule can be laid down by which all cases could be treated alike. The special features of each individual case must be taken into consideration, and suitable measures taken to secure the best results. He mentioned the case of a surgeon who had broken his fibula, and found considerable benefit and ease, from slow and general movement of the muscles of the leg. In conclusion, Dr. Keeling thought that in the domain of gynæcology, there was a danger of too much rest in the treatment of uterine disease.

Dr. Dyson said that he had listened with much enjoyment to the paper. He was glad to find that he and Mr. Jackson had so many views in common, especially as regards the use of poultices in the treatment of pneumonia. Treatment of the lungs he looks upon as the physician's weakest point. Not alone is he inclined to view the application of poultices in pneumonic cases as useless, but, considers that they are even dangerous. In the epidemic of pneumonia which existed in Sheffield last autumn, he is convinced that, in many cases, poultices hastened resolution before the patient was sufficiently strong to stand it, and a fatal result induced thereby, He noticed the practice of applying ice-

cold applications to the chest in the case of inflammation of the lungs abroad, but thought public opinion scarcely advanced enough for its adoption here. He approves of strapping the chest to secure rest. He remarked upon the back posture, adopted by pneumonic patents, as being a bad one, though not easily altered. Change of posture, specially in old people, he thought most important. Whilst agreeing with so much which had fallen from Mr. Jackson, he thought he had not given physicians sufficient credit for their efforts to secure rest in the treatment of disease. He dwelt upon the avoidance of over-stimulation of the liver and kidney now-a-days in diseased conditions of those organs, also in the effort to secure rest in the treatment of brain disease.

Dr. BANHAM agreed in the main with what had been said by Drs. Porter and Dyson, but confessed, he was not prepared to condemn and discard the use of poultices. There might be faults in the methods, or manner of applying them, but he believes they do exert a beneficial influence in soothing the inflamed parts and stimulating a weakened and overloaded heart; and that they serve to hasten resolution. He believes that physicians do appreciate most fully the value of rest as a therapeutic agent. He would not like to try the application of cold in pneumonia. He had noticed the quickening of respirations in cases of typhoid treated with cold, and believes, that in pneumonic cases, its use would be dangerous. He is a strong believer in the value of change of posture in treating cases of pneumonia in people of advanced years.

Mr. JACKSON briefly replied, and said that the object he had in view, when writing his paper, had been attained viz., the provocation of a discussion, and "drawing" the physicians. Without at present being able to lay down any fixed rule, he advocated the early removal of wooden splints and the application of lighter substitutes, viz., card-board, leather, or poro-plaster splints. In the case of fractures, say of the radius, he would carry this out at the end of the second or third week. With regard to Mr. Atkins' fear that patients might move injured joints in their sleep, from personal experience, he thought that there was not much sleep for them during the first few days and nights after the accident. The application of ice bags to the inflamed joint he found gave the greatest amount of ease and comfort; when freshly applied, he was able to sleep for a few minutes. When the inflammatory symptoms had subsided, the application of a rubber bandage, and movement, proved of considerable service in rendering the injured limb useful.

Special Articles.

ABLATÂ CAUSÂ, TOLLITUR EFFECTUS.

THE paper read a fortnight ago at the Royal Medical Chir. Society of London by its President, Dr. George Johnson, on "The Ætiology, Pathology and Treatment of Cholera," formed the introduction to a discussion which was continued at a special meeting last week. Dr. Johnson's views, which are well known, may be summarised thus:—The disease is the result of the action of a specific poison which enters the system with the air through the lungs or through the alimentary tract with food or liquid. The poison makes its way into the circulation, whence, after an increment at the expense of the blood-constituents, it is excreted through the intestinal mucous membrane and finally eliminated from the economy during the acts of vomiting and purging, after which the sufferer recovers. The collapse observed in severe cases cannot be regarded as the result of the watery discharges seeing that in the most rapidly fatal instances of the disease the former bears an inverse ratio to the amount of the latter, the complete arrest of which, during the period of collapse, is generally of fatal import, while, on the other hand, the cessation of the collapse is attended by a reappearance of the discharge. The collapse itself is said to be caused by an arrest of the pulmonary circulation, the result of ("stopcock") spasm of the arterioles, which has been set up by the "irritant" action of the cholera virus. The thickening and the darkened colour of the blood are due, not to the abstraction of water from, but to inefficient oxidation of, the blood during the spasm in the collapse stage. The essential element (whatever it may be) of the disease is conveyed, as in enteric fever, from the sick to the sound by means of the alvine evacuations. Dr. Johnson rightly ridicules quarantine as a safeguard but he lays stress upon the advantage of "disinfecting" the discharges. He advocates the evacuant treatment and postpones the use of opium (for allaying irritation) until *after* the expulsion of the morbiferous media. *En passant*, we may say that it would have been interesting to hear some attempted explanation of the *modus operandi* of the virus in the production of the capillary contraction and a corresponding observation would apply to that of any presumed "disinfectant" on the virus itself. In this connection, if the disease, even at a distance, is as infectious as it is stated to be, the question may fairly be asked how it happens that mere promptness in "disinfecting" and removing the discharges precludes danger to attendants.

Dr. Klein, who opened the discussion, plainly gave it as his opinion that the intestinal discharges are *not* the means by which the disease is conveyed from the sick to the healthy, and, in support of his view, he mentioned the case of the now famous tank, which he had visited when in India, *into* which the comma-bacillus-containing cholera evacuations of the attacked portion of the population in the neighbourhood had found their way, and *from* which had been subsequently derived all the water used for drinking and other purposes by about two hundred individuals, not one of whom then contracted the disease. At the first blush one might unconsciously suppose that a prior attack had rendered them proof against a second invasion, but not so thought Mr. Watson Cheyne, whose explanation of their immunity was not, in this case, that perhaps they had to deal with comma-bacilli other than Koch's, but that these people did not afford a soil favourable to the cultivation of the bacilli after these had, along with the evacuations, made their way into the tank, and thence, presumably, into the bodies of the inhabitants around. This statement, in other words, really means that the bacilli are not necessarily the elements to be dreaded. Dr. Klein stated that "infection was not produced by the choleraic evacuations *per se* but by something added to them. This 'something' cannot be contained in the evacuations *per se* but it is something extraneous, seeing that in an overwhelming number of instances the evacuations themselves prove *harmless*." He further stated "that the infective agent and virus are not present in, and are not necessarily dependent on, the choleraic evacuations but they are present in a soil *extraneous* to the body of a patient and are dependent on locality, and, of course, on season." If this be so, our real concern, for all practical purposes, should be rather, not only to discover what it is which constitutes a "favourable" soil, but also to find out and destroy the infecting "something" than to concentrate our attention upon the question whether the evacuations contain the virus of the disease or merely the producer or product of that virus. Of course, it would be interesting to know, in the meantime, if cases of cholera have been met with in which no so-called comma-bacilli have been found, and, on the other hand, whether these bacilli have ever been derived from a non-cholera source. Mr. Watson Cheyne states that "in every case of cholera, whether in India, in Egypt, in France, in Italy, or in Spain, the comma-bacilli described by Koch *were* present. *There-*

fore, if these bacilli did *not* accompany the choleraic virus, they must be very generally distributed throughout the world, &c." Now we should very much like to hear the grounds for such a deduction, and more particularly as Mr. Cheyne has already told us that the bacilli *were* present. We certainly decline to deal with a disjunctive hypothetical syllogism in a new dress. Again, because certain observers have, *as yet*, failed to find a certain element apart from a certain disease, it must not be hastily assumed that that element is therefore the cause of that disease. Mr. W. Cheyne regards the so-called "tubercle-bacillus" as the "ultimate" (*sic*) cause of tubercle, and, as above, he seeks to explain the fact that many persons inhale this bacillus without becoming tubercular by assuming that the soil was not in a fit state for the growth of this micro-organism. All this, of course, as we stated in our criticism on the Bacillus Debate (Jan. 28, p. 80), opens up the old ground and drives us back once more to the question of the hereditary predisposition and the susceptibility of the patient. The case might be stated in another form. To the question whether the bacillus is the cause of phthisis many would unhesitatingly reply that it is not necessarily so any more than *any other* minute irritant which might be supposed to be an *indirect* cause. Bacilli might be derived from each of two persons, the one apparently healthy, the other consumed by tuberculosis; the former might be regarded as an unfavourable, the latter as a favourable, ground for the propagation of these micro-organisms. In the first case there would be a barren soil, in the second case a marked receptivity on the part of the patient for these particles. It is this element of receptivity, the idea of which cannot be clearly conveyed by words, which physicians attempt to imply by the term "tubercular diathesis." Indeed, in a certain sense, the propagation of bacilli might be regarded, not as a cause of phthisis, but rather as the fruit and consequence of a phthisical soil. Dr. Coupland has reminded us that Koch had found bacilli not only in tuberculous masses in different parts of the body, but also in caseating glands, in caries of the carpus, tarsus, &c. and in lupus. If this is so it may well be asked how bacilli came to be regarded as pathognomonic of tubercle. Dr. T. D. Acland has stated that in some cases in which innumerable bacilli had been found in the sputum none were discovered in the tissues, and further, that the same negative results respecting the tissues had attended his researches in cases of undoubted tuberculosis (an experience in which Dr. Percy Kidd had shared), although similar manipulations had shown large masses of bacilli in specimens from *perlsucht*. Reference has already been made to failures to discover the bacillus in tubercular choroiditis. Nor, in the opinion of some, will difficulties be at all lessened by the admission, recently made by Dr. Green, that, even in the *accepted* tuberculous cases, bacilli are not found at all times.

We must not omit to mention that some persons regard the bacillus as an all-pervading organism, of no practical import as far as is as yet known, which bears, figuratively, about the same relation to organic substances (especially if in a state of degeneration) as a floating "dust" particle bears to a sunbeam. With reference to the questions whether a bacillus is the cause or seed of a disease, or whether that disease is the fruit or consequence of "something" (other than bacillus) which has been influenced by a "favourable" soil, we must ask ourselves what that "something" else is. It is a matter of regret that Dr. Klein did not answer his own question in this direction. It has been recently stated that the destruction by fire of all sputa, &c., is necessary, since the soil will be of no importance if the seed be withheld. This is an argument which may be made to cut both ways and the very converse of this statement is presumably nearer the truth, for surely it would be far easier to discover and neutralise the "favouring" element in the soil than to withhold from cultivation a seed which may be all-pervading. In conclusion, we will say that the opinion expressed by Sir Andrew Clark in his third Lumleian lecture delivered at the London College of Physicians last month, viz., that the bacillus, though apparently paramount in pathology, was of no practical value in treatment, has been, so far, borne out by recent discussions on the subject.

Registered for Transmission Abroad.

The Medical Press and Circular

Is published every Wednesday morning. Price 5d. Post free, 5½d.

Post Free to Annual Subscribers . . . £1 2 6
„ If Paid in Advance 1 1 0

Post-office Orders and Cheques to be drawn in favour of—
A. A. Tindall, 20 King William Street, Strand, London, W.C.
A. H. Jacob, 3 Molesworth Street, Dublin.

Agents for Scotland:—
Maclachlan and Stewart, South Bridge, Edinburgh.
A. and W. Stenhouse, Hillhead, Glasgow.

Sole Agent for the Continent:—
John F. Jones, 31 Bis, Rue du Faubourg Montmartre, Paris.

ADVERTISEMENT SCALE—Whole Page, £5 0s. 0d. Half Page £2 10s. 0d.; Quarter Page, £1 15s. 0d.; One-eighth Page, 12s. 6d.

Small Announcements of Practices, Assistancies, Vacancies, Books &c., of Seven lines or under, 4s. per insertion; 6d. per line beyond

Considerable reductions are made from the foregoing Scale when orders are given for a series of insertions. Letters in this department should be addressed to the Publishers.

Subscriptions for France are received by Messrs. Baillière, Rue Hautefeuille, Paris—post free in advance, £1 3s. 0d. per annum.

The Medical Press and Circular.

"Salus Populi Suprema Lex."

WEDNESDAY, APRIL 8, 1885.

REVITALISATION.

The problems opened up for consideration by transfusion experiments are of a nature to excite the imagination of enthusiasts to a degree which it is hardly possible for sober speculators to emulate; and the results to ardent investigators can hardly be contemplated without a feeling of concern lest they may react in a manner very injurious to scientific progress. We have an example of this in a highly sensational article, quoted from an American contemporary, and descriptive of experiments made by "a physician at Denver" on transfusion of blood from living to dead animals. The account referred to records that in one instance a terrier dog was bled to death, and after remaining three hours "stiff and cold," in a room kept at a uniform temperature of *seventy degrees*, it was restored to life by a process of shampooing, injecting hot water into the stomach, transfusing fresh blood from a living Newfoundland dog, and artificial respiration. The narrative is certainly worked up with considerable skill

even to minute details respecting the appearance of the animal as it slowly reassumed the aspect and actions of life, and concludes with the assurance that it now enjoys the best possible health. The second subject experimented on was a calf, which, after bleeding to death, was left *twelve* hours before its resuscitation was attempted, but notwithstanding, the measures already mentioned proved successful in its case also. The third attempt was made on a dog killed by drowning, and this animal also is reported well. The last effort was directed to resuscitating a dog which had been strangled and frozen, but proved unsuccessful. We are informed, however, that "this experiment may yet succeed, and the life of a frozen animal restored."

Whether this astounding story is to be taken seriously, or is to be regarded as a more than usually brilliant performance of the imaginative faculty so largely developed in the genuine American, is at first sight difficult to determine. That it might occur to a physician to conduct such a series of experiments is likely enough, but we are unable to conceive that any truly scientific observer would willingly make the columns of a general newspaper the medium of communicating such striking results, which to be of any value must first receive confirmation at the hands of independent investigators. Moreover, there is a suggestive vagueness about the descriptions, and especially respecting the personality of the physician originating and conducting the experiments, and until the doubts that this arouses are effectually dispelled we should hesitate to accept the story as a *bonâ fide* recital.

The incident might not of itself perhaps have been worthy of more than a passing reference; but coming, as it does, at a time when the profession is actively exercised as to the life-giving value of transfused blood, it raises questions which may not be abruptly dismissed. Our knowledge of the chemico-vital processes which are set in motion on the occurrence of somatic death possesses no such precision as would enable us to indicate the exact nature and importance of the changes that they initiate; neither does it justify a denial of the possible arrest of degeneration at a period remote even as the longest of those quoted in the narrative we have given. So far, however, as our information does extend, it negatives the supposition that devitalised tissues will reassume functional activity, no matter to what favouring conditions they may be subjected. In the case of the dog first made the subject of experiment, we are specifically told that it remained "stiff and cold" for long prior to the attempt at resuscitation; and this is equivalent to stating that its muscles were in a state of *rigor mortis*. Now the alterations indicated by the rigid condition thus termed are the physiological expression of death of the muscular elements, which, once they have undergone the chemical changes resulting in the formation of myosin, are, we are clearly taught, for ever after incompetent to resume their normal functions, and thus it becomes a matter of impossibility to reconcile with this proven fact the description which asserts that dead muscle resumed the living state.

This is but one of the many aspects in which the question presents itself; and it is not even the most difficult to overcome as an objection to the theory of revitalisation. When we come to consider the nervous system in the same connection we are confronted with a still more complex factor, and one, too, which must exercise the greatest influence over our beliefs. The chemistry of the nerves and nerve centres, even more than of the muscles, suggests immediate and total destruction of the tissues comprising them on the cessation of the circulation; and it is simply inconceivable that after the processes ensuing on death have progressed for twelve hours, that so little effect will have been produced as to admit of complete restoration of function.

We are unwilling to enter into a full discussion of the principles underlying, and the expediency of performing, such experiments as described in the article referred to; but so much as has been said is amply justified by the peculiar circumstances of the hour. It is, however, to be feared that harm will result from the indiscriminate publication of such sensational productions; and against this tendency we have alone striven in the present article.

MEDICAL MEN AND OVERWORK.

THERE is no class of professional men, who ought to be more on their guard against the baleful effects of prolonged mental strain, worry, and overwork upon themselves, than our own. We cannot estimate too highly the importance, not merely to ourselves, but to our patients, of the possession of cool, calm, well balanced minds, enabling us to face difficulties in a cheerful spirit and to help our patients, by presenting to them the hopeful features of their condition, and inspiring them with a sense of confidence, that nothing will be left undone in the fight for life. Confidence, and hopefulness, are splendid medicines in themselves, and wonderfully increase the efficacy of whatever other remedies may be used. All the mysteries of the workings and influence of nerve power, under the different effects of hopefulness and despair, are, as yet, unknown to us. That they do exert an unquestioned influence for good or evil in these different states, is a fact too well known to all, to require formal proof.

It is impossible for a man who is suffering from mental depression himself, to bring the sunshine of a cheery manner into a sick room. It is equally impossible for such a man to escape from taking a despondent view of any case which may happen to fall under his notice; nor can he approach the selection of the remedies to be used with that spirit of faith in their probable efficacy, which so largely contributes to a successful selection, and a happy result. Treatment, which often appears to be decided upon without much thought, is, when the mind is in a buoyant and healthy condition, the result of sound, rapid, and logical reasoning from past study and experience, to the needs of the case under consideration. By a process, of what may be considered, unconscious cerebration, the proper judgment is formed, as to the nature of the disease, and the treatment to be adopted. A sad story reaches us through one of our American exchanges, which emphasises the necessity for rest, change, and recreation for medical men. The case was that of a medical man of good standing and repute, who had taken

no vacation for ten years; having been, during that time, at his post night and day. He had a large family to support, and no practice to lose, all that he could get being needed for the support of those dependent upon him. His life was one of constant worry, and his work was pain. His appetite and digestion failed, and he suffered also from loss of sleep. He became disgusted with his patients, and his practice, and, "it was with difficulty that he could treat them with any sympathy and patience." "I hate these old cases and old faces," he was accustomed to say. "Collecting has become irksome, and the sight of an unpaid bill makes me desperate." The editor of the *Record*, under whose notice this case fell, expostulated with him to no good result. Lately he saw a notice of the physician's death from mental alienation and softening of the brain. For one such case, the facts connected with which have been recorded, there are numbers of which nothing is known. Men fag on and on, until health fails, and they are compelled to sink quietly out of the race, uncared for, and soon forgotten. For a large majority, the medical profession fails to afford more than a fairly comfortable subsistence. It is not given to very many amongst us to lay by sufficient to retire upon, if retirement is looked upon as a desirable ending to a man's career. Many in our ranks can never free themselves from a constant sense of anxiety, lest practice should leave them if they relax their efforts for a moment, and deem it a necessity to success, that they should constantly hold themselves at the beck and call of the public, night, noon, and morning, with consultation hours in the morning, the afternoon, and the evening, the rest of the day being spent in a continuous round of visiting; such at least is the life of the average general practitioner in English practice. Until of late years, it was regarded almost as a high crime and misdemeanor if he were absent from his post for a day, or went anywhere for his amusement. Let us be thankful that, in this respect, the old order of things is changing, and a new and healthier state of affairs is steadily developing itself.

Every day, annual holidays are becoming more and more a recognised necessity for the hard worked members of our profession, and the day is fast approaching, when it will be the exception for any not to take them. There is much more however which we might do, and which is in some places being done, to secure proper rest, and the restorative influence of recreation and a pleasant entourage, as antidotes to the mental strain and worry inseparable from the work of our daily life.

Jealousies, one of another, might be fought against and put down. Social intercourse might be sedulously cultivated. Men who dine, smoke, and chat together, and who are ever ready to give one another a helping hand in the way of doing duty during occasional absences, will find their lives immensely smoothed, and freed from a large amount of most depressing worries. Social meetings help to throw off the burthen of a monotonous routine, and, in drawing closer the bonds of professional fellowship and friendship, lifts the profession as a whole in the eyes of the public, and enables it to fight the latter from a much better vantage ground. When laymen see nothing but disunion, petty jealousies, small mindedness, and the spirit of detraction and grab-all-you-can, indulged in by medical men, it is impossible that they should regard us as a body with respect or consideration. We do not advocate impossibilities or Utopian ideas. We are no admirers of a spirit of trades unionism in our ranks. We think the public have the right to command whatever advice they think the best for their own interests. Sickness, and the anxieties connected therewith, are far too serious matters to be treated lightly, or with too single and close an eye to our own interests. As we have already said, confidence is one of the main elements in the successful treatment of disease. It may be taken as a safe axiom, that, the sooner we are quit of a patient who has lost confidence in our powers the better. Treating such a patient, in nine cases out of ten, will be working against the grain, and bring upon us far more discredit than credit. If a medical man has fairly understood his case, and has honestly done his best to effect a cure, he will under such circumstances best serve his own interests by frankly encouraging such patients to call in whatever other aid they please, thus showing them that he is not afraid of the consequences of such a course, nor unworthily selfish in considering his own interests, before the patients well-being. Medical men will spare themselves a vast deal of worry, if in such cases they recognise the loss of confidence as due to some slip or omission on their own part, and cast the blame upon themselves rather than upon the patient or his friends, and quietly take the lesson to heart for future guidance. We strongly deprecate the habit of small retaliation and exhibition of unfriendly feeling which some medical men ndulge in when a patient has left them. It only serves to keep the sore open, and adds to the worry of life. That which would soon have been forgotten, or even repented of on the part of the patient, remains a permanent offence over which bitter words and active enmity remain to the end. What ought to be aimed at is an open and above board course of action all round. Medical men should make their patients clearly to understand that they desired to have them as such, only so long, as they thought their services were the very best they could command; that feeling gone, it should be made plain, that the sooner the patients are gone too the better.

True self-respect dictates such a course, and we feel assured that the public will hold those who act upon it in esteem and respect. However much we may regret to lose a patient, yet the frank acknowledgment that he has a perfect right to please himself, and do what he thinks will suit his own interests best, when the first brief pang is over, will spare us many an hour of worry and waste of nerve power. It will also place us on a more favourable and friendly footing with one another amongst ourselves, and do away with the wear and tear of petty jealousies; and again, whilst doing our best for the patient who may come to us, we shall be the more careful not, by word or deed, to injure our medical brethren. The subject is almost too wide a one to be dealt with in a single article; we must be content with impressing upon our readers the absolute necessity that exists in this go-a-head age, for conserving our forces of both body and mind, by reducing to a minimum the every day friction

in our lives. There are plenty of objects worthy of our attention upon which to expend our energies, without wasting them over small causes, and avoidable worries. The best way to keep ourselves in mental health, is to secure regular holidays, in which we may recuperate our exhausted nerve force; to avoid all sources of unfriendliness with our professional brethren; to take a high stand with our patients, and give them plainly to understand that we consider them under no tie to us, save the tie of their own self-interest, so long as they retain confidence in our skill; to cultivate every opportunity for social and friendly intercourse with our medical brethren, and be ever ready to do them a good turn, and lend them a helping hand. Life based upon these principles, will certainly be found far pleasanter than upon their opposites, and an immense amount of wear and tear of mind and body will be avoided. In conclusion, we commend to those who find long holidays difficult to secure, the taking of half holidays, and pleasant runs with congenial companionship; they will be found pleasant breathers, and powerful nervine tonics, to the jaded worker.

THE TEACHINGS OF THE MEDICAL REGISTER.

THE constant attention which Mr. W. J. C. Miller has given to the revision and correction of the recently-issued edition of the Medical and Dental Registers enables us to draw deductions from the figures which they contain which formerly the inaccuracy of the work forbade us to regard as reliable. A multitude of names of practitioners deceased, have been eliminated from the list, and changes of address have been recorded at much expenditure of labour. The credit which is due to Mr. Miller for his energetic expurgation may be judged by the fact that in 1877, when his predecessor held office, only 29 names of persons "gone away" were removed from the list, while in 1878-9-80 (the first three years after his appointment) his inquiries enabled him to strike out nearly 1,500 names which had been erroneously included in the official record. The number of erasures and corrections in the edition now under review have decreased to 95, so that we may reasonably conclude that the official list is as correct as it is possible to make it under all the circumstances.

The nonimal strength of the profession is now 25,321 persons, of whom 66·79 per cent. appear on the English Register, 17·23 on that for Scotland, and 15·98 per cent. on the Irish Register. It is necessary for us to remark that these percentages in no respect represent the relative "output" of practitioners by the three divisions of the Kingdom. If we were to assume that every practitioner registered in the English list was an English-educated man, we must necessarily give credit to England for performing more than four times the medico-educational work of either Scotland or Ireland; but a glance at the Students' Register proves that, so far from this being the case, Scotland and Ireland conjoined educate a larger number of practitioners than their sister country. The truth is that a majority of the Scotch and Irish enter into practice as assistants in England as soon as they have qualified, and, being deterred by the fee of £5 payable for registration, do not place their names on the official list until, some years subsequently, they find it necessary to do so in order to recover their fees at law. Naturally, under these circumstances they resort to the English Registry office, and, as a result, the English Branch Council has invested to its credit a sum of about £35,000, much of which has been drawn from Irish and Scotch students, while the Scotch and Irish Branch Councils possess only £3,800 and £1,869 respectively.

It has recently been argued in the House of Commons by Sir Lyon Playfair and other opponents of medico-educational reform that it would be unwise to adopt any legislation which would raise the standard of medical education, because to do so would curtail the supply of practitioners necessary for the public use, and, in furtherance of this argument, it was stated that the wear and tear of the profession necessitated an annual increment of 1,600 practitioners to balance the losses by deaths and desertions from our ranks. A perusal of the table compiled by Mr. Miller for the Register shows at once the utter inaccuracy of such a statement, and proves that not only is there no scarcity of doctors, but that the annual accessions to the profession are largely in excess of the wear and tear and of the public wants. The number of names added annually to the Register, on an average of the nine years last past, were 1,109, and the number removed by death, or departure, or on ceasing to practise, was 859, showing a net increment of 250 practitioners annually, and when it is remembered that there is a further very large contingent of men qualified but not registered, we are convinced that, if an improvement of the educational standard of the profession were needed for no other purpose, it is needed to check the over-production of doctors, which does the public no good, and greatly lowers the social and scientific status of the profession.

Notes on Current Topics.

The Dangers of Steam Road Cars.

ALTHOUGH the adoption of steam-propelled road-cars has not become by any means general in this country, there have already been enough of serious accidents through their employment to demonstrate how much mischief may be caused by them. It is now some time since one of these vehicles was smashed at Huddersfield, through the driver of the engine being unable to control the speed of the car while descending a steep hill, with the result that several people were killed and others injured. Since then several minor accidents have happened at one and another place, but by far the most serious catastrophe of the kind occurred on Friday, at Bury, where a steam car turned bodily over, injuring a large number of the occupants, and two of them so seriously that it was deemed necessary to send them to a hospital. It appears that the car was overloaded at the time of the accident, and that excess of weight on one side caused it to topple over on that side. All carriages more or less might be similarly disturbed under like circumstances, but the heavier build of the steam cars, and the presence of the engine, boiler, and fire tend to multiply the dangers to life and limb to be apprehended in case of disaster. Probably in this case last quoted the

blame attaches to somebody, but it only serves to show how doubly careful officials should be in their efforts to preserve life during holidays when every public place is unusually crowded by pleasure-seekers.

Birkenhead Fever Hospital.

Last week the Birkenhead Corporation Fever Hospital was the scene of festivities in connection with the opening of a newly-erected ward, by which the number of beds in the institution is raised to thirty-eight. The hospital was opened in February, 1876, then occupying a couple of villa residences, and since that time it has been successively enlarged to its present dimensions. The new ward has cost about £600, and affords accommodation for ten separate patients. In his opening address the chairman of the meeting at which the new ward was declared open referred to the successful working of the compulsory notification of infectious diseases at Birkenhead, where he said no single member of the medical profession had been found to complain of the measure. He was of opinion that the same mode of obtaining information respecting such cases ought to become universally adopted, and attributed a saving of forty-four lives yearly in his own district as being entirely due to the working of the measure.

Sir W. Jenner on the Burning Question.

In the course of his address as President of the Royal College of Physicians of London, on the 30th ult., Sir William Jenner made reference to what may well be called the burning question of the hour in medical politics—namely, the necessity of affording to medical students in London access to degrees in medicine without exacting excessive sacrifices from candidates. It is a most satisfactory indication of the progress which is being made in this direction that the President of the College of Physicians did not hesitate to recommend his own College to institute an inquiry into the best means for obtaining the power to grant degrees; and it augurs well for the future success of reformers in this direction that so powerful an influence is about to be brought to bear on the question. That the combined Colleges constituting the Examining Board for England can if they please ensure the concession of the privileges demanded for metropolitan students is admitted by all who have carefully considered the matter; and amid the uncertainty of any definite result accruing from such action as has been directed towards the creation of a teaching University for London, it is something to be told that those who can do much will not require urging to effect all they can in the direction of rightful improvement. Meanwhile we shall anxiously anticipate the fulfilment of the promise held out in Sir William Jenner's welcome address.

On April 11th, His Royal Highness the Prince of Wales will visit Trinity College, Dublin, and will be received by the provost, members of the senate, and students of the University. An address will be presented in the Examination Hall, which will be joined in by the various societies of the College—the Historical, Philosophical, Theological, Biological, and the Boat Clubs. After reading the address, the Prince will visit the library.

Hospital Dead-lock at Faversham.

A most unfortunate state of affairs exists at Faversham in connection with the proposed hospital for the treatment of infectious diseases; doubly unfortunate at the present time, when the possibilities of evil are so much increased owing to the prospect of a cholera epidemic. It appears that some time ago the Rural Sanitary Board and the Board of Guardians of the district in question agreed to combine together in providing the needed hospital, and under a provisional order from the Local Government Board a Hospital Committee was constituted, both the sanitary authorities sending members to it. There have, however, been a constant series of dissensions in the Committee, and it has been impossible for its members to work together to carry out the object for which it was created, and at length the Local Government Board has been petitioned to dissolve it entirely. This request, however, has not been acceded to, fearing that, in the absence of a guarantee, the hospital will not be erected at all, and now a complete dead-lock has ensued, the meeting of the Hospital Board having been suspended even. It is greatly to be desired that some immediate steps may be taken by the Local Government Board to remedy so serious a condition of things, and this can best be done by the appointment of a Commission charged to erect the hospital and to suspend the existing Hospital Board.

Health in the Great Towns.

The *Annual Summary* of the Registrar-General dealing with the health of the great towns during the year 1884, just issued, shows that in them the death-rate was 21·6 per 1,000, against 22·3 per 1,000 recorded in 1883. In the same period the rate for all England and Wales reached 19·1 per 1,000; and the lowest figure given for the twenty-eight towns in the list is 17·95, Brighton; the highest, 27·27, Preston. In London the death-rate for 1884 was the lowest on record, the figure being 20·3; in the same period the birth-rate reached 33·7 per 1,000, this being a smaller figure than any recorded since 1860. The causes of death include small-pox to an extent considerably over the figures given for 1882 and 1883, the tables bearing considerable resemblance to those of 1881, and particularly with respect to the grouping of the infected districts; and the summary points out that the districts in which small-pox hospitals are situated present the highest rates of death from this disease. Both last year and in 1881, however, Lambeth formed an exception to this rule, and it is a noteworthy fact in connection with the subject of the influence of special hospitals in promoting the spread of small-pox. The *Summary* contains also a report by Dr. Frankland on the analysis of waters supplied during the year by the various metropolitan water companies, and on the whole, though an exceptional year, the report is favourable to the Companies.

The *Monthly Journal of Science* states, on the authority of a well-informed French contemporary, that the excrements of dogs are now collected in Paris and worked up into peptones and powdered extracts of meat!

The Annual Election of Examiners in the Irish College of Surgeons

WILL be held on the first Tuesday in May, and, as it is expected that the Supplemental Charter now in the hands of the Irish Government will be ready in a few days, it may be assumed that the election will be held under its provisions. If so, all lecturers in medical schools whose candidature has been, hitherto, prohibited, will be eligible, if they be not engaged in private teaching or "grinding," and it may, therefore, be anticipated that the number of candidates for the nine examinerships will be much more numerous than they have ever been before. Of course every Dublin school will put forward one or more competitors, and it has been resolved by the Council that no more than three persons connected with any one school shall be allowed to hold office on the Court. Examinerships will in future be tenable for not more than three years consecutively, at the end of which period the occupant will be ineligible for at least one year. An examinership in the Irish College of Surgeons is worth from £160 to £200 a year, and is, moreover, much coveted as a lead to private practice, and, the office being so attractive, a lively contest at the coming election may be anticipated.

Arcades Ambo.

AT Ystrad Petty Sessions, South Wales, a Mr. Idris Davies was summoned for that he did "take and use the name or title of doctor of medicine, thereby implying that he was then registered under the Medical Act of 1858."

Mr. Idris Davies was, and had been for many years, medical officer to certain collieries in the neighbourhood, and had been in the habit of giving certificates to friendly and other societies for purposes of relief, and on January 10th he gave the certificate upon which the information was laid, that certificate signed "Idris Davies, M.D., L.M.I." The stipendiary asked what the L.M.I. meant. Mr. Abel Thomas: "Licentiate of Midwifery, Ireland." Mr. Davies denied any intention to mislead. He had only used the initials M.D., which he had from America. The stipendiary magistrate inflicted a fine of two guineas and costs.

Mr. M. D. Makuna was then charged with putting upon his door a plate announcing himself as "Dr. Makuna," thereby implying that he was a doctor of medicine, when he was in reality only a Licentiate of the Royal College of Physicians. Evidence was given showing that this was a general practice, and the case was dismissed with costs.

King and Queen's College of Physicians.

THE April meeting of the King and Queen's College of Physicians in Ireland took place on Friday last. The following were elected to the Fellowship of the College:—Dr. Andrew J. Horne, lately Assistant Physician to the Rotundo Lying-in Hospital; Dr. F. X. MacCabe, the newly-appointed Medical Assessor of the General Prisons Board for Ireland, well and favourably known to the profession in Ireland by his connection with the Inspectorial Department of the Local Government Board, and Dr. James Ferrier Pollock, of Blackrock, formerly Lecturer on Medical Jurisprudence in the School of Steevens's Hospital.

The Fellows also adopted a resolution to the effect that the College, while not interfering with the use of the courtesy title of "Dr." by gentlemen not possessing the Doctorate of a University, instructed the Registrar not to apply the title of "Dr." in the College documents to any Fellow, Member, or Licentiate, save those entitled to it by University graduation.

This pronouncement of the College of Physicians is of much interest and importance, and deserves every approval, because it clearly marks the determination of the College not to identify itself in any way with the misappropriation of titles of which some licentiate physicians are guilty. The diploma of the King and Queen's College of Physicians is a distinction much more ancient and respectable from every point of view than many of the M.D's of *soi-disant* Universities, and no man who respects himself or is aware of the general feeling of the profession will desire to change it for one of the current M.D.'s.

THE addresses to the Prince of Wales from the Colleges of Physicians and Surgeons will be presented at Dublin Castle on Friday morning next. The College of Physicians will be represented by the President, Dr. Cruise, the Vice-President, Dr. G. Duffey, two Censors, Drs. Quinlan and Kirkpatrick, and the Registrar of the College, Dr. John William Moore. The Royal College of Surgeons will be represented by the President, Mr. E. H. Bennett, the Vice-President, Dr. Cameron, the Secretary of the College, Mr. Colles, the Representative of the College in the General Medical Council, Professor Macnamara, and the senior member of the Council, Sir George Porter.

We are prevented by official etiquette from printing the addresses in our present issue.

The Cost of the Medical Council.

AMONGST the other interesting items which may be culled from the recently issued return is the following:—The Council met for twelve days in 1884. It cost, excluding Pharmacopœia and Registers, £4,500, equivalent to £375 a day, for which outlay there was absolutely no useful result.

IT affords us gratification to announce that our correspondent Mr. Sidney Davies, M.B., Oxon. (now resident in Cairo) has been appointed Médicin en Chef de la Police et de la Gendarmerie Egyptienne.

LAST week Mr. Alderman Walmsley, M.R.C.S., of Salford, presided at a meeting of medical practitioners of Manchester, held at the old town hall, for the purpose of taking steps to found a new Medical Society in the city. A resolution was carried pledging the meeting to promote the object in view, if possible in harmony with the existing Medical Society.

A FEMALE opium-eater has been discovered among the paupers in the Canterbury Union Infirmary. She is an aged woman, and is said to have been addicted to the baneful habit for many years. The Guardians have

refused permission to her daughter to visit the Infirmary in consequence of the nurses having detected her bringing opium to the pauper.

The Royal Zoological Society of Ireland will give a conversazione in the Irish College of Surgeons on next Saturday evening, the President and Council having lent their rooms for the occasion. The attractions will be part music by "The Strollers," instrumental music by military band; a dog lecture by the Rev. Dr. Haughton, illustrated by real live dogs of the most approved breeds; scientific displays, and exhibitions of articles of vertu and works of art. The admission is by tickets, obtainable at 3s. each from the Society's hon. secretaries, and as the College is not the host on this occasion the Fellows have no right of *entrée*. We understand that nearly the whole of the tickets have been already disposed of.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

Professor Ogston, of Aberdeen.—Professor Ogston, who left Aberdeen some time ago for the East, has received an appointment on the medical staff on board the hospital hip *Ganges* at Suakim.

The Combe Lectures to Glasgow Teachers.—Dr. Andrew Wilson, by order of the Combe trustees, is to deliver a course of fifteen free lectures to the teaching profession of Glasgow in the hall of the Free Church Training College, Cowcaddens. The first of the series was given on the 31st ult. to a crowded audience, under the presidency of Dr. Morrison. The lecturer spoke "On the object of the 'Combe Lectures,' and of physiology at large." In a few introductory remarks, he observed that the trustees felt, if they could succeed in interesting those who had the education of the young in the science of physiology, and showing them in many points how the science should be taught, the influence of their teaching upon the rising generation would be of a highly beneficial character, not merely in giving a certain amount of information and knowledge, but in diffusing an interest in that most potent of all subjects—human health.

Aberdeen.—Munificent Bequests.—Miss Duthie, the donor of the Duthie Park, has bequeathed the following legacies to public institutions in Aberdeen, viz.:—The Royal Infirmary, £2,000; the Aberdeen University, for two medical scholarships, £2,000; the Hospital for Incurables, £500; the Institution for the Deaf and Dumb, £500; the General Dispensary, £500; the Lying-in Institution, £500; the Asylum for the Blind, £500; the Society for the Relief of the Poor, £500; the Hospital for Sick Children, £500.

Chair of Botany at the University of Glasgow.—The name of Professor MacNab, of Dublin, son of Mr. MacNab, who was for many years Curator of the Botanic Gardens, Edinburgh, is mentioned as the probable successor of Professor Balfour in the University of Glasgow.

Edinburgh University Court.—At a meeting of the Edinburgh University Court, held on the 30th ult., *inter alia*, the appointment of Mr. David Hepburn M.B., C.M., as Assistant to the Professor of Anatomy, from 1st May next to the end of the current session, was approved

Health of Edinburgh.—For the week ending with Saturday, the 28th ult., the mortality in Edinburgh was 85, and the death-rate 18 per 1,000. Diseases of the chest accounted for at least 40 deaths, and zymotic causes for 5? of which 3 were due to fever, 1 to whooping-cough, and 1 to erysipelas. The intimations for the week comprised—Fever 7, diphtheria 4, scarlatina 57, and measles 31.

Glasgow Death-Rate.—The death-rate of Glasgow for the week ending with Saturday, the 28th ult., was 35 per 1,000 per annum, being the same as the preceding week. The figures for the corresponding periods of 1884, 1883, and 1882 were 27, 36, and 25 respectively.

Correspondence.

THE "TRANSACTIONS OF THE WEST LONDON MEDICO-CHIRURGICAL SOCIETY."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Allow me to draw your attention to an omission in the Proceedings of the West London Medico-Chirnrgical Society, recently published. On April 4th, 1884, Dr. Thudichum, President, in the chair, I communicated to the Society some very important observations on "The Evaporation of Carbolic Acid when combined with Water," giving the results of some interesting analyses by Dr. Piesse and Mr. Johnston. I find on looking at the volume just issued that all mention of this communication was excluded. I was asked for an abstract by Mr. Keetley, the secretary, but as you had kindly promised to publish this communication *in extenso*, and I considered any publication in abstract would be improper under the circumstances, I wrote to Mr. Keetley the following letter:—

My dear Mr. Keetley,—I am sorry that I cannot oblige you by making an abstract of my paper. So far as the Society is concerned, it is theirs to insert in abstract or otherwise on the minutes, but I do not wish it published except *in extenso*, for the reason that it is little more than abstract now, and cannot be reduced.

Yours sincerely,
Robert Lee.

On the strength of this letter the Council consider that Mr. Keetley was justified in the course he has adopted, of not mentioning even the date on which the communication was received. The question is of no interest or importance in this case, as my paper was published in your journal; but as I have long considered the publication in abstract of papers read at societies is often unfair to the authors and the readers of journals, it is well not to encourage the idea that secretaries have a right to act as Mr. Keetley has done. The laws of the Society distinctly gave me the power to act as I did, and the interest you have shown in the work of the Society justifies me in directing your attention to this matter.

I am, &c.,
Robert J. Lee.

Savile Row, London, W.

School of Physic in Ireland, Trinity College, Dublin.—Prize examinations in Medicine and Midwifery were conducted by the respective professors on March 26th, 27th, and 28th. The following were the successful candidates:—*Practice of Medicine.* First Prize.—R. H. Todd, G. A. Wade (equal). Extra Prize.—Robert J. McAdam. *Midwifery.*—First Prize.—Stephen E. Bouchier Hayes. Second Prize.—G. A. Wade. Extra Prizes.—Robert McAdam, R. H. Todd.

Royal College of Physicians of London.—At a meeting of the College on March 30th, certificates in Hygiene were granted to the following candidates:—

Bullock, Charles	Taylor, William Frederick
Low, Charles William	Tuohy, Francis Joseph.

The Mortality of Foreign Cities.—In the principal foreign cities the rates of mortality per week per 1,000 of the population, according to the latest official returns, were:—Calcutta 32, Bombay 32, Madras 51, Paris 25, Geneva 25, Brussels 23, Amsterdam 28, Rotterdam 33, The Hague 25, Copenhagen 23, Stockholm 33, Christiania 23, St. Petersburg 34, Berlin 24, Hamburg 25, Dresden 27, Breslau 29, Munich 35, Vienna 32, Prague 31, Buda-Pesth 31, Rome 27, Turin 34, Venice 35, Alexandria 47, New York 31, Brooklyn 24, Philadelphia 24, and Baltimore 19.

Society for the Study and Cure of Inebriety.—The following have been elected officers for the 1884-5:—President: Dr. Norman Kerr. Vice-Presidents: Sirs G. Burrows, W. Miller, G. H. Porter, E. Saunders, Spencer Wells; Professors B. Foster, Macalister, McKendrick, Maclagan; Surg.-Gen. Logie; Drs. J. S. Bristowe, Cameron, W. B. Carpenter, Farquharson. M.P., C. J. Hare, G. Harley, W. Ogle, B. W. Richardson, W. H. Walshe, C. J. Wheelhouse. Treasurer: Dr. Drysdale. Hon. Sec.: Dr. Sturrock. Council: Surg.-Gen. C. R. Francis; Surg.-Majors Evatt, G. K. Roole; Drs. Balding, Barnes, Beverley, Bridgew, Alfred Carpenter, J. Eastwood, Fitch, Gibson, Haynes, Hicks, Hurry, Lindsay, Reddie, Robertson, Thomas.

Army Medical Service.—Hitherto the Medical Administration of the troops stationed in the Home and Woolwich Districts has been vested in one officer. It having now been decided to separate the duties, Surgeon-General Sir James Hanbury, who was principal medical officer in Egypt during the campaign of 1882, takes over the medical charge of the Home District, and Brigade-Surgeon T. Rudd of the Woolwich District.

Notices to Correspondents.

DR. CARNEGIE.—An examination made without the order of a coroner may be paid for or not, at that officer's option. The proper course is to await the instructions of the coroner after duly notifying him of the reasons why a post-mortem is deemed desirable. Should he then authorise the necropsy, the practitioner making it will be entitled to the usual fee for doing so, not otherwise.

DR. JOYNSON.—In such a case it is the usual course for the fee to be equally divided; but an arrangement sometimes exists by which neighbouring practitioners agree to act for one another, and for each to retain the fees charged, the mutual obligation being held to balance the mutual indebtedness. The first-named arrangement seems, however, the more desirable one.

QUESTIONS REGARDING WHOOPING-COUGH.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I am anxious for more information than my own experience supplies upon the subject of whooping-cough, and would ask you to be good enough to insert the following questions in an early issue, at the same time requesting those good enough to reply to do so through your columns or by post to my address:—(1) Are the paroxysms of whooping-cough more frequent at night, whether the patient sleeps or not? (2) At what hours of the night are the paroxysms most apt to occur? (3) What relation do they bear to the sleep of the child? (4) What circumstances appear to induce them? By doing so you will greatly oblige, yours truly,

C. CLARK BURMAN, L.R.C.P. & S. Edin.

Belford, Northumberland.

MR. J. W. BENTLEY (Halifax).—The analysis of such a mixture would be complicated, but, we imagine, not impossible. You might submit the question to Dr. Muter, of London, or Professor Tichborne, of Dublin.

DR. A. (Sunderland).—These cases are unfortunately but too common. We may briefly refer to it in our next.

N. M.—The prescription is valueless for the purpose named.

MR. ALFRED WATSON (Edinburgh).—We do not understand why such a report should have originated. No such appointment has been made, and there is no intention in that direction.

ETIQUETTE BETWEEN PRINCIPALS AND ASSISTANTS.

LATE ASSISTANT writes: Some time ago I acted as assistant to a general practitioner in London, and previous to our coming to an agreement some letters relative to the matter passed between the principal and myself. In one of those letters the principal stated he would expect me to sign the usual bond not to practise within a certain distance, and he also held forth some vague inducements as to the benefits I might derive from the position if we got on well together. Well, we did get on well together, but I never heard anything of the benefits, and I left the place after nearly a year, as I did not consider myself fairly dealt with. We parted on friendly terms. Now I never signed any agreement or bond whatever, and I am anxious to know if there is anything to prevent me from practising in the particular neighbourhood if I choose. In my reply to principal's letter saying he would expect me to sign bond not to practise in the neighbourhood, I replied by letter saying I would not object doing so.

[A letter undertaking to enter into a bond may be maintained in law as equivalent to the bond itself, although the process is much more difficult and expensive. Therefore, we should not advise you to embark in practice in the place, or you may be disturbed.—ED.]

DR. GUGHEGAN.—We are greatly obliged to you for the offer you so kindly make, and will gladly accept it. Hitherto we have not possessed a correspondent in your town, and any news you may send will be acceptable. The cases shall be put into type as quickly as possible.

THE KNOWLEDGE OF MODERN APPLIANCES.

AN exchange reports that a German physician was recently tried for failing to keep himself informed as to modern methods of practice. It was proved that he could have saved a patient who had died under his treatment if he had made use of the modern antiseptic dressings. He was promptly found guilty, and fined heavily, the court holding that "every practitioner should keep himself informed on the accomplished progress of science, and have an exact knowledge of modern systems of treatment. If these had been employed the patient's life might have been saved, hence the liability for negligence." We should think the German court here referred to wanted a day's holiday, and with it a little easily-earned cash.

DR. CORNISH.—You have not quoted the passage correctly. The contest will make this sufficiently clear. We have not received the book, but as soon as it reaches us you shall know.

Meetings of the Societies.

WEDNESDAY, APRIL 8TH.

ROYAL MICROSCOPICAL SOCIETY.—At 8 p.m., Dr. C. T. Hudson, Rev. Floscules.—Dr. J. D. Cox, Structure of the Diatom Shell; Siliceous Films too thin to show a Broken Edge.—Mr. H. Mills, Filamentous Projections of Diatoms.—Exhibition of Nobert's Diamonds.

FRIDAY, APRIL 10TH.

CLINICAL SOCIETY OF LONDON.—At 8.30 p.m., Dr. Lewis Marshall (Nottingham), Cases of Amputation at the Hip-joint by Furneaux Jordan's Method.—Mr. Jonathan Hutchinson, Amputation at the Hip-joint in certain Desperate Cases.—Dr. Colcott Fox, Pityriasis Circinée (Hovand) and Pityriasis Circiné Marginé (Vidal).—Dr. Sidney Phillips, A Case of Sporadic Cretinism (living specimen).—Mr. Stragnell, A Case of Complete Paralysis of the Right Fifth Nerve.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—At 8 p.m., Mr. Percy Dunn will show Calvarium from Hernia Cerebri after Trephining, in a Child; Splenic Infarct from Pyæmia; Secondary Sclerrhus of Posterior Wall of Left Auricle.—Mr. C. B. Keetley, Two Cases of Osteotomy of the Hip; Radical Cure of Umbilical Hernia.—Mr. S. Benton, A Successful Case of Colotomy.—Mr. C. W. Chapman, A Case of Suppurating Cyst of the Liver (probably hydatid); recovery.—Mr. E. Noble Smith, Illustrations of some Orthopædic Cases.—Mr. T. Pickering Pick, Subcutaneous Division of Sphincter Ani.

MONDAY, APRIL 13TH.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—At 8 p.m., J. Read Sutton, F.R.C.S., On Injuries and Diseases of the Jaws in Wild Animals.—Casual Communications by Messrs. Newland Pedley, W. A. Hunt, A. S. Underwood, and F. Henri Weiss.

Vacancies.

Birmingham General Dispensary.—Resident Surgeon. Salary, £170, with furnished apartments, &c. Applications, with testimonials, to the Secretary, on or before April 21.

Celbridge Union.—Medical Officer to Workhouse. Salary, £115. Election April 29. (See advt.)

Hospital for Consumption and Diseases of the Chest.—Resident Clinical Assistants. Applications, with testimonials, on or before April 18.

Leeds General Infirmary.—One House Physician and Two House Surgeons. Board, washing, and lodging provided. Applications to Mr. A. W. Mayo Robson, Hillary Place, Leeds, on or before April 25.

Manchester Royal Eye Hospital.—House Surgeon. Salary, £70, with board, residence, &c. Applications, with testimonials, to the Chairman of the Board of Management, not later than April 14.

West London Hospital, Hammersmith.—House Physician and House Surgeon. Applications, with testimonials, to the Secretary by April 23.

Appointments

DAVIES, S., M.A., M.B.Oxon., M.R.C.S. (of Cairo), Médecin en Chef de la Police et de la Gendarmerie Egyptienne.

DENDY, W. C., F.R.C.S.Eng., L.R.C.P., Assistant Medical Officer to the Workhouse of Birmingham Parish.

FRASER, J. A., L.R.C.P.Lond., M.R.C.S., Medical Officer to the Workhouse of the Romford Union.

MCCRACKEN, J., M.B., C.M. Glas., Medical Officer for the Corwold District of the Easingwold Union.

MURRAY, H. M., M.D., M.R.C.P., Honorary Physician to the Foundling Hospital, London.

MURRAY, C. S., L.R.C.S., Administrator of Anæsthetics to the Samaritan Free Hospital, London.

SMITH, H. L., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer for the Overbury District of the Tewkesbury Union.

Births.

DARTNELL.—March 29, at 5 St. Margaret's Banks, Rochester, the wife of W. A. Dartnell, surgeon, of a daughter.

PARAMORE.—April 1, at 18 Hunter Street, London, W.C., the wife of Richard Paramore, M.D., of a son.

POETT.—March 27, at Kilyare Cottage, Templeogue, the wife of Dr. Poett, M.R.C.S., of a daughter.

Marriages.

CHAMP—SCHAEFFER.—April 4, at Holloway Chapel, London, John Howard Champ, M.D. (Lond.), of Chelmsford, to Josephine, eldest daughter of the late Joseph Schaeffer, of Heidelberg.

Deaths.

BRIDGMAN.—March 19, at Berkeley, Gloucestershire, suddenly, Isaac Thomas Bridgman, surgeon, aged 43.

HOWKINS.—March 29, at Torquay, Thomas Howkins, M.R.C.S. Eng., late of Bennett's Hill, Birmingham.

MOUAT.—April 1, at 12 Durham Villas, Kensington, Mary Rennards, the beloved wife of F. J. Mouat, M.D., aged 65.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 15, 1885.

CONTENTS.

ORIGINAL COMMUNICATIONS.

Lumleian Lectures on Some Points in the Natural History of Primitive Dry Pleurisies. Delivered before the Royal College of Physicians. By Sir Andrew Clark, Bart., M.D., LL.D., F.R.C.P. Lond. 321

The Skin Diseases of the Lower Extremities caused by Obstructed Circulation. By Professor G. Unna, M.D., of Hamburg 324

On Cholera Morbus—Its Prevention and Treatment. By Joseph Duggan, L.K.Q.C.P.I., ex-Senior Scholar Therapeutics and Pathology, Queen's College, Galway 327

CLINICAL RECORDS.

Newcastle-on-Tyne General Infirmary—Empyema successfully treated by Antiseptic Incision and Drainage. Under the care of Dr. Philipson .. 328

TRANSACTIONS OF SOCIETIES.

CLINICAL SOCIETY OF LONDON—

Amputation at the Hip-Joint by Furneaux Jordan's Method 329

A Peculiar Form of Skin Disease 330

PAGE

THE BRITISH GYNÆCOLOGICAL SOCIETY—

Perforations of the Bladder 331

On Congestive Dysmenorrhœa 331

DEPARTMENT OF LUNACY.

Lunacy Legislation 332

SPECIAL ARTICLES.

En Route to Suakin 333

LEADING ARTICLES.

THE QUESTION OF DEGREES 334

BACTERIAL POISONS 335

NOTES ON CURRENT TOPICS.

Overpressure in Schools 336

The Telephone for Hospital Work 336

Cholera and Whitewash 337

Cheap American Degrees 337

Professor Siebold 337

The American Diploma Trade 337

The Rabbeth Memorial Medal 338

PAGE

Fees for Inspecting Labourers' Dwellings 338

The Prince of Wales in Ireland 338

The Typhoid Bacillus Prize 339

Cremation in Austria 339

Holiday Courses in Berlin 339

War Dietary for the Soldier 339

The King and Queen's College of Physicians 339

Professor Frerich's Successor 339

Strike (or Lock out?) of Students in Italy 339

Poison Bottles 339

SCOTLAND.

Glasgow Town Council 340

Anderston Polyklinik 340

Mortality in Glasgow 340

Health of Edinburgh 340

CORRESPONDENCE.

Mrs. Longshore Potts and the Hospital for Women 340

Hartmann's Wood Wool and Wadding .. 341

Medical News 341

Pass Lists 341

NOTICES TO CORRESPONDENTS 342

Lumleian Lectures

ON

SOME POINTS IN THE NATURAL HISTORY

OF

PRIMITIVE DRY PLEURISIES.

Delivered before the Royal College of Physicians.

BY SIR ANDREW CLARK, BART., M.D., LL.D.,

Fellow of the College; Physician to the London Hospital.

LECTURE II.

MR. PRESIDENT AND GENTLEMEN,—A careful study of the cases related with more or less completeness in my first lecture leads naturally and necessarily to the second stage of this inquiry. A full understanding of the clinical demands a solution of the pathological problem; they are inseparably connected, and find their common origin in dynamic disturbances, which, although sometimes intangible, invisible, and incalculable, constitute the ultimate nature or essence of disease. What, then, is the nature of the visible pathological changes originating, underlying, maintaining, and continuing the symptoms and signs characteristic of the course and issues of the cases set forth as the grounds of this inquiry?

But before describing those changes as I have observed them in the course of my examinations, I must clear the way to the better understanding of them by some remarks on the minute anatomy of the lung, and on the structural characters of a blood-clot formed in freshly drawn blood.

Setting aside the earlier and in sundry ways admirable accounts of the minute anatomy of the lung given by Addison, Rainey, Rindfleisch, Schultze, Charcot, Luppey, Lefort, and Waters, and confining our examination to the accounts more recently published by such observers as Schäfer and Klein, we shall learn from them the views received and adopted at the present time. Here is what Schäfer says (*a*): "After a certain stage of subdivision, each bronchial tube reduced to a small size is termed a lobular or respiratory bronchial tube, and its walls become beset with small hemispherical saccules termed air-cells or alveoli. They occur at first only here and there, and confined to one side of the tube only, but at length almost cover it, so that the tube in a great measure loses its cylindrical character. At length it ends in an enlarged completely sacculated passage, termed the alveolar passage, from which are given off blind ramifications, somewhat enlarged towards their extremities, and everywhere closely beset with the air cells. These enlarged terminations are named infundibula." In order to give as exact an impression as possible of these views, he illustrates them by a diagram given at page 516 of the work already cited. From Klein's Atlas and from his more recent masterly little Handbook of Histology I extract the following account, which on the whole is the simplest, clearest, and most accurate of any hitherto published concerning the minute anatomy of the pulmonary parenchyma: "The small or intra-lobular bronchi are cylindrical tubes; they divide dichotomously into smaller tubes, and ultimately pass into the alveolar ducts, which take up on all sides of their circumference the lateral alveoli; the ultimate parts of the alveolar ducts are the infundibula, which take up the terminal alveoli. The alveoli are spherical or polyhedral in shape; and those belonging to the same alveolar duct or infundibulum are separated by much less tissue than the alveoli of adjacent lobules." In the Handbook (p. 220) it is further said that "all ducts or infundibula are closely beset in their whole extent with spherical, or being pressed against one another with polygonal, vesicles—the air cells or alveoli—opening by a wide aperture into the alveolar duct or infundibulum, but not communicating with each other. The infundibula are much wider than the terminal bronchioles, and also wider than the alveoli."

To Rainey and to both these distinguished observers is due the merit of having cleared away much of the confusion in which this intricate subject was until recently buried, of having discarded a complex, misleading, and useless terminology, and of having made it possible for persons not investigators or experts to form a tolerably

(*a*) Quain's Anatomy, vol. ii., p. 514.

accurate and clear conception of the anatomy of the pulmonary parenchyma and of its relations to the larger air passages. But even yet the reform is incomplete. It is not enough to have swept away as mere subjective expressions such terms as primitive and secondary lobules, lobulettes, air sacs, and the like. Others supported by great authority remain; and, whilst either having no correlative facts, or conveying inaccurate representations of those really existing, they suffice to keep obscure that which is simple, and to render barren or fertile only in error the application of anatomical facts to pathological processes and practical work.

Schäfer, for example, speaks of bronchia, bronchioles, or respiratory bronchial tubes, of their endings in enlarged completely sacculated alveolar passages, and of the giving off from them of blind ramifications or infundibula enlarged towards their extremities and everywhere closely beset with air cells. Elsewhere he says: "At the end of the respiratory bronchioles, near the passages of the infundibula, all the cells which line the wall of the tube are of the non-ciliated pavement variety. But the air cells themselves, both those which are scattered over the respiratory bronchioles and those which cover the infundibula, as well as intermediate portions of the infundibula, which occur here and there between the air cells, possess an epithelium of a peculiar character."

Now, in this quotation, even with the help of the context, it seems to me impossible to find a clear, connected, and exact account of the terminal air passages and of their relations to the pulmonary alveoli. And this impossibility, as I view it, lies less in any error committed by this distinguished anatomist than it does in the multiplication of distinctions, forgetfulness of the archetypal idea of a respiratory organ and the use of terms which are at once confusing and useless. There are two necessary—and, as it happens, they are the only unerring—guides to the complete and accurate understanding of the structure of an adult organ. The first is the study of its comparative history throughout the animal series; and the second is the study, from beginning to end, of the course of its own development. Investigated after this manner, the difficulties encountered in understanding the minute anatomy of the lung disappear; and the relation of the air passages to the alveoli become so clear and easy of apprehension and expression, that the use of many and complex terms is neither necessary nor justifiable. The primitive type of a lung is a cylindrical tube, the sides and end of which are portioned out by delicate membranous septa into shallow cubical spaces, not communicating with each other, but only with the common lumen of the tube round which they are arranged. If one will imagine a corridor, with open cubicles fully occupying not only each side, but the further end, the floor, and the roof; if one will also imagine that no free space is left between the cubicles, that they fully occupy the sides, roof, floor, and end of the corridor, that they do not communicate with each other except through the corridor around which they are arranged; that the corridor imagined is surrounded without loss of space on every side by corridors and cubicles similarly arranged; that all these corridors lead outwards to the exterior of the house of which they form a part; that, as all these corridors run outwards, they are joined by others without enlarging through the junction; and that at first the corridors are so short as to have only a single or double row of cubicles, whilst further outwards they have three, four, or even more—if you will imagine all these things, you will be able to frame a sufficiently clear and accurate conception of the simple way in which the pulmonary alveoli are connected with the pulmonary air passages, and these with one another.

To describe the relation of the air passages to the alveoli in a more formal and literal manner, we may take a lobule as the subject of description. Each lobule, more or less conoidal in shape, surrounded by areolar tissue with all its usual contents, and penetrated at its smaller end by the lobular bronchus and by blood-vessels, lymphatics, and nerves, constitutes, as we know, a miniature lung. As soon as the terminal bronchus enters the lobules it divides and subdivides with increasing rapidity and but small diminution of size, until the dividing or branching process is brought to an end at the circumference of the lobule. At its entrance into the lobule the lobular bronchus is but scantily alveolated, and its direction is moderately straight; but in the second and third divisions, which diminish in size, the walls are alveolated throughout, and the direction is constantly changing. In the terminal portions of the air tubes or passages which do not diminish in size the division is extremely rapid, and the end of each passage is formed by its abrupt closure just beyond a final division. It is this fact which, when a section of lung, including the pleura, is examined from the deep surface, has led to the notion that the terminal passages or tubes form dilatations or sacs at their blind extremities. Fortunately, sections and dissections parallel to the long axis of a passage demonstrate this notion to be incorrect. If this view of the relation of the air passages to the alveoli be accurate—and long study of the subject makes me somewhat confident about it—there is no need for a complex and copious terminology. It will be enough to speak of the lobular bronchus, of the intra-lobular bronchi or bronchioles, of the inter-alveolar passages, and of the alveoli.

The alveoli are almost always spoken of as being hemispherical or vesicular; and their relation to the air passages is often illustrated by reference to a racemose gland or to a bunch of grapes. Both the description and the illustration are alike erroneous and misleading. It is true that under forced inflation, and as a result of injection and of other manipulations, the alveoli do exhibit occasionally a distantly hemispherical shape. But this is abnormal. Lying on the walls of the terminal passages, varying a good deal in size and somewhat in shape, but fairly uniform in depth, they can best be described in the main as irregular cubical spaces. A single layer of a honeycomb rolled into a cylindrical tube and closed at one end by another single layer, the cells of both looking inwards, would illustrate better than anything else that I can remember the relation of the alveoli to the inter-alveolar passages. By carefully inflating and drying a portion of lung, and examining sections of it made at varying angles to the pleura under an inch objective attached to a binocular microscope, the statements now advanced with respect to the relation of the alveoli to the inter-alveolar passages may be easily corrected or confirmed by any competent observer. These remarks on certain points in the minute anatomy of the lung have led me from the main subject of inquiry further than I intended or desired. I excuse myself on the ground that an accurate and adequate knowledge of this subject is essential to a just understanding not only of pathological processes, but also of those respiratory sounds which we employ in the diagnosis of disease.

If a little freshly drawn blood is dropped upon a glass slide, permitted to clot, decolourised by gentle washing, and submitted to microscopic examination, three things and their mode of combination will arrest the attention of the observer: a basis substance arranged by wrinklings or foldings into varying sized areolæ, a faint and close network made up of minute molecular-looking fibres, and a small number of leucocytes. The fine fibrillar network will be seen to occupy the spaces enclosed by the areolæ of the basis substance. The leucocytes imprisoned in the basis substance, or in the fine fibrillar network, and undergoing some granular change, appear to be shooting out in all directions protoplasmic processes, and to be engaged in textural development. Examining such a specimen without any knowledge of its nature, it could be easily mistaken for a delicate glioma, and would be unhesitatingly received as a conclusive example of the development of fibrous tissue from leucocytes. But a further critical study of such a specimen will make it certain that no such development is taking place; that

both the areolar basis substance and the fibrillar network are formed directly from the liquor sanguinis; that the leucocytes and their processes are in the way of degeneration; and that, whilst they and the fibrillar network will melt into a granular débris, the basis substance will remain unchanged.

I have related this experiment to show how easily one may be deceived by appearances when they run along the line of one's ideas, and how much care is needed in interpreting the changes which occur in recently exuded lymph. In this matter three structural elements are to found: a fibroid basis substance, fibres, and cells. The latter are either migrated leucocytes or proliferating connective-tissue corpuscles; and it is held that from one or other, or both, the fibroid substance and the fibres are developed, and that the idea of the direct formation from an exudation of any sort of fibroid tissue must be definitely abandoned. In respect of the fibres formed in some kinds of lymph this contention is doubtless correct; but in respect of the fibres formed in at least one kind of lymph about to be mentioned no conclusive evidence has been adduced. In those exudations which consist of a fibroid basis substance and imperfectly formed white fibrous tissue, this theory cannot justly be maintained.

It is true that there are at present in them leucocytes, and sometimes a few fusiform cells; but it is equally true that they do not exist in such numbers, nor show such changes of transition into fibroid materials as would warrant the inference of an exclusively casual relation between them. In such instances, as in the instance of the blood-clot, one may fairly hold that the fibroid elements have been formed out of the exudation, and that the cells present therein have taken at least no structural share in their development.

Leaving these collateral considerations, I proceed now to consider the chief forms of exudation produced in the course of primitive dry pleurisies. These exudations may be classed under three heads: the fibrinous, the croupous and the proliferative.

The fibrinous exudation is characterised by the scarcity of its cell forms and its permanency; the croupous by the abundance of its cell forms and their rapid degeneration; and the proliferative by the abundance of its cell forms and the rapidity and variety of their structural developments. In no case does any one of these forms constitute the entire exudation; but in every case one variety predominates and determines the characters and the course of the changes which ensue. In its early stage the fibrinous exudation consists of membranes more or less extended and more or less thick, which can be detached from the pleura without apparent injury to its epithelial surface. This membrane is greyish, sometimes semi-transparent and elastic, but friable. It does not often adhere to the costal pleura, and it is more frequently found over the upper than over the under part of the lungs; indeed, its most frequent seat is around the summit of this organ. It is composed of a basis substance studded with moleculo-granular matter, shaped into rude areolæ or differentiated into bands of imperfectly formed fibrous tissue, and it contains embedded in it a few epithelial cells, some oat-shaped nuclei, and here and there a nucleated fusiform cell. Sometimes the exudation presents the appearance of an irregularly honeycombed or reticulated membrane, in the meshes of which there is found a yellowish, glutinous fluid, clotting on pressure to the air. In this fluid are found amorphous flakes, leucocytes, and red blood-discs. The structural construction resembles that of the smooth membranous exudation; but it cannot be so easily removed from the pleura, and whereas the subpleural areolar tissue is in this instance congested, swollen, and infiltrated with a fluid containing many leucocytes, it is in the former instance apparently little if at all affected. At a later stage of its existence this fibrinous exudation becomes denser, harder, tougher, extends into the pleural matrix, and now, opaque and yellowish, cannot be detached without injury from the pleural surface. The subjacent pulmonary alveoli are for the most part little affected, but here and there their walls are thickened without apparent proliferation, and their cavities contain a fibroid substance, with epithelial cells and leucocytes embedded therein. At a later stage, however, when the fibrinous exudation invades the lung, further changes take place. This invasion, when it takes place, moves in the first instance along the line of the interlobular fissures, and only at a later period steals along the blood-vessels into the alveoli. In well-marked cases, three striking naked-eye changes slowly appear in the wake of this invasion. The interlobular areolar tissue at the affected part is converted into thickened and indurated bands, which, in some instances, contracting and compressing the lobules, give rise to the appearance, rather rare, of a true pulmonary cirrhosis. In the second place, portions more or less extended of the pulmonary parenchyma become solid, hard, tough, dark, and creak under the knife, which cuts them with difficulty. And in the third place, along the course of the fibrous invasion adjoining the consolidations, and at various parts of the summit and free margins of the lung, there are tracts or patches of vesicular emphysema. In the summit of a lung in which limited tubercular growths have undergone fibroid substitution, all these changes, the thickened pleura, the fibrous bands, the small consolidations and the emphysematous patches, will be found side by side. In addition to these changes, others less obvious will be found upon close examination. One of them is thickening of the adventitia and intima of the pulmony arteries, and the growth from the intima of minute fibroid nodules, which sometimes fill the cavity of the vessel. Another change is thickening of the alveolar walls, with the development therein of free nuclei, not apparently engaged in tissue development. A third change is the appearance in the fibrous bands, chiefly at their intersections, of small fibrous nodules, which resemble and are considered to be true grey granulations or tubercles. But neither the structural characters of the nodules nor the history of the patients in whom they are found justifies this interpretation. They are composed of a fibroid basis substance, having embedded in its numbers, never large, of small free ovoidal nuclei, a few nuclear fibres, and rarely a little elastic tissue. Each consists of one mass, and not of several masses; it does not, as far as I know, contain giant cells; and it never undergoes the cheesy change. Akin to these little nodules, there are sometimes found in cases of long standing, where there have been repeated exudations, larger lumps or flattened masses of like characters connecting the visceral with the parietal pleura, and looking like growths, from which it is not always easy to distinguish them.

The pleura, once the subject of fibrinous exudation, is liable to fresh attacks of inflammation, and to the formation of new membranes, superimposed upon the old. These new layers, although resembling each other in structure, are never completely fused into one, and on section can be easily distinguished. Between the layers there are left spaces, of various sizes, filled with a glutinous fluid, containing epithelial cells, leucocytes, and a few fusiform nuclei. These spaces are coated with an interrupted epithelium, and distantly resemble lymphatic sacs. This is the form eventually assumed by the recticulated fibrinous exudation when it is permanent. When only a single thin layer of this fibrinous exudation exists, vessels are not found in it. Even when there are several layers, vascularisation, as compared with the proliferative exudation, is exceedingly scanty; and it seems probable that the development of new vessels takes place rather by channelling and differentiation than by development through the medium of protoplastic cells. Lastly, this form of exudation is characterised by the scantiness of its cell constituents, by the slowness of the changes occurring in it, by its persistence, by its freedom from complication with caseous consolidations and bronchial dilatations, by the lines which it follows in invading the lung, by the rarity of its

disintegration thereon, and by the insignificance of its effects upon the general health.

The croupous, or, as it was originally named by me, the corpuscular exudation occurring in the primitive dry pleurisies, differs in many ways from the fibrinous on the one side and the proliferative on the other. It occurs for the most part at the middle and lower parts of the lung; it is yellow, soft, thready, unplastic, and full of fluid, containing multitudes of degenerating cells, hyaline globules, blood-discs, amorphous flakes, fragments of granular fibres, granular débris, and countless micrococci. Sometimes, without the occurrence of pneumothorax, the accumulations escape by means of minute openings in the pleura through the lung, and the patient recovers. A single exudation, examined more closely may be divided into three parts. The first is an opaque, yellowish, and friable membrane of varying thickness, incapable of detachment from the subjacent pleura, with which it is apparently organically incorporated. The second is a loose, open, soft, areolated pseudo-texture, infiltrated with fluid. The third, occupying the free surface of the exudation, consists of incohesive, soft, fringe-like processes, which often break on handling. There is seldom any strong adhesion between the costal and pulmonary pleura. When the exudation is very abundant, and occupies a considerable space between the viscerae and parietal pleura, circumscribed portions of it are sometimes found broken down and occupied by a fluid resembling pus. For the most part this fluid is not pus—not a fluid holding in suspension spherical globules of uniform size, structure, and mode of response to reagents; but a fluid holding in suspension disintegrating leucocytes and epithelial cells, granule cells, and hyaline spheres, oat-shaped nuclei, and broken fusiform cells, fragments of fibres, and granular débris.

The lung adjacent to the inflamed pleura is always affected to varying depths and in different ways. All the alveoli are congested, and contain desquamated epithelium and leucocytes. A few, but in my experience always a few, groups of alveoli are found in a state of hepatisation. Larger and much more numerous groups of alveoli are in a state of caseous consolidation. In the subpleural areolar tissue, in the interlobular fissures, and occasionally at the entrance of the vessels into the apex of the lobule, small yellowish nodules are seen, and may be commonly traced to lymphatics, from the proliferation of which, or of their contents, the nodules appear to arise. They are composed of an adenoid reticulum and of areolæ of common fibrous tissue, in the meshes of which are found masses of lymph-corpuscles, free, rounded, or oval nuclei, nucleated fibres, and numerous multi-nucleated cells in a state of active endogenous proliferation. Resembling in some ways tubercular nodules, they are often declared to be tubercles.

A close examination of the outer surface of one of the earliest formed layers of exudation will sometimes bring to light the existence of two sorts of minute openings. The one are stomata, chalice-shaped cavities, with epithelial lips and linings leading into lymphatic spaces. The other are minute openings, the mouths of burrowing and sometimes branching channels, which occasionally can be followed into the pulmonary alveoli. It is not improbable that when a croupous exudation melts, it sometimes makes its way through these tunnels into the lung, and is thence discharged. In a case which I recently attended with Dr. Barnes and Mr. Merriman, a puerperal pleuritic croupous exudation led, by melting, to the formation of three small encysted empyemas. Paracentesis having been considered inexpedient, the pyoid collections were left to nature. After a week, in the neighbourhood of one of the sacs there was heard a coarse moist crepitation; a few days later the crepitation became a bubbling rhonchus; and shortly afterwards some ounces of pyoid fluid, quite different from genuine pus, were expectorated. The same process of events attended the emptying of each sac. Meanwhile there was no single sign of pneumo-thorax; and although the thoracic walls corresponding to the empyemas were bulged, there was no displacement of the heart or of other organs. The patient is now completely convalescent. Sometimes this pleuritic croupous exudation has a constitutional origin, and then the affection may be bilateral. With a low capacity for organisation, this exudation exerts at times a considerable influence for evil on the subjacent lung. The effect consists sometimes in disseminated caseous or lymphoid consolidations, sometimes in fibroid changes, and sometimes, although rarely, in small excavations or in bronchial dilatations. Basic lung disease akin to that described by Mitchell Bruce and others now and then arises in this manner. The tissues of this exudation are, in at least one respect, remarkable. When the case pursues a favourable course, the exudation is for the most part entirely absorbed, and I have once or twice learned from examination after death, that within a few months of an attack, every vestige of its presence has been removed. Now and then the fluid part of the exudation is absorbed, and the residue, becoming dry, undergoes caseation. In this condition calcareous plates and particles are occasionally deposited in it, and the patient becomes subject to obscure and often recurring attacks of pain.

(To be continued.)

THE SKIN DISEASES OF THE LOWER EXTREMITIES CAUSED BY OBSTRUCTED CIRCULATION.

By Professor G. P. UNNA, M.D., of Hamburg.

A RECENT paper in the *Deutsche Medizinal Zeitung*, by this distinguished dermatologist, places the subject of the skin diseases of the lower extremities that have for their cause obstruction of circulation and the modern treatment suitable for these cases in so clear and interesting a light that a *resumé* of the paper can scarcely fail to be interesting to our readers. The affections more particularly discussed are simple pruritus, various forms of eczema, œdema and pachydermy, superficial phlebectasiæ, hæmorrhage, and, lastly, ulcer of the leg. In all these the blood stasis is the primary symptom, and the principal cause of the succeeding phenomena. He reminds his readers at the commencement that, in addition to the treatment suitable to the case under observation all will fail ultimately unless general treatment for the defective circulation of the part itself be put into practice. The numerous errors on this point of treatment appear to him to be the reason why these affections have had the reputation of being so difficult to treat and so often radically incurable. He would advise everyone who has to treat such a case to put to himself two questions: (1) "How can we best remedy the symptoms of impeded circulation?" and (2) "What local treatment does the existing condition of things demand?" Attention to one alone will not lead to the desired result.

In regard to the first question, he discusses the horizontal posture with elevation of the limb. This plan he rejects for the reason that as soon as the limb is placed on the ground blood pressure and stasis immediately come again into play, so that the measure is of only temporary benefit. A better means of treatment is afforded by external pressure by means of bandages of various kinds. The bandages in ordinary use applied in the ordinary manner can only be of service in the milder cases, in obstructive pruritus, in simple phlebectasiæ, in otherwise healthy skin, in œdemas, and as prophylactics after recovery in the severer cases. In Martin's bandages he recognises a distinct advance in treatment, as by them greater pressure can be brought to bear without injurious consequences than by means of steady continuous inelastic pressure. The weak points of these, as every dermatologist will be ready to admit, is their impermeability to moisture. They answer well when but little moisture is

given off, but in those cases in which there is abundant transudation, where eczema or discharging ulcers are present, the india-rubber bandage is not only of no use, but almost invariably sets up a frightful eczema that at once demands a change of treatment. About two years ago he was led to try a method of bandaging that he found answered all the requirements of all the cases under discussion, and which he has since adopted. The kernel of Baynton's bandages for ulcer of the leg was the effectual diminution of the tension of the healthy skin around the ulcer.

He takes a neglected case of varicose veins, partly covered by moist and partly by dry eczema, on the under anterior third of which is a dirty necrotic undermined mass surrounded by a soft loose border. After a thorough cleansing with soap and water he paints the whole over as far as the ulcer with warmed zinc paste. (Zinci oxid., gelatin. pur aa 10, glycerine, aquæ, aa 40 ℥ S. To be painted on warm.) Upon the ulcer itself iodoform is dusted, and a layer of lint placed, which may also be saturated with iodoform or sublimate. He then takes an ordinary roller, such as is used in bandaging with plaster of Paris, and rolls this up *from each end, so that it has at last two heads of equal size.* Thus rolled up it is dipped into water, squeezed out, and then applied in the following manner to the leg covered with paste, and not yet quite dry: The patient sits with his leg raised opposite to the surgeon, who grasps with his two hands the two heads of this bandage, so that the connecting piece between the two heads comes into contact with the limb behind and opposite the ulcer. The two heads are then brought forwards and crossed over the ulcer already covered with the lint or gauze. The heads of the bandage are then made to change hands, and firm tension is made so that the leg at the level of the ulcer is plainly diminished in circumference. The two heads are then carried backwards and crossed either above or below, but under all circumstances opposite to the ulcer. The heads again change hands, and are carried forwards, crossed in another place and tightened, and so on until the whole of the affected part is covered by the bandage. A second, moistened, prepared bandage is then immediately placed over the first for the purpose of filling up the thin places of the first and strengthening it. The second may be put on in the same way as the first, but it is usually done in the ordinary way. The bandage soon dries, and it is allowed to remain on from two to four days, according to the amount of secretion going on under it. The pain on walking and putting the foot down soon become less, so that the patient's occupation is not interrupted. The more firmly the bandage is laid on the better is the result seen on taking it off, it is, therefore, laid on as tightly as the patient can bear at the time. When the quantity of secretion diminishes this "permanent bandage" may remain on eight days.

"Every time the bandage is changed—it should be taken off whilst the leg is in a pan of warm water—an agreeable improvement in the ulcer is observed, at first cleansing of the bottom, then flattening down of the edges, then covering with healthy granulation, and progressive diminution in size by advance of the border of epithelium. In the mean time the zinc paste, assisted by the restful pressure of the hardened, pasty bandage, acts beneficially on the eczema and astringently on the whole leg, so that actually the whole of the troubles are removed at a stroke, and with the constant certainty of the result, both patient and surgeon are equally surprised."

The essentials of the process are in his opinion the peculiar manner of applying the bandage from both ends and the preliminary application of the paste. This method of application leaves absolute permeability, and in effectiveness, hardness, and simplicity it is superior to Baynton's method. He points out the importance of covering healthy skin with the paste so as to get a firm basis of attachment for the bandage. "The double-headedness of the bandage, and the previous application of a firmly adhesive paste, or pasty vehicle (dextrine, paste, gum) over the whole circumference of the sound skin are the essential points of my method," he says.

Various modifications are necessary or permissible under certain conditions. In simple varicosity in fat or gravid women leading to a nodose erythema, a short crossed bandage a span wide is often sufficient, fixed on with zinc or zincichthyol paste (zinc oxid. gelatin. pur aa 20, aq. destill. glycerine aa 80, ammon. sulpho-ichthyol 5) may remain on from three to four weeks. In pruritus a wide bandage may be fixed on with zinc carbolic paste (zinc oxid. gelatin. pur aa 20, aq. destill. glycerine aa 80, acid. carbol. 10-20 ℥). This should remain on as long as possible as it completely prevents scratching. In freely weeping eczema a daily change is advisable, but as the discharge diminishes in amount the changes may be less frequent—two to four days.

The answer to the second question, What measures are demanded by the present condition of the skin? must vary according to the symptoms presented. In case an elastic bandage cannot be borne and the permanent double-headed bandage is unsuitable, the preparations of ichthyol and hamamelis virginica will be found reliable in producing shrinking of dilated veins (ammon. sulpho-, ichthyolici, glycerine aa 10, aq. destill. 200 ℥; to be painted on; or, natr. sulphoichthyolici 10, vaseline 90 . ft. ung.; to be rubbed in); or the ichthyol may be used internally. Sod. sulpho-ichthyolici grm. 5, pulv. et ext. alth. g. s. ℥ss., pil. 50, 6 to 10 daily, or ammon. sulpho-ichthyol. aq. destill. aa grm. 10 ℥ D. S., 10 to 20 drops morning and evening in a glass of water. The preparation of hamamelis preferred by him is the concentrated liquid extract of Parker, Davis and Co. He recommends the use of this as follows: Ext. fl. conc. ham. virgin. 5 gm. 45 ℥, ft. ung., or ext. fl. ham. virg. spiritus aa gm. 10, aq. distillat. gm. 80 ℥; to be used as a lotion, and for internal use 20 drops of the above extract every two hours. If much itching is present he uses the following: Aq. plumbi. gm. 200 acidi. carbol., glycerini aa 10 ℥, or, he adds, 2 to 5 per cent. of carbolic acid to the above mentioned ointment and lotion. If a few large bunches of veins are present they may be painted morning and evening with the undiluted fluid extract, or collodion may be employed according to the following formula: Sod. sulpho-ichthyol. spiritus aa gm. 5, collodii. gm. 20 ℥. The brush to be attached to the cork in the bottle. He recommends these as far more serviceable than the astringents in ordinary use.

When the varicose veins are accompanied by ecchymoses or larger hypodermic extravasation of blood, arnica used internally and externally is the best remedy. For outward application, the skin being uninjured, the ordinary tincture diluted with an equal quantity of water may be used, and for internal use five drops of the tincture every two hours.

If old standing eczema and pruritus are present, the zinc paste must be applied with 2 per cent. of ammon sulpho-ichthyol or 2 or 3 per cent. of carbolic acid. The layer of paste must be strengthened by a double headed bandage, and allowed to remain on until the discharge soaks through. He usually renews the dressing twice a week. The intense itching subsides immediately after the first bandaging, and scratching is impossible owing to the hardened bandage that envelopes the limb. The hamamelis may also be given, 20 drops every two hours. In that form that resembles psoriasis, in which large bluish red patches are present here and there moist, and only to be distinguished from it by the lesser amount of the scaliness, the greater irritability and lesser tendency to capillary hæmorrhage, he found the following lead paste the most suitable:—Amyliorizæ 10 gm., lythargyri, glycerini aa 30, aceti 60. M. coque ad 80. If the patches are small it will be sufficient to paint on a little paste night and morning. If the patches are larger it will be safest to cover the leg completely with the paste, and support by the double-headed bandage.

A third rare form is the paratypical one that is formed

out of various kinds of eczema by long continuance. Round or oval, greyish red or yellow, raised, circumscribed papular patches or islands, with delicate scales, rarely moist, and in the intervals itching, separated from even other by reaches of normal tissue, these represent an obstinate form of eczema that requires energetic treatment. The individual patches are best painted with the following:—R. chrysarobini, gm. j., ol. cadini 4, collodii 20. ℳ. Attach the brush to the cork. The collodion should be allowed to dry, after which the whole limb should be covered with zinc paste and the double-headed bandage. The dressing may be changed every second or third day.

The fourth kind is the keratoid eczema, the favourite site of which is the palms of the hands and soles of the feet. Here salicylic acid is especially triumphant. Either strong salicylic plaster may be employed, 25 gm., *pro* metre, accurately cut to the size and shape of the keratoid patches, or the following may be used for painting with:—Acidi salicylici, acidi carbolici, aa 5 gm. collodii gm. 20. ℳ. The zinc paste should then be applied to the surrounding parts, and an ordinary bandage adjusted. The bandage and paste not only aid the healing process here by compression, but above all prevent scratching and removal of the salicylic collodion.

The fifth kind is the form associated with elephantiasis, a sort of outgrowth of long existent eczema from obstruction. In this form, the best means of arresting the itching and secretion, and of reducing the circumference of the limb, is to paint thickly with the zinc tar paste (R. zinc. oxydati, picis. liquid, gelatin pur., aa 20 gm., glycerine, aquæ, aa 70 ℳ [ft. gelatin) and to carefully and artistically adjust a double or three-fold layer of broad paste or dextrine bandage. The addition also of two per cent. of sulphur, or ammon-sulpho-ichthyol is very serviceable. When secretion has ceased the bandage may remain on fourteen days or more.

Lastly, he turns to ulcer of the leg, which he considers to be a *crux medicorum*. After describing the different forms, or rather stages, met with, he goes on with the treatment he places most reliance on. If the ulcer is not yet clean it must be cleansed forthwith. All means that set up rapid suppuration serve for cleansing purposes. The simplest means of cleansing he claims to be mercurial plaster gauze, or other mercurial plaster over the ulcer and its border. Mercury is, as is known, one of the few agents that produce suppuration without the aid of micro-organisms. He prefers the carbolate of mercury plaster muslin. The pain of such unclean ulcers soon disappears under the impermeable covering. This application must only be used until good granulations make their appearance. If the slough is soft, after a preparatory washing with green soap and water, some member of the oxydising series should be at once applied. To this belong sublimate, chloride of zinc, chloride of calcium, chlorine water, chlorate of potash, iodine, iodide of lead, iodoform, nitrate of potash, bismuth, acetate of alumina, peroxide of hydrogen, permanganate of potash, &c. Iodoform, of all the agents mentioned, has the advantage that employed by being dusted on it can be incorporated with the permanent dressing, so that the same dressing that serves for the completion of the healing, serves also for the cleansing of the ulcer. Iodide of lead is very suitable in the form, either of an ointment or of a soft plaster. Plumbi iodati, terebinthinæ, ol. amygdalæ. aa gm. 5, emp. plumbi spt. gm. 15, ℳ. empl. molle. To be spread upon lint. Whoever wishes to obtain the most striking idea of cleansing by oxydising agents should employ the simplest, but the most active of the series—peroxide of hydrogen ($H^2 O^2$). When this fluid is painted on, or adapted by means of a moist muslin compress, oxygen is at once given off which produces a froth over the whole surface of the wound. As soon as the froth is completely formed, the action of the remedy, and the pain at once cease, and as soon as the moisture is wiped away the wound is seen to be ready cleaner and redder. In order to prolong the action of the remedy he makes it with glycerine in the proportion of 9 to 1. For promoting the growths of granulations, iodoform may again be employed, or crimped muslin dipped in an aqueous solution of sublimate, or of chloride of zinc, or chlorate of potash, and then dried. The latter, however, have not the sedative effects of iodoform. The same plan of treatment is useful for that group of ulcers in which the edges are hard and will not unite with the inactive base of the ulcer. Here the epithelium on the under side of the edge, and the surface of the ulcer must be destroyed. This may be done by the application of lunar caustic, but it is better to pare away the projecting edges, and then to bind up the new flat surfaces by one of the above mentioned means. The little pieces thus cut off may naturally be at once transplanted to the surface of the ulcer.

In that form in which the granulations are too exuberant, lunar caustic plays a considerable part, but more is required than the agent is capable of affording. More active reducing agents are sulphur, sulpho-ichthyolic salts, resorcin, pyrogallol, sugar, the balsams, linseed oil and tar. Sulphur and sugar have the suitable form of powder, the others must be made into 5 or 10 per cent. ointments and spread upon lint. Even two to four hours after they have been applied the granulations are seen to be flattened and the fringe of epithelium advancing. The first named should never be employed after this object is attained—for at most three days until the first change of dressing. The milder agents may be used for longer periods, but after the surface has become flattened, iodoform or boracic acid should be had recourse to as they restrain the process of formation of cuticle less than any other agents of the oxydising series.

As regards complications, these are important. Special means are required for particular cases. Thus when the secretion is profuse some drying agent is demanded, such as bismuth, oxide of zinc or extr. hamamelis as a moist compress. If a tendency to bleed is present, iodoform must at once be stopped, in place of which a 5 per cent. aqueous solution of an ichthyol salt may be employed, or hamamelis and arnica internally. If the ulcers are painful, ointments will be borne best, and amongst these those of zinc, lead, and iodoform. After applying the paste, the ulcer is covered with a piece of iodoform zinc, or carbolised lead, ointment muslin, or ointment of one of these kinds spread upon lint, over this some wadding or crimped muslin and then the double headed bandage.

If the case be treated on the principles here laid down every surgeon may pledge himself to heal the most neglected and largest ulcers in a relatively short time, whilst the patient will not be hindered from his work for a single day. In the case of multiple ulcers he recommends that the principal attention should be directed to the one that is largest and most unfavourably situated. He only knows of one theoretical limitation of the application of the above principles of treatment, namely, those cases in which the parts surrounding the ulcer are absolutely immoveable from being transformed into cicatricial tissue, or from firm attachment to the underlying fascia or periosteum. But absolute immobility is extremely rare. He has never yet had occasion to practice Nussbaum's circumcision of the ulcer, and only rarely has he been called upon to perform the operation of transplantation of healthy skin upon the ulcer. He is further of opinion that as the principles advanced by him come to be more perfectly carried out, even skin grafting may in time be no longer necessary, and that the place may be supplied by concentrated preparations of salicylic acid and the ichtholates.

THE Presidency of the British Association at the meeting in Birmingham in 1886 has been offered to, and accepted by, Sir William Dawson, Principal of McGill College, Montreal.

ON CHOLERA MORBUS—ITS PREVENTION AND TREATMENT.

By JOSEPH DUGGAN, L.K.Q.C.P.I.,

Ex-Senior Scholar Therapeutics and Pathology, Queen's College, Galway.

It is perfectly a misnomer to call this disease cholera, which means, in a strict sense of the word, a bilious flux; on the contrary it is found that the bile is suppressed, and the action of the liver is arrested in this disease. However, there is no advantage to be gained by substituting a new name. This malady existed for a long period prior to its extension to this country in different regions of the Asiatic continent, assuming a most malignant type at certain periods of the year, in the low marshy valleys and swampy netherlands along the banks of the great Indian rivers, which are stated to be the great depôts of this foul disease. In the year 1817 it broke out with unmitigated fury and virulence on the deltas of the Ganges, scarcely leaving a human being alive in those localities. From these quarters it spread *pari passu* with the walks of man, killing him with its poison as it hurried along. In Northern India the British Army was victimised in thousands. Here and there it spread through Asia, lurking, as I mentioned before, in the footsteps of man, depopulating their filthy towns and villages, until at last this scourge of the human race diffused itself throughout the whole continent. In the Persian country, from the extreme neglect of personal and domestic cleanliness, the people were decimated with terrible severity. After lingering in Asia for some years, it passed on to our frontiers unchecked by mountains, frost, or snow, or contrary winds, moved month by month slowly and insidoously in a north-western direction towards the European boundaries to European Russia, where this unwelcome guest had full play in the squalid filth of the Muscovite, and revelling there for some years, caused a most frightful mortality.

Unfortunately cholera had not arrived at its destination, hovering still north-west, extending into Germany, Eastern France, and along the shores of the Baltic, to Belgium and Holland.

The western progress of this pestilence very naturally filled the minds of our people with the most gloomy forebodings, requiring no prophetic pencil to announce its sure and near approach to our shores. Unfortunately, the prognostications were too true, and, in 1831, cholera appeared for the first time in an English seaport, transmitted no doubt by vessels coming from infected continental ports. The advent of this catastrophe rendered the people prostrate and panic stricken, which gave an additional impetus to its virulence and fatality. This strange and dire disease devastated our islands to a fearful degree, causing great loss of life. One would imagine its course was finished here, but notoriously clinging with unaccountable tenacity to man, in his various perigrinations, was by European ships imported to America, fermenting there burst forth through its vast territories like a destroying demon, cutting down with furious havoc millions of its people. From thence turning back in an eastern direction to the shores of Africa and the south-eastern countries of Europe, depopulated them by a similar decimation.

Two other epidemics have subsequently appeared, one in 1848-49, the other 1853-54, lastly, in 1884 we have it making its appearance in Toulon, from whence it spread through the leading cities and towns of Southern Europe, and finally we have it spreading to Northern France into the city of Paris, where we earnestly hope it will be stamped out, so as to prevent its extension to our islands. But I am happy to state we are in a better position to repel it than we have been on former visitations, still the intelligence of its near approach must cause much anxiety.

Those four visitations will be for a long time bitterly remembered as epochs of unutterable woe, the recollections of the appalling ravages of cholera will fill the hearts and homesteads of thousands with mournful and sad memories. Providence has placed in our hands remedial and preventive measures of incalculable utility in averting its poisonous action, and we have to blame ourselves indeed if we allow the disease to progress, whilst we can employ those agents, and apply those remedies which the test of experience has confirmed to be so beneficial and efficacious in arresting its progress and depriving it of that malignity which renders cholera so generally fatal. If the masses could alone be brought to a right sense of duty with regard to their habits and modes of living, keeping sanitation and sanitatories always foremost in their minds, cholera could no longer find footsteps in our country, it would quickly vanish back to its old haunts among the squalid and the filthy, whose habitations are only fit for unclean beasts. With the view of meeting an approach of cholera, I must impress on my readers the very great necessity for adopting all those precautions and preventive measures generally known to be so efficacious in arresting its diffusion.

The habits and mode of living of the inhabitants of our populous cities and towns are great incentives to the spread of the disease, their accumulation in large numbers, the poisonous effects of impure air, sedentary habits, and unwholesome employments. The excesses in diet, the luxurious food, the heating drinks, the monstrous mixtures, and the pernicious seasonings which stimulate and oppress the organs—the unnatural activity of the great cerebral circulation excited by the double impulse of our luxurious habits, and undue mental exertions of the violent passions, which agitate and exhaust us, and their reacting on, and disturbing the whole frame. Our indulgences are so many fatal proofs that our past grievous ills are our own work, which may be obviated by a more simple and uniform mode of life.

The observations of Humboldt confirm the position that persons whose bodies are strengthened by healthy habits, in respect of food, clothing, exercise, air, &c., are enabled to resist the cause which produces disease in other men. The same observations are, *à fortiori*, strictly applicable in respect to epidemics, for the greater the debility of the human frame the more prone it is to be attacked with every passing epidemic. It is, therefore, of paramount importance to impress on the people the necessity of rendering their habitations more conducive to health by giving free ventilation to the confined air of all close apartments, adopting a more exact system of cleanliness and a stricter obedience to the Laws of Health. The preservation of health is very naturally looked for by all, yet our hygiene is not at all progressing with our civilisation. The mortality returns of our various large towns fully proves that. It is not at all surprising, for the greater number of the working classes who are located in our populous towns and cities scarcely ever try to check disease by wholesome living and rational remedies. Surely enough they gulph down physic, which is expected to cure, whilst simultaneously they are breathing or inspiring in close ill-ventilated dwellings that very disease which physic is expected to remove. This is, in the language of physicians, a rather absurd mode of enforcing a rational therapeutics.

Pure air and wholesome water, with moderate living, and personal and domestic cleanliness, are the cardinal means of checking epidemics, they are the handmaids to health, the indispensable auxiliaries which give to our medicaments in every form of disease a fair opportunity of doing their own work, by unfettering them from all those preventible noxious influences, that must evidently debar their true *modus operandi*.

Nothing can conduce more to render this disease amenable to medical treatment than an early recognition of its premonitory symptoms, these are well known to every medical man, but if the public were made fully acquainted with its mode of invasion its mortality would

be much diminished; some persons by prompt and remedial measures get rid of the poison at its very earliest stage, or it is excreted by the natural emunctories of the body; hence the necessity of supporting the system against depression. The report of M. de Pietra Santa in the *Abeille Medicale* on the prophylaxis of cholera morbus, states—from careful observations of the epidemic in the prison of "Maddonetto," from 1st September, 1853, to 1st of October, 1854—that the epidemic has been preceded by gastro-enteric disturbances, that premonitory diarrhœa almost constantly occurred, and that the rational treatment of the disease produced the most favourable results. In 2,186 inmates 517 were in different degrees attacked by the epidemic.

1st degree.	Dyspepsia and malaise		308	
2nd „	Diarrhœa	. .	168	
3rd „	Choleraine	. .	39	
4th „	Cholera	. .	12	4 died and 8 cured.

By comparing the two numbers, 517 and 12 choleriques, proves to a demonstration the truth of the foregoing remarks. The posaibility of preventing those choleraic manifestations by immediately correcting those premonitory disorders, combined with the strict adherence to the laws of public hygiene and private prophylaxis.

The report of M. Blondel, Inspector General of Public Health, confirms the true existence of premonitory diarrhœa in most cases.

Of 4,740 cases of the disease, 4,357 had diarrhœa before they were admitted to the hospital.

From experiences of the epidemic in England, France, and Italy, prodromata, and especially diarrhœa, manifested themselves, which must be rationally treated, paying due regard to the prevailing constitution. But more than this has also to be done to put an efficient check to this pestilence, the precautions to be adopted at tue approach and during the stay of the epidemic are almost known to every intelligent person, but unfortunately not rigorously carried out, and the warnings of physicians scarcely harkened to until death is at the threshold. The non observance of established hygienic rules and remedies, and the antagonism of the lower classes to all healthful innovations, cradling infection in the sluggish squalidness of filth and poisoned air rather than comply with the provisions of our admirable sanitary code.

The late experiments and investigations of the distinguished scientist Koch, in India, Egypt, and Italy, were rewarded by his discovery of the cause of cholera, which he states is due to the presence of very minute microscopic organisms, which he calls cholera bacilli, comma shaped, entirely different from other known bacillus, and that those little organisms are found principally at the lower third of the small intestines and in the ileo-cæcal valve. That acids, quinine and corrosive sublimate (in minutes doses) are most active agents for their destruction, both within and without the body, and that the only sure and reliable disinfectant for the destruction of those cholera germs, is the process of drying or desiccation. The announcement of those truths must of course materially alter our line of treatment, but in the main not to abandon those remedies which the test of experience have proved so efficacious in this disease. If we accept that the only destructive agent against the infective material of cholera excretions, &c., is drying desiccation, then all our vaunted disinfectants must be useless, placing the a arrest of cholera on different basis altogether.

The treatment of cholera by internal remedies, must mainly consist in supporting the system all through against depression: strong beef-tea, quinine, abundant supply of pure water acidulated with sulphuric acid, claret and ice water, and very minute doses of corrosive sublimate taken in solution. I would also give a pill composed of opium, calomel, and capsicum, of each a grain, made into pill, one to be taken every third hour. Hot turpentine epithems to the stomach and bowels, shampooing the imbs with powerful mustard and turpentine stupes, keeping the patient then well rolled in hot blankets. The use of Chapman's spinal ice-bags will also be necessary. The natural secretive power of the stomach and liver being arrested we must supply their secretions artificially all through even to collapse, by giving 15 grains of acidulated pepsine with 15 grains of inspissated bile every alternate hour.

I have now given a plain digest of all the useful facts which the experience of my medical brethren both at home and abroad, have, from time to time, placed at our disposal. The most recent of those are Koch's discovery of the comma-shaped bacillus as the cause of cholera. The discovery of baccilicides for their destruction within and without the body, upsetting many old and mischievous ideas about this disease, exposing certain inconsistencies, which will no doubt disarm it of its terrors, and ultimately bring it within the grasp of rational therapeutics.

Turloughmore.

Clinical Records.

NEWCASTLE-ON-TYNE GENERAL INFIRMARY.

Empyema successfully treated by Antiseptic Incision and Drainage.

Under the care of DR. PHILIPSON.

K. T. D., a Dane, æt. 16, a skin-preparer by occupation, admitted August 28, 1884, complaining of pain in the left chest, with shortness of breath. Family history is very good, and patient has always had a comfortable home, good food and lodging. The illness dates from the 11th August: on that day, after a hard morning's work, patient fell asleep, and on awakening felt very ill, suffering from pain in the side, thirst, and vomiting. He has been confined to bed since. On the day before admission a small needle was inserted, and ten ounces of pus withdrawn.

When admitted patient was much prostrated, and suffered from great dyspnœa. Temperature 101·3° F.; pulse 116, and weak; respirations 30 to 40. Slight dry cough. The movements of the right chest were increased; the left hardly moved at all. There was marked fulness of the left side, and the intercostal depressions were filled up. On the left side the vocal fremitus was absent, and there was a dull note with increased resistance on percussion. On the right side the note was everywhere somewhat hyper-resonant, except in the mammary region, where the heart was seen beating. Its impulse was felt strongly three quarters of an inch below and half an inch internal to the right nipple. The heart-sounds, especially the second, were harsh and loud, and became more so on passing from left to right of the sternum. Breath-sounds and vocal fremitus were absent in the left chest; towards the root of the lung behind, however, there was tubular breathing. On the right the breathing was puerile, and there were some crepitations towards the base.

On the 28th August two pints of pus were withdrawn by the aspirator, with the result that there was resonance down to the third rib, and patient's breathing was much relieved. On the 9th September thirty-four ounces of pus were withdrawn by means of the aspirator. On the 10th September Mr. Page, with antiseptic precautions, made an incision in the eighth left intercostal space behind, and inserted a drainage-tube. About sixty ounces of pus were withdrawn. Previous to the incision being made, the temperature had ranged between 100° and 104°. After the incision it at once fell to 99°, and only on one or two occasions did it again reach 100° F. The pulse and respirations were, however, little affected, the former remaining at 120, the latter 33, per minute. During the early part of September the discharge was very profuse, and the antiseptic dressings, which were very large, had often to be changed twice daily; towards the end of the month, however, it amounted only to about two or three ounces daily. The left chest wall had by this time fallen in considerably. At the end of October there was little discharge, the dressings requiring to be changed only every third day. On the 2nd January the drainage-tube was dispensed with.

January 7th.—There is considerable falling in of the left chest wall, especially in front; there is fair movement; the

vocal fremitus present, but weak towards the base behind; the percussion note is resonant. Vesicular breathing is heard all over the lung. The incision wound is healed.

February 19th.—Discharged cured.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, APRIL 10TH, 1885.

The President, Mr. T. BRYANT, F.R.C.S., in the chair.

Dr. LEWIS W. MARSHALL read a paper on

AMPUTATION AT THE HIP-JOINT BY FURNEAUX JORDAN'S METHOD.

Dr. Marshall, in giving a record of ten amputations at the hip-joint by Furneaux Jordan's method, mentioned at the outset the fact that a paper had been previously published by him in the *British Medical Journal*, October 27th, 1882, on the same subject. Four cases were included in this paper, which was read at the local meeting of the Midland Branch on June 24th, 1880. The present paper deals with these four and subsequent cases which have occurred in his practice at the Children's Hospital, Nottingham. He also mentioned that Dr. Maclaren, of Carlisle, also read a paper in Edinburgh, which was published in the *British Medical Journal*, June 7th, 1884. He gave a brief account of the two methods of operating suggested by Mr. Jordan in the *Lancet*, March 23rd, 1879, stating that he himself preferred the second method, which was done by making the circular sweep through the soft parts first, the enucleation of the femur being the second step. Of Dr. Marshall's ten cases, three were done after excision, and the remainder when this operation could not be practised on account of extensive implication of the femur or pelvis, or from the general condition of the patient prohibiting more conservative measures. The ages of the patients were as follows:—Two at 11, one at 10, two at 8, two at 7, one at 6, one at 5, and one at 3 years. In all but one the fingers were used to compress the femoral in the groin. Esmarch's bandage and Davy's lever were spoken of, and had been used—the latter in the only case which has to be recorded as a death in this list. This death occurred within a few hours after operation from shock, the result of blood loss. The amputation was on the right side. All the patients are living and well, with the exception of two. These deaths were due to visceral lesions. The dressing used in each case was a loose antiseptic covering of carbolic oil and lint. Stress was laid upon the after-treatment of the patient. Food was withheld by the mouth for some hours, if iced champagne be excepted, nutrient enemata being given instead. An extract was read from Mr. Jordan's paper, detailing the advantages of his method over the older flap operation. The reason given for the choice of the second method of operating was as follows:—"That the increased length of leverage gained by freeing the limb from the main attachment of the muscles enables the fingers and the knife to pare the muscles off from the bone with much less risk of wounding vessels unnecessarily." It was also stated that the separation of the tough bands which in old-standing cases of hip disease weld the trochanter and what exists of the neck of the femur so closely to the pelvis, is rendered easier and more rapid. The fact of the gluteal vessels remaining untouched was insisted on. Dr. Marshall also spoke of the possible risk to the patient when disease was present in the pelvis by the use of Davy's lever. The use of this instrument appeared to be undesirable, because the efficacy of the nutrient enemata might be interfered with. Mr. Wright, Senior Surgeon to the General Hospital, Nottingham, controlled the common femoral. The hand in the groin for this purpose was in no way a hindrance to the operator. The femoral artery was always tied after the circular incision was made. The stump left by Jordan's method was said to be all one could wish for. A case in which albumen in the urine had been present for some time, and where the liver was enlarged to the umbilicus, is now living and well. The albumen could be found up to ten months after amputation. In two other cases large deposits of albumen were present when amputation was done.

Mr. JONATHAN HUTCHINSON on

A PLEA FOR AMPUTATION AT THE HIP-JOINT IN CERTAIN CASES OF ADVANCED SUPPURATIVE DISEASE.

The author commenced by stating that he had no new method of treatment to recommend but simply the more liberal adoption of an old one. He believed that not a few cases of advanced suppurative destruction of the hip-joint would be more safely treated by amputation than by excisioin or by rest. Especially did this remark apply to cases in which the limb was diseased at other parts, and damaged as regards it usefulness. He included also some which after excision were not doing well. In all cases in which such conditions existed he felt sure that the surgeon would do well to remember that amputation at the joint was usually very successful even in cases of extreme exhaustion. It was also usually followed by rapid restoration to very good health. The difference between operations for disease and for tumours was very great. The former were attended by obvious relief from the very first, the latter not unfrequently by severe shock. Bearing this in mind he felt sure that it was often a mistake in practice when open suppuration was established, and the patient's strength failing, to delay or decline amputation at the hip-joint. In looking back in his own practice he recollected several cases in which he much regretted not having done so. In such the patient was always in danger of the development of lardaceous disease, as well as in risk of his life from hectic or some intercurrent malady. Particularly in adults is the hopefulness of recovery from suppuration of the hip-joint very poor. Several cases were related in the paper. In one in an adult there was disease of hip and knee together, and in another disease of hip and femur together. Both were in a state of extreme exhaustion, and both recovered well. In another case in a boy the operation was done in spite of advanced lardaceous disease and an enormous liver, with the result of greatly improved health and diminution of the viscus. In a fourth case, in which extreme exhaustion from suppuration was the reason for amputation, erysipelas had attacked the limb on the day before the operation, yet a successful result ensued. The author stated that he had not in any single case lost a patient as the immediate result of the operation, nor was he aware that any one had subsequently died. Respecting two, however, he was obliged to report that they had not regained good health nor got their sinuses healed when last seen. As regards mode of operation it had varied with the nature of the case. Of late he had used Furneaux Jordan's method, of which he thought highly. In one done by that plan with stripping up of periosteum, a long stump which appeared to contain bone was obtained. In all cases of late years some antiseptic method of dressing had been adopted, usually a strong lotion of lead and spirit of wine had been applied, but in some Lister's gauze dressings had been used. The paper concluded by the mention of cases in which, after consultation, the operation had been declined or deferred on the plea that the patient would probably recover without it, and in which an opposite result had occurred.

Mr. HOWARD MARSH thought these papers were very valuable, and worthy of close attention. They presented many points of importance. Amputation of the hip-joint in cases of very advanced disease was an extremely valuable step. At the Children's Hospital many cases of late years had tended to show the necessity of its more frequent performance. He had performed the operation himself five or six times, and it had also been done by his colleagues. Some deaths had occurred, but comparatively few. First, as to the use of Davy's lever: he did not quite agree with Dr. Marshall. He thought it one of the best applications in surgery. It might have dangers if not carefully manipulated, but those who had had practice in the operation could use the lever so that there would almost literally be no hæmorrhage whatever. Mr. Morgan and Mr. Cripps had employed it successfully. He should like to speak emphatically in praise of Davy's lever. Furneaux Jordan's method frequently took a long time, and the wound it necessitated was of considerable size. He thought by the old method less hæmorrhage was occasioned, and that, therefore, it afforded greater advantage to the patient. It was advisable to operate low down in order to obtain a longer stump, so that the patient might possess a good power of walking. He was much interested in the accounts of the clearing up of the amyloid disease after the operation and the consequent cessation of the suppuration,

He could confirm these happy results. He had seen children make good recoveries from the albuminuria and other evidences of lardaceous disease, and therefore far from these being any bar to the operation they rather pointed to its performance. He was of opinion that if the operation was not done an important step was omitted.

Mr. GOLDING BIRD wished to say a few words upon the question of the hæmorrhage. He thought that some modification of the operation for excision of the shoulder-joint might be applied to Furneaux Jordan's operation for controlling hæmorrhage.

Mr. BARWELL said he hoped the Society would excuse him if he mentioned that some time ago he published a precisely similar opinion in cases where the operation should be performed. He would mention the case of a child who had undergone excision of the hip-joint at the hands of the late Mr. Hancock. She was taken away from the operating theatre in an apparently hopeless condition, was sent to the country, and about four months after returned with a large suppuration. The liver was as low down as the umbilicus. There was albuminuria with large hyaline casts. This patient recovered, and when seen three years afterwards had grown into a fine strong woman. A microscopical examination of the urine should be made carefully, and on several occasions, in order to ascertain what kind of hyaline casts were present. So long as these casts were large, showing that they proceeded from the large tubuli uriniferi there was perhaps no necessity for interference, but when these casts were small, showing that the more intimate structure of the kidney was affected, we could scarcely hold our hand, and there could then be little doubt concerning the advisability of the operation. The size of the liver was of small importance. He had amputated when the organ had reached the crest of the ilium. It was astonishing how the liver diminished in size after suppuration was arrested. He quite agreed with Mr. Marsh as to the value of Davy's lever in checking the hæmorrhage from the posterior division. This hæmorrhage was sometimes very considerable. One danger was that of bruising the iliac veins. Davy's lever unquestionably required the greatest care, but he would certainly use it in most cases. He did not feel inclined again to adopt Furneaux Jordan's method.

Mr. HAYWARD was glad to hear so much agreement amongst the members in favour of the operation. By it we relieved the patient of a disease which is exhausting his life. He could bear out the diminution of the enlarged liver, and the disappearance of the albuminuria after the operation, but he had also seen cases in which the suppuration had ceased without any operation being performed, the liver decreasing and the spleen becoming small. He wished to add his testimony to the fact of Davy's lever controlling the hæmorahage. It had been stated that this method was only suitable for one limb, but he believed it was quite as easy to use the lever both for the right and left limb. One fact he would like to mention, and that was that a cone of wood guarded by some soft material might be placed over the seat of hæmorrhage. It was surprising how a moderate degree of pressure would control the circulation.

Mr. BRYANT said it was pleasant to find so much unanimity of opinion amongst the members. He would also add his support to the operation. He thought it was unusually favourable. We were often too apt to postpone it for too long a period. After excision if the patient does not soon rally it was very doubtful if he ever would. He agreed with Dr. Marshall that a long stump was very desirable, and that any operation affording a long flap was highly advantageous. He himself would advocate strongly Furneaux Jordan's operation. He thought we were beginning to find out that Davy's lever was not quite so valuable as we at first supposed. Other modes of arresting hæmorrhage were equally satisfactory. He thought the method of Mr. Lloyd, of Birmingham, was most effectual in suppressing hæmorrhage round the hip-joint. He must congratulate both the authors upon their papers.

Dr. MARSHALL, in reply, begged to thank the Society for the interesting discussion upon his paper. He believed that in many cases Davy's lever was a great addition to surgery. One factor in the matter he would mention. All his operations had been upon children under 11 years of age. In adults Davy's lever was no doubt serviceable, but he much preferred Lloyd's india-rubber bandage. One reason for not using Davy's lever was because of the pelvic disease, and long protracted diarrhœa before the operation. It must be disadvantageous to the patient to interfere with the rectum more than can be avoided. Nutrition by the rectum was of great importance. The vomiting was frequently incessant for hours after the operation, and it was only by avoiding the presence of food in the stomach that the patient could be enabled to rally from the shock. Dr. Maclaren had performed operations on the dead body. He found that the flap operation took eleven seconds longer than Furneaux Jordan's method. He thought, however, that there was very little in the question of time. The further the removal of the limb was from the trunk the less was the bleeding, and the less were the chances of septic infection. He was glad that Mr. Bryant took the same view of the matter as himself. He saw no reason to change his method.

Mr. HUTCHINSON, in reply, said he need not say much. He shared in the opinion that Davy's lever had its dangers. The ordinary elastic strap over the abdomen had proved completely successful. Furneaux Jordan's method ensured a better stump, and, admitting that it took a little longer to do, he thought the fact was of no consequence. He was very pleased that the Society had taken so much interest in the subject, as he had been extremely desirous of obtaining the opinion of the profession upon the desirability of operating in new cases, and it had often struck him that he had on several occasions neglected to perform the operation.

A PECULIAR FORM OF SKIN DISEASE.

Dr. COLCOTT FOX read a paper with the object of drawing attention to an affection of the skin accurately described for the first time by Howard, of Lyons, in the 7th vol. of the first series of the *Annales de Derm. et de Syph.* Dr. Fox had met with seven cases in the last two or three years, and thinks it is a distinct morbid entity resembling Willan's roseola annulata in appearance, but running a chronic course. The erupted lesions are slightly raised, rounded, the smaller uniform in aspect, the others depressed in the centre with only the borders raised, which gives them a distinctly circinate form. Their colour varies from a pale rose to a yellowish white, approaching to the tint of the surrounding skin, so that one can sometimes with difficulty distinguish them from the rest of the integument if the patient be not set obliquely. Often the border alone is coloured. The eruption is constituted by discrete or confluent patches of which the dimensions vary ordinarily from a lentil to a two franc piece. They exceed these dimensions only in rare cases. These macules are constantly dry, their surface is more or less furfuraceous. They are accompanied by a little itching, especially when they are excited and reddened by heat or bathing. It seems to commence nearly always on the trunk and extend thence to the limbs, and disappears in the order of its invasion. Its etiology is very obscure. Howard's cases were met with between the ages of 8 and 13, and Dr. Fox has seen it at 4 years of age. Dr. Fox then detailed two cases of a somewhat similar condition in children, which he believed to be the Pityriasis circiné et marginé of Vidal, only there was, considerable symmetry. The eruption was almost universal and the macules rather larger than in the affection portrayed by Horand. In these cases Dr. Fox found the patches invariably crowded with masses of micro-organisms. The hairs were unaffected and there was no mycelium. Repeated attempts to inoculate the cultivated organisms had failed. Dr. Fox added that he had already met with a similar organism in two cases of psoriasis in children, and it is possible that it is commonly to be found amongst the desquamating epithelial scales of children's skins. A stained preparation was exhibited to the meeting.

Dr. GLOVER said he had seen during the last few days a case resembling the one described by Dr. Fox. He had looked upon it as psoriasis guttata. The eruption had come on abruptly. He had shown it to Dr. Radcliffe Crocker, who had termed it pityriasis circinnata. The patient was now getting well.

Dr. STEPHEN MACKENZIE said he had no special knowledge of this case. He thought, however, that the microscopical specimen he had just seen showed a rather large micrococcus. The fact that no mycelium was found was still further evidence that it was not fungus but micrococcus. The necrotic tissue probably afforded a nidus of development found in this part.

Mr. HUTCHINSON said he was a little disappointed that Dr. Fox had said nothing regarding the cause and cure of

this case. He could not offer any positive opinion on these points, but he was rather disposed to study this class of cases in relation to their course and cause than to give names. The peculiar character of their eruptions was that they always began on the trunk never on the palms or limbs. He thought they were often originated by wearing peculiar vests. A great number occured in connection with articles of clothing, perhaps from being worn too long the secretions accumulating and becoming sources of irritation. The eruption was at first quite limited, but in after stages they would invade parts which had not been touched in the least by the particular kind of clothing. He had recommended patients to wear silk instead of flannel vests, and had seen the affections disappear under this mode of treatment alone.

Dr. Fox, in reply, said he quite agreed with Dr. Mackenzie's remarks as to the formation of micrococci. He had carefully refrained from giving names. He had no idea as to the cause, and had failed to obtain any clue to it.

THE BRITISH GYNÆCOLOGICAL SOCIETY.

Wednesday, March 25.

Dr. Alfred Meadows, President, in the chair.

The minutes of previous meeting having been read by Dr. Heywood Smith (hon. sec.), and confirmed, were signed. The names of five gentlemen were then read as proposed for election, and will be balloted for at the next meeting.

SPECIMENS.

Mr. Lawson Tait exhibited two specimens—one, a very large tumour removed a few days previously from a patient who had been under the care of a general physician for over two years. When examined ten days ago the tumour projected partly into the vagina, and gave rise to considerable hæmorrhage. Owing to extreme exhaustion of patient, Mr. Tait decided not to operate without backed opinion, so called in Dr. Matthews Duncan, at whose instance general tonic treatment was adopted for a few days, and the operation then performed. The wounds did very well, but the patient unfortunately sank and died from sheer exhaustion. The second case was one of fibroma removed from a patient who was at first thought to suffer from tubal pregnancy, as she was known to be pregnant, but upon further examination and watching, a fibroid with twisted pedicle was diagnosed, and that condition was upon operation found to exist.

Dr. Bantock considered Mr. Tait's cases thoroughly substantiated the remarks he had made at the previous meeting in favour of early operative interference.

Dr. Aveling inquired if special drainage were used in each case, and was at once answered in the affirmative.

Dr. Routh quoted two cases very similar to Mr. Tait's, in which, some years ago, he had attempted to remove the tumours piecemeal *per vaginam* with wire écraseur, but only got away pieces, and in each case the patient died. He would like to know if Mr. Tait advocated abdominal section in all such cases.

Mr. Tait, in reply, said he would not have operated in this case without being backed by good practical opinion, but considering the satisfactory course taken by the wound, he certainly would in future take entire responsibility of the operation. He had operated on at least a dozen cases of very large tumours partly projecting into vagina with the wire écraseur, but all save one had died, and the one had a most narrow escape; he had therefore entirely discarded that method for such cases, and considered all cases where the tumours were considered too large for convenient removal *en masse per vaginam* should be removed by abdominal section, and the point he wished more specially to press was that the operation should not be put off until the patient was sinking from exhaustion.

PERFORATIONS OF THE BLADDER.

Mr. H. A. Reeves exhibited a specimen which he considered unique; it was a pathological perforation of the bladder without further adjoining disease. The woman, æt. 23, was admitted into the Soho Hospital for Women with excessively ammoniacal urine. Upon examination a urethral polypus was found and removed. The urethra was dilated, and bladder most cautiously examined. To the surprise of himself and colleagues, the sponge and holder passed easily a most unusual distance in, and the actual condition was not for certain made out. Symptoms of hæmorrhage set in, and the patient died. On post-mortem examination the bladder was found to have ulcerated from within outwards; a slight omental adhesion existed round the rupture.

Dr. Barnes spoke of similar perforations of the bladder, but Mr. Reeves saying he alluded to cases only where no complications such as malignant disease of small intestine existed, limited the discussion to that line.

Dr. Aveling quoted a case which he had tried to cure with galvano-cautery to edges, but patient left the hospital before he could do very much, and she had not been seen by him since.

Mr. Lawson Tait did not consider the case at all unique. Such ulcers had been described by himself and others, and had no doubt that if this case had been left for a time, to let the omental adhesion get stronger, the accidental perforation would not have occurred. In such a case as that brought forward the perforation would occur most easily, notwithstanding great caution in examination.

Dr. Burton, of Liverpool, per Dr. Edis, showed a case of bilateral abscess of ovaries in a patient who had been married ten years and had three children.

Dr. Bell, of Glasgow, then read an exhaustive paper

ON CONGESTIVE DYSMENORRHŒA,

of which the following are the conclusions—

1st. It may arise in conjunction with stenosis, but the stenosis cannot be the sole cause, or why does the pain cease when the flow has become thoroughly established? or why do some women suffer when others do not, the outlet being of equal calibre in the various cases? Or, again, why do some suffer at one time and not at another? 2nd. Dysmenorrhœa may accompany a neuralgic condition of the uterine walls, and frequently does so, for well we know that a neuralgic woman always suffers most at the catamenia, not only in the pelvic organs, but elsewhere, and it is quite natural that the activity of the uterus at that time will render it doubly liable to neuralgia then. 3rd. Dysmenorrhœa has been said to lead on to spasm of the uterus, and compared to the spasm which produces asthma, and by way of argument Dr. Matthews Duncan says, "Asthma is caused by a copious secretion of the mucous membrane, just as dysmenorrhœa is generally relieved when the menses flow freely." Now I hold that the very reverse is the case, for it is only when the spasm in asthma ceases somewhat that the mucous membrane is able to secrete mucus to any extent. When the spasm is severe the nerve centres which control the mucous secretion by reflex action are paralysed temporarily, and it is only when the irritating effect of the spasm subsides that they are able to act. When the modified irritation which remains stimulates them to free action a copious flow of mucus results, just as when a severe inflammation of Schneiderian membrane occurs no mucus is secreted, but when this subsides the more intense irritant ceases to act so powerfully on the ganglionic centres when their activity is restored, and afterwards stimulated by the degree of irritation which the less congested condition of the mucous membrane conveys through their different filaments. So that the relief in asthma when mucus is secreted fully is not *post hoc propter hoc*. Whereas the relief obtained in dysmenorrhœa when the flow is established is *post hoc propter hoc*. 4th. The obstruction theory has had many advocates, amongst whom is numbered Dr. Barnes and the lamented Dr. Marion Sims, but, unwillingly as I am to differ from these veterans in the science of gynæcology, I must confess that I fail to see how fluid blood should be less able to escape without pain than the catarrhal discharge which is so copiously exuded in the intercatamenial period. Nor can I understand why the pain ceases after the menstrual flow has been thorough. But, gentlemen, I came here to give my views on this important subject, and not to criticise those of others, and as I have expounded these as explicitly as the time at my disposal permits, with deference I leave them for your consideration.

Mr. Reeves said his French friends considered the excessive use of enemata as practised in that country a great evil, as leading to atony of the rectum. He had several times found granular urethra connected with dysmenorrhœa.

Dr. Barnes objected to the treatment of stenosis by bougies, but had cured many by reasonably fair incisions.

Declined to enter into a general and full criticism of the paper, as there were many new points proposed which must be thought over carefully and tested before much could be said to advantage.

Dr. HEYWOOD SMITH was surprised to find no mention had been made of leeches or scarifications in treatment of congestive dysmenorrhœa.

Dr. CHALMERS rather disputed some of the pathological and physiological points, but on the whole approved of the paper.

Dr. EDIS knew flexions often existed without inconvenience to patients, also that in young girls especially, in whom it was evidently undesirable to make avoidable examinations, many cases could be cured by general tonic treatment.

Dr. AVELING thought that an os which would allow the passage of a sound might be blocked by clots and débris, and so give rise to dysmenorrhœa.

Dr. BANTOCK opined that flexion often existed for a time unknown to the patient, and that it very likely would lead to eventual congestion, and the pain was due to the congestion more than the flexion.

Dr, BELL, in reply, said his experience led him to value enemata conjoined with nux vomica as decidedly beneficial in many cases of dysmenorrhœa, and had seen no evil results, such as atony of rectum. He believed many cases, usually treated by various forms of dilatation, could be equally well, if not better treated, by medicated tampons. With reference to congestive dysmenorrhœa, with an apparently sufficient canal for the ordinary blood and débris of menstruation to pass, as evidenced by the ability to pass a sound easily, Dr. Bell is of opinion that the congested membrane may overlap the edges of the internal os and so act as a more or less shut valve, which, however, can be easily pressed open by dilators. This simple view seems to have been overlooked whilst searching for a deeper cause.

Department of Lunacy.

LUNACY LEGISLATION.

[THIRD ARTICLE].

No basis of reform of central administration will be sufficiently broad that does not provide for a liberal staff of deputy commissioners. Not for the purpose suggested in the *Times*—of relieving medical superintendents on holiday, but for the development and supervision of a boarding out system which shall minimise restraint in suitable cases and relieve overcrowding. The outcry against the *Times'* proposals is sneered at because ungenerous suspicion sees in it a dread of perpetual disclosures. The taunt is unjust, superintendents feel their hands strengthened, and their responsibilities diminished by the investigations of experienced men, but the *Times* does not solve the problem by such a scheme as has been indicated. In the first place five deputy commissioners would not suffice for the work, and in the second they would make very indifferent substitutes in asylums, where the construction, the elaborate details of administration, and the names and histories of patients and officials would baffle them for a month. He must indeed be a plastic individual who can shake himself into place all at once in every asylum that comes within the sphere of his peregrinations. A resident detective will be a spy in the first place, and his duties as physician and responsible head of the establishment in the second.

He will unearth small mysteries and hold courts of inquiry from day to day, and the superintendent on his return will find that his work is in arrears, his methods of treatment overturned, the results as bad as they can well be, the staff sullen, suspicious, and disaffected, his own authority weakened, and discipline subverted. Matters that he could investigate and thoroughly understand in an hour have been muddled by the substitute who is incompetent because he does not know his staff or his patients, does not know who to rely on, and ten chances to one is sick of his invidious and most unenviable task. If deputy commissioners must spend a month annually in each asylum in the interests of truth and justice, let them do so when the superintendent is at home, and can help him in his inspections without in the least tampering with his judgment. That asylums are insufficiently inspected is undoubtedly true, but we should be sorry to see their proper functions obstructed for a month of every year by the blundering administration of a State official. An obvious and more promising field of operation for deputy commissioners will be found in the dissemination throughout the country of small colonies of selected lunatics as near as possible to the parent asylum, subject to frequent and rigorous inspection. This scheme may be arranged on general principles resembling those of the Scotch system, but with certain important additions and modifications, such as organic connection with the parent asylum (including the continued supervision and control of the medical superintendent or his deputies) more frequent states visitation; the simplification of transfer formalities, and provision for change of guardians or of private residence without cumbrous procedure. Such a scheme should be evolved, carried into practice, and carefully fostered under the observation and direction of the deputy commissioners. The proposal to divide the ground of lunacy inspection into eight residential districts, and to classify commissioners visits as those of identification and those of investigation are more plausible than sound. The idea of a sectional area of visitation finds its *raison d'être* in the general assumption that under present conditions the work of the commissioners is of such magnitude as to elude their grasp, and necessitate the smallest possible return for the expenditure of labour involved. In attempting to grasp all the threads of administration and detail, their hands are weakened, and the threads are continually slipping from their fingers. The forces are inadequate to the functions. The visiting staff must not only be increased, but its new duties must be determined after new lines. It may be desirable to prepare a scheme of divisional areas with biennial or triennial rotation; but the merits of such a departure—and it has some obvious recommendations—would altogether be done away with by allowing commissioners to reside in the districts with which they may be officially connected. A moment's reflection will reveal two evils as probable concomitants of this system—the extremes of undue praise and undue censure. Commissioners are subject to like passions and impressions as the rest of humanity: their official armour is but a coat of human nature after all; and it would be too much to expect their reports to be immaculate conceptions while they are exposed to the influences, moral and social, of the surrounding neighbourhood. A clear distinction ought to be drawn between private and pauper asylums in draughting a scheme of inspection. Each class should have its corps of inspectors arranged by districts or otherwise; for they possess characteristic individualities, cannot be judged by the same standards; and the division of labour here indicated would be that most conducive to efficient supervision and control. The conditions of existence for paying and pauper patients present striking contrasts on every side, and the social tone, the habits and discipline of the two communities are as dis-

similar as they can possibly be. The requirements of the one are elaborate differentiation of structure and administration, diversity of social programmes and individual indulgences, while those of the other are consolidation, large groups of patients, social gatherings *en masse*, and a general feature of uniformity. Each class is a school by itself, and the training of the one will not qualify for the work of the other. For these reasons the commissioners who visit private asylums and registered hospitals should be for the most part men who by training and experience understand private asylums, and the commissioners who visit pauper asylums should be largely recruited from such institutions.

We have further to add that the present anomalous system of licensing and visitation should be abolished. Why the commissioners should have control of licences in the metropolitan district and not in the country generally, we fail to see; and why licensed houses in the metropolitan district should be visited six times a year and provincial houses only twice a year is still more puzzling. If a difference should obtain, we might more reasonably look for the reverse of the present practice. We propose that three visits should be made to all asylums annually, that they should be of longer duration than at present, that while one commissioner is identifying patients the other should be investigating, and that difficult questions should thereafter be taken up conjointly. Finally, we think that the statutory visit is so formal as to suspend or pervert the usual routine, and that commissioners are thus at a disadvantage for observing the real work and practice of an asylum. They should make night visits as well as day visits, and accompanied by an attendant, should direct their steps without restriction as to time or place, relying less on hearsay than on actual observation.

Special Correspondence.

EN ROUTE TO SUAKIN.

[From our Correspondent with the Red Cross Society.]

No. I.

Suakin, *March* 19, 1885.

Landing amidst the enthusiasm preceding to-morrow's advance recalls the cheery departure from Charing Cross less than a fortnight ago. The Mule Battery, with which I have come on from Cairo, will hardly be landed in time to take part in the first fight with Osman Digma.

The *Mareotis* transport, No. 16, was waiting for us alongside the pier at Suez, where we arrived early on Sunday morning, March 15th. We brought 150 mules and 12 horses by train from Cairo; 150 more mules were in readiness here; all had to be slung on board; these, with lo of forage, delayed our start until 4 p.m., after a very hard Sunday's work for the men. We also took on board a number of native labourers for Lucas and Aird. The men of this batter to work the screw guns are splendid fellows. I and their surgeon are going to put a lot of them through some ambulance drill during the voyage. The British soldier in his fighting dress is very different from the same man at home, but he looks a very business-like fellow. After breakfast, at 8 a.m., I changed into my kharkee, as all the officers and men wore it. The weather for the first two days in the Red Sea was lovely, with a cool breeze, which on the 17th was fresh enough to give us a bit of sea and make us roll. Everything is being seen to; the men have their swords sharpened, and all looks like business. We are hurrying on, as we were told before leaving Cairo that they meant to fight Osman Digma on the 20th; here is the 19th, a lovely day, but we are only just getting into Suakin by noon.

The overland journey differed little from what I had before experienced, except that, being earlier in the year, we passed around Paris while it was still dark, and saw nothing of it, nor on the following night could we see much of the fine scenery of the Mont Cenis route, nor any of the beauties of the Italian side of it. We could see the snow was close around us on the French side, and could feel it was cold, though we made ourselves very comfortable in the train, and were glad of the remainder of the provisions we had brought, some of which had supplemented our hurried meal at Dijon.

Having left London at 8 p.m. on Friday, March 6th, we arrived at Bologna between 8 and 9 a.m. on the 8th, changed into a Pulman car, and got some breakfast. I remembered the place perfectly. This day's journey was lovely; bright, and almost hot. The outline of the hills on our right always fine, and the towns we pass picturesque. We soon have the blue sea close to us on the left all the way. We had luncheon at Ancona, and turned in for a short sleep before getting to Brindisi, where we were due at 2 a.m.

From Brindisi to Alexandria was a pleasant voyage, fine weather, but cool enough to make one glad of warm underclothing. We arrived at Alexandria early in the morning, but found we could not catch the *Ganges* at Suez, so instead of leaving by the 10·30 train direct to Suez, we went over an old yacht of the Khedive's to see if it would make a good hospital ship. I then went with the ship's doctor to see the town. It was rather hot, so we wore our sun helmets. The costume of the natives was of course quite new to me—the men most of them in long robes with turbans, and the women with their faces covered. Lots of people riding donkeys, the women riding like men, but with short stirrups. The place is yet much in ruins; they are building it up by degrees, but one side of the big square is still a heap of ruins.

The railway journey to Cairo was very interesting, as all was strange. First the groves of palm trees and big houses near Alexandria; then the mud hovels of the native villages and curious groups of natives, on foot or riding donkeys and camels; often the man riding and his wife walking and carrying the luggage. The natives are very dirty, and covered with vermin: their hovels are filthy, square, mud boxes, with only one opening, the door; no window; it is a wonder how they can live at all. The journey was awfully dusty; men came at each station with feather brushes to clear the seats of the carriages. We passed through some of Arabi's earthworks left since the '82 campaign. Nearer Cairo the vegetation gets thinner, and in the distance sand-hills are seen—the edge of the Desert; at the foot of these Cairo is built. I called on Goodall Bey, the Khedive's private secretary, at the Palace, and was most kindly received, quite in the Oriental manner. Next day I went over the citadel and hospital with Surgeon-Major Beatty. I was much struck at Cairo with the "runners" that precede each private carriage of importance; they run about five yards in front with a long stick, shouting to other carriages, &c., to keep out of the way. Streets are made narrow in hot countries for shade; it is not so long since running footmen were known in London, witness the sign of a public-house in May Fair; and in old towns and bad roads out-riders were needed. Some persons who have been to Egypt to see everything returned saying that "somehow the pyramids fell through." They "fell through" this time. I saw them from

the citadel; they did not look very big, as they are about nine miles off. A hot wind was blowing, so I thought of going to the Pyramids later in the afternoon. About 4 o'clock a message came to me from General Stephenson to go off with a mule battery to Suakin (pronounced here Sow-ăr-kin) at 6 that evening: this was rather sudden However, I packed up and got to the station just as the mules were entrained, and was off at 6·30. The surgeon in charge I had met at the hospital in the morning. The Major, Captain, and Lieutenant were all very civil, and shared their fare with me. At Zagazig coffee was ready for the men, and we had time to stretch our legs while they got it. We passed through the lines of Tel-el-Kebir in the night. It was still dark when we got to Suez, where we had time to admire the sunrise before preparing to embark. I never saw anything like it—the sky a lovely pale blue shading into pink with a splendid semicircle of the old moon's edge turned to the coming light, very big and very thin just before the sunrise.

REGISTERED FOR TRANSMISSION ABROAD.

The Medical Press and Circular

IS published every Wednesday morning. Price 5d. Post free, 5½d.

POST FREE TO ANNUAL SUBSCRIBERS . . . £1 2 6
„ IF PAID IN ADVANCE 1 1 0

Post-office Orders and Cheques to be drawn in favour of—
A. A. TINDALL, 20 King William Street, Strand, London, W.C.
A. H. JACOB, 3 Molesworth Street, Dublin.

Agents for Scotland:—
MACLACHLAN and STEWART, South Bridge, Edinburgh.
A. and W. STENHOUSE, Hillhead, Glasgow.

Sole Agent for the Continent:—
JOHN F. JONES, 31 Bis, Rue du Faubourg Montmartre, Paris.

ADVERTISEMENT SCALE—Whole Page, £5 0s. 0d. Half Page £2 10s. 0d.; Quarter Page, £1 15s. 0d.; One-eighth Page, 12s. 6d.

Small Announcements of Practices, Assistancies, Vacancies, Books &c., of Seven lines or under, 4s. per insertion; 6d. per line beyond

Considerable reductions are made from the foregoing Scale when orders are given for a series of insertions. Letters in this department should be addressed to the Publishers.

SUBSCRIPTIONS FOR FRANCE are received by Messrs. BAILLIERE, Rue Hautefeuille, Paris—post free in advance, £1 3s. 6d. per annum.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 15, 1885.

THE QUESTION OF DEGREES.

IT is not often that we are compelled to differ from our esteemed contemporary the *Lancet* on questions affecting purely medical politics, for, as a rule, the views held by ourselves in this connection are in harmony with those expressed in our contemporary's columns. The *Lancet*, however, in its issue of Saturday last, assumes so extraordinary a position in dealing with the proposal of Sir William Jenner to appoint a joint committee of the Royal Colleges of Physicians and Surgeons in London to inquire into the means for obtaining powers to grant degrees in medicine, that we feel compelled to correct the misconceptions that have arisen in this connection. We may at once admit that, during the initial stages of the discussion now in progress concerning this matter, we were somewhat doubtful of the expediency of offering the title of Doctor to all comers; but careful consideration of all the circumstances and needs of the hour has tended to the conviction that nothing less than this can now provide an efficient remedy to the undeserved disadvantages under which students of medicine in the metropolis are at present labouring. This view, moreover, is now universally accepted by all but a minority of those whose opinion on the subject is worthy of attention: and it would be a most desirable consummation if a necessary a reform in the system of medical qualification in England could at once be recognised as the only feasible solution to a difficulty that has at length grown to the proportions of a vital and burning problem.

The objections urged against the scheme suggested are mainly these: (*a*) That it is undesirable to grant degrees in medicine after an examination no more severe than that undergone by candidates for the double qualification of L.R.C.P. and M.R.C.S.; (*b*) That such power of granting degrees ought not to be entrusted to a mere corporation, but should be confined to the Universities; (*c*) That a title so conferred on all passing an average test would cease to have any value as a mark of particular attainments, and that on this ground the Universities would oppose the extension of their own privileges with respect to degrees to non-University bodies as being likely to diminish their own prestige.

We consider each of these points in detail; and concerning the first objection it need only be said that the newly constituted series of examinations held by the Examining Board in England has been already accepted by the Universities not only as equivalent to those required to be passed by their own *alumni*, but in various ways are even admitted in lieu of the latter. Indeed the most capable judges have long been of the opinion that in many respects the standard of knowledge adopted at more than one British University in relation to candidates for degrees in medicine is in nothing superior to that maintained at the Colleges in London, and it is eminently disappointing at this late hour to find a prominent professional journal ungenerously implying a deficiency that has absolutely no kind of existence. It may very well be asked if the University of Oxford is content to rest satisfied with the assurance of the combined Colleges to the effect that candidates for the M.B. degree are duly learned in medicine and surgery, &c., and in these subjects will not re-examine them, but will require of them only evidence of some higher general attainments such as might be reasonably expected in men who have previously to studying medicine been graduates in arts; also, why should not the purely professional title be accorded to such as have accomplished all but the arts curriculum? It is not to the point to say that this preliminary education in arts is the one reason why, because Oxford and Dublin are the only Universities demanding such evidence of general culture, even Cambridge being content to permit its students to pursue a medical curriculum alone; and it is notorious that farther North the degree in medicine demands even less of sacrifice in this direction than does the double qualification in London.

Next, as to the nature of the degree-granting body. The contention that this can only be a University is a misconception of the grossest kind, and is especially ludicrous so long as we have in our very midst an institution which, save for its name and that it examines in other subjects besides medicine, stands on precisely the same level as the metropolitan colleges. The so-called University of London is in reality no more a University than the College of Surgeons; each examines candidates for qualification, and each confers a licence to practise on such as succeed; and to separate one from the other simply because the two happen to be differently named is as absurd as it is impolitic. But supposing that the possession of a charter giving the special title to the institution is, as seems to be assumed, essential to the legalisation of degrees emanating from it, what is there to prevent the combined colleges from being renamed by some such term as "The Royal University of Medicine and Surgery," or "The Medical University," or other similar description? Out of England, at any rate, the existence of a degree-granting "College" is by no means an unheard-of institution, and there is really nothing in the proposal to make it either unacceptable or inappropriate.

The third objection, however, is the one which probably excites its advocates most, but it, like the rest, is built on sand. The possession of a degree is avowedly dependent on its source, and this fact is of itself a protection to all who possess it. The statement that by giving every practitioner the right to call himself "doctor" you thereby degrade the title, is the weakest argument that could be urged against the concession, for under such circumstances, fully as much as at present, the possessor of a degree from say, Oxford or Cambridge, could at once declare his position by the simple expedient of announcing the name of his *alma mater*. As it is considered desirable to append the letters "Oxon.," "Cantab.," "Dublin," &c., as the case may be, to the initials M.B. or M.D. now, so would it be considered still more incumbent on those hailing from these seats of learning to do so when, in addition to the host of American and other foreign titles in our midst at the present time, there will be added all those who acquire a right to the doctorate from the Conjoint Examining Board. To us it seems no more an interference with the privilege of Universities to give the M.D. to men who show a sound knowledge of their profession, than it is to permit every pretender to medicine who spends a few months in an obscure American college to flourish the same two letters wherever he feels inclined, without informing the public on what authority he thus puts himself on a level with a *bonâ fide* University graduate. In this matter the Universities must protect themselves, and they may be fully trusted to perceive that, far from being injured by the proposed extension of their privileges to corporate bodies, they will in reality gain by the improvement.

We are especially glad to find that Sir William Jenner's hint has been already adopted, and that at the Council meeting at the Royal College of Surgeons on Thursday last Mr. Durham gave notice of a motion to appoint a committee of seven members to confer with a like number of the Fellows of the College of Physicians, with a view to carrying out the suggestions propounded by the President of the latter College. We trust this matter, once entered on, will be vigorously prosecuted; and there is but little doubt that complete success will in the end attend the labours of the committee.

BACTERIAL POISONS.

The task of assigning the exact *rôle* of the various bacteria, micrococci, &c., in determining or modifying those diseases of which they are now recognised to form a pathological part is one to which many earnest thinkers are now devoting their talents and attention. Every step, therefore, made in advance, every suggestion bearing the appearance of plausibility, merits our careful consideration, so that while still fresh the whole may be sifted and our load of theories reduced in bulk to those alone whose lucidity of conception promises to shed a little light on a subject fraught with inherent, if not insurmountable difficulties.

Taking the question from a purely biological and chemical point of view, much that is of interest presents itself. The hypothesis of a "struggle for life" between the protoplasm of the animal attacked and the invading bacteria, where the protoplasm has to compete with the invaders for its subsistence, and indeed for its very existence, is contradicted by clinical observation. Indeed, the appearance and symptoms of a patient suffering from one of these maladies point far more to intoxication than to starvation—to a perversion than to a diminution in functional activity. In this struggle for existence, if the giant succumb to the pigmy, it is not from starvation, which would altogether fail to account for the differences in the varieties and mode of onset of their respective symptoms—the uniformity which the action of such a cause would imply is, on the contrary, conspicuous by its absence. It might *à la rigueur* account for certain variations in duration, but not for the particular grouping of symptoms peculiar to the individual affection.

Let us imagine, on the other hand, that they produce their effect, not so much from diverting the nutrient materials from their proper destination as by a general poisoning, the result of certain deleterious products which are the outcome of the chemico-physical changes which these organisms set up in the protoplasmic elements with which they come in contact. It is quite conceivable from this point of view that different races of organisms may produce different compounds of a deleterious nature with special affinities for various organs, and thus produce a train of symptoms *sui generis*. Such a poison, for instance, has been shown to exist in putrid meat, by the Danish physiologist Panum, a poison, too, sufficiently stable to resist destruction by means that would prove fatal to any bacteria. Allied to this poison are the *ptomaines*, the noxious alkaloids found *post mortem*.

The fermentative action of bacteria is too well known to need remark, and it is but a step to the inference that their waste products may possess poisonous properties varying according to the particular organism which generates it. One objection, however, to this view, is that the action of these ptomaines is also tolerably uniform, generally of a tetanising nature, and bearing more

particularly on the nervous system; consequently the same difficulty occurs here in accounting for the different symptoms as in the hypothesis of inanition.

It is not to be supposed, however, that neither inanition nor intoxication by ptomaines have any share in the production of the general results; doubtless they contribute their quota, but they do not dominate, they do not confer the prevailing characteristics of the malady. A reasonable explanation of this diversity is rather to be sought in the fact that this fermentative action bears, not on any one body of a particular chemical formula, but on the various complex chemical bodies of which the human organism is built up. The mere complex bodies result from the combination of various compounds of a simpler nature and the first effect of the fermentative action would be to reconvert the higher compound into its constituent radicals. Hence the same action applied to equally complex but differently constituted compounds would result in the production of simpler bodies of totally distinct nature and influence. With this in mind we can easily conceive of an indefinite number of chemical compounds being formed each with its own particular influence for good or evil, and whose instant elimination becomes a matter of vital importance to the economy at large. The constitution, and consequently the effect of each resulting compound depends first on the nature of the process, *i.e.*, on the variety of bacteria at work, and secondly, on the particular chemical molecule attacked.

Take hæmoglobin as an example: this compound has a definite *rôle* to play in the economy, but it can only do its work when contained in the red blood corpuscle; once let it escape to be found free in the blood (and this may easily result from various causes) and it becomes not only useless, but in the process of elimination by the kidneys, it sets up a violent irritation.

The more complex molecules resulting from the disintegration of the highest order of compounds only appear to act as poisons *vis à vis* the excretory organs, but when the more simple bodies which enter into the formation of the red corpuscles are set free, the effect is infinitely more serious and intense. When, for instance, the salts of potash which are found almost exclusively in the corpuscles, are liberated toxic effects shown by Bernard and Grandean to result from the presence of free salts of potash in the blood are produced, such as paralysis of the cardiac muscle fibres and general nervous depression. Nor are iron salts less hurtful, for Williams demonstrated long since that when free in the blood they are as poisonous as arsenic or antimony or colchicum, depressing the nervous system, reducing the blood pressure and interfering with the normal alkalinity of the blood. More recently the salts of lime and magnesia have been shown to have a like effect, the former resembling the salts of iron and the latter the salts of potassium in their influence. And it must be remembered that these salts all enter normally into the composition of one or other of the tissues of which they form an essential and indispensable ingredient.

The conclusion to be drawn from the above is that every one of the many highly complex chemical compounds which enter into and form an integral part of the various animal tissues may, under certain influences and under favourable conditions, give rise to the formation of other compounds generally of a simpler formula, and that of these latter bodies some are injurious only from the fact that their elimination causes irritation of the excretory organs, while others exercise a toxic action onthe particular tissues or organs which happen to be susceptible to their influence, thus giving rise to the group of symptoms characteristic of the disease. The ability of the individual to withstand or support these toxic influences, and, on the other hand, the inability of the organisms themselves to thrive in a medium impregnated with their own products of waste, determine the ultimate result as regards the economy at large.

Notes on Current Topics.

Overpressure in Schools.

IT is to be hoped that the careful attention of Mr. Mundella and his advisers may be drawn to the important remarks on overpressure in schools made by Mr. R. Wild, President of the National Union of Elementary Teachers, at the conference of that body last week. Coming from such a source, the strictures indulged in are all the more significant; and it is especially noteworthy that Mr. Wild made no attempt to prove the existence of the evil he condemned, but at once assumed that it was one with which his hearers were thoroughly acquainted. The blame for the state of things now existing he attributed entirely to the vicious system of "payment by results," and compared the English method of elementary education with that pursued in several Continental countries, very much to the disadvantage of the former. In the latter there was no striving after percentages, or after miraculous accuracy, which cost English teachers and English scholars so much weariness and painfulness and anxiety. On the contrary, everywhere he found the most absolute freedom from classification left to the teachers; and as a consequence he found work was done regularly, zealously, and conscientiously. Mr. Wild puts the whole question in brief by inquiring whether under our present system we get our money's worth, and whether we might not get much better results without paying for them the terrible price of suffering exacted by existing regulations. Testimony of this description from one who cannot fail to be a most competent authority on the subject of scholastic overpressure must needs be convincing, and we trust that it will have due weight as against the fanciful theorisings of unpractical and dogmatic officialism.

The Telephone for Hospital Work.

WHEN, two years since, we drew the attention of the hospital surgeons of Dublin to the great usefulness of the telephone as a means of keeping them, so to speak, at the bedside of their patients at all hours of the day and night, we hardly expected that our suggestion would have met with so universal a response. At that time only three surgeons or physicians in Dublin, and not one hospital or other medical institution, were in communication by wire, and but few of the pharmaceutists or instrument-makers—the camp-followers of the profession

—had commenced to use the telephone. As we now write, the facilities for medical inter-communication are undoubtedly altered. Every hospital of any importance, except the City of Dublin, the Adelaide, and a couple of special hospitals, are in communication with most, if not all, the members of their medical staffs, while the medical and pharmaceutical subscribers to the Exchange have increased tenfold and all the colleges and clubs have "joined up." This practical proof that our anticipation of the usefulness of the instrument and of its indispensability to busy practitioners were fully justified is gratifying to us, but, though much that we hoped for has been effected, we cannot boast that the system is at all perfect as long as even a few of the centres of clinical surgery continue to be cut off for twenty-four hours or longer from the medical officers who are responsible for their management. We are much surprised that institutions possessing the surgical character of the City of Dublin and Adelaide Hospitals should lag behind their competitors in so obvious an improvement, and that the patients therein should be left dependent on the old system of semi-responsible house-surgeons and resident pupils when they might be—without serious expense—constantly within reach of their responsible medical adviser. As long as it is possible for the physician or surgeon to be consulted at any moment when the house-surgeon requires advice, there is really no excuse for leaving the sick isolated from morning to morning, as they were before the telephone existed.

Cholera and Whitewash.

During the great cholera at Zanzibar, low down on the eastern African coast, in 1869 (says the New York *Medical Record*), the first and most severely attacked were the negro slaves and slave-dealers, most of whom were also black. Next followed the Arabs and Hindoos, while the more careful whites were spared; so that the negroes came to the sage conclusion that the demon of cholera hated all the coloured races and loved the whites. Hence they whitewashed themselves all over, and put on an unusually large quantity on their woolly heads, so that in looking down he might mistake them for whites. As this did no good, they took to wearing white instead of coloured loin-cloths, and finally arrayed themselves completely in white cotton cloths, and slept in them. But the demon was not to be so easily deceived, and still went for the negroes.

Cheap American Degrees.

Some time ago our contemporary the *Hospital Gazette and Students' Journal* informed its readers that the authorities of the University of Vermont, U.S.A., had announced an intention to confer the M.D. degree on British practitioners who pass a satisfactory examination in medicine, surgery, and midwifery without residence, and for a fee of six guineas. This paragraph having been reproduced in the American papers, the Dean of the Medical Faculty of the University in question has written to the New York *Medical Record* respecting it, with the object of saying what the announcement referred to does really mean. The explanation, however, adds nothing to our home contemporary's previous publication, being little more than a laboured attempt to give a plausible reason for the course pursued. One remarkable extract from the letter we feel bound to quote, and trust the Royal College of Surgeons of England may be in a position to rectify the error it inculcates. The paragraph runs thus: "We announce that the examination can be passed in three days. In like manner a physician of good standing in this country can pass the examination for the degree of F.R.C.S. Eng. in twelve hours." We had been under the impression that the F.R.C.S. Eng. meant a much larger sacrifice than this statement implies, and that an interval of time of considerable length must necessarily intervene between the two examinations for the Fellowship, and also that certain requirements as to curriculum, registration, &c., had to be complied with. In this, however, it appears that our views differ from those of the Dean of Vermont University; and perhaps the latter may be right; but we hardly think so.

Professor Siebold.

This eminent zoologist, Professor at the Munich University, died on Tuesday. He was born in 1804, at Würzburg, graduated there as a doctor in medicine, and practised subsequently at Heilsberg and Königsberg. Appointed Director of the Maternity Hospital at Dantzig in 1835, he became in 1840 Professor of Comparative Anatomy at Freiburg, and in 1850 he went as Professor of Physiology to Breslau. In 1853 he was called to Munich, and there founded the Physiological Institute.

The American Diploma Trade.

In a recent editorial article our American contemporary the *Boston Medical and Surgical Journal* deplores the establishment of a new "diploma mill," entitled the Bellevue Medical College. The ingenuity exhibited by the disciples of Buchanan is endless, and the plan pursued in this last industrial enterprise is as eminently clever as any preceding attempts to coin dollars by creating bogus doctors. The circular announcing the new departure explains how the "Trustees of Bellevue Medical College" have resolved to create a "Veterinary Department," and promises to make professors with a salary of £250 a year out of incoming *alumni*. Those, however, who do not get this handsome return for the £10 membership fee to be exacted will receive the "honorary diploma of Doctor of Medicine (M.D.)," and so it is apparent that, though not attaining the dignity and emoluments of a "professor," they will not be wholly unrewarded. The *Journal* very properly concludes that the issue of bogus diplomas is the only object of the scheme; and in this conclusion it is impossible not to concur. On this side of the water the reflection aroused by the announcement made respecting it is, how many of the quacks thus armed with worthless parchments will be added to the already portentous list of frauds who flourish the M.D. (anonymous) as a cover for their roguery in this country.

It is announced that an examination for seven appointments as surgeons in Her Majesty's Indian Medical Service will be held in London in August, 1885.

The Rabbeth Memorial Medal.

THE Senate of the University of London has refused the offer made by the Committee of the Rabbeth Memorial Fund to present a sum of £100 towards the foundation of a medal in memory of the late Mr. Samuel Rabbeth, M.B.Lond., who died recently, as will be remembered, in consequence of his having sucked the larynx of a diphtheritic patient.

Fees for inspecting Labourers' Dwellings.

AT a recent meeting of the Killarney Board of Guardians a resolution was come to, to the effect "that in carrying out the provisions of the Act, the subsanitary officers, instead of the sanitary officers, should be employed." The Guardians are perfectly welcome to relieve their medical officers of health of functions which are laborious, invidious, and unremunerative, but we doubt that they have legal power to do so, for the words in the Act are "a sanitary officer," and it is questionable whether a relieving officer or tax-collector answers that description.

The Prince of Wales in Ireland.

THE medical profession in Ireland has not been behind hand in offering to the Prince and Princess of Wales the same hearty welcome which has been extended to them by all classes in Ireland save those whose insignificance has been demonstrated by the universality of the greeting. The King and Queen's College of Physicians deputed Dr. Cruise, President; Dr. Duffey, Vice-President; Drs. Quinlan and Kirkpatrick, Censors; and Dr. J. W. Moore, Registrar, to present the following address:—

"MAY IT PLEASE YOUR ROYAL HIGHNESS,—We, the President and Fellows of the King and Queen's College of Physicians in Ireland, on the occasion of your seventh visit to this country, beg to offer to your Royal Highness the renewed expression of our devoted loyalty and attachment to her Most Gracious Majesty the Queen, and to assure you of the great gratification we feel that you have been graciously pleased again to honour Dublin with your presence. We desire also most respectfully to express our satisfaction at the presence of her Royal Highness the Princess of Wales, and other members of your family, sharing, as we do most warmly, in the feeling of attachment with which all loyal citizens welcome the visit of members of the Royal Family so universally and justly beloved. We recognise with dutiful appreciation the gracious favour which your Royal Highness, following the example of your illustrious parents, has always extended to our profession, as shown by the interest you have displayed in its efforts for the advancement of medical science, and the preservation and improvement of the health of the nation."

The Royal College of Surgeons also presented the following:—

"MAY IT PLEASE YOUR ROYAL HIGHNESS,—We, the President, Vice-President, and Council of the Royal College of Surgeons in Ireland, desire most respectfully to tender to your Royal Highness, to your illustrious Consort, and his Royal Highness Prince Albert Victor of Wales, our loyal greetings and heartfelt welcome upon this the auspicious occasion of your visit to this country. Founded over 100 years ago by Royal Charter, granted us by his Majesty George III. of gracious memory, our College, unswerving in loyalty, uninfluenced by political or sectarian feeling, has never relaxed its efforts efficiently to discharge the trust confided in it in these words—'To improve the profession of surgery, and thus to promote the welfare of the nation at large, and particularly to provide a sufficient number of properly-educated surgeons, as well for the public in general as for that of our own army and navy.' As to the manner in which our College ever since has discharged this trust, we feel proud of being in a position with truth to state that our alumni in the Naval, Military, and Civil Services have invariably proved themselves to be loyal subjects, gallant men, and skilful surgeons. Aware, as we gratefully acknowledge ourselves to be, of the enlightened interest taken by your Royal Highness in the all-important question of sanitation, we feel that it will please you to learn that long before a similiar course was adopted by any other body in Her Majesty's dominions, this College, recognising the importance of combating aggressive disease by preventive science, instituted a professorship of hygiene, and a free course of lectures is annually delivered upon this subject to large audiences composed of both sexes and all classes. Should your Royal Highness be graciously pleased to honour our College with a visit—an honour for which we would be profoundly grateful—an inspection of our Examination Hall, which bears the name and contains the bust of your illustrious father; of our Library, admittedly the finest collection of medical literature in the Kingdom; of our Museums, and of our buildings generally, would, we are fain to believe, satisfy our Royal Highness that the governing body of the Royal College of Surgeons in Ireland have ever had but one object in view—wisely to expend for the public weal the funds entrusted to their charge."

The foregoing address was presented on behalf of the College by E. H. Bennett, M.D., President; C. A. Cameron, M.D., Vice-President; W. Colles, Esq., Surgeon to the Queen; Rawdon Macnamara Esq., Representative on the General Medical Council; Sir George Porter, Senior Member of Council, Surgeon to her Majesty; and Dr. Jacob, Secretary of the Council.

The Academy of Medicine of Ireland also offered its welcome to the Prince and Princess in the following address:—

"MAY IT PLEASE YOUR ROYAL HIGHNESS,—We, the President and General Council of the Academy of Medicine in Ireland, desire to express the gratification with which we welcome your Royal Highness, the Princess of Wales, and your son Prince Albert Victor, to the capital of this country. The body which we represent is composed of different branches of our profession, joined for the purpose of scientific investigation and for the development of the higher departments of medical study in Ireland. It comprises four distinct societies in an academy; and, although young in years, we believe it has already done some good work, and has amply proved the great advantages of harmonious union. The medical profession has always been distinguished for its loyalty to the Crown; and we beg to assure your Royal Highness of our continued devotion to her Gracious Majesty the Queen and to her Royal House. We hope that the visit which you now make to Ireland may be followed by much advantage to our country; that it may serve to direct more attention to her capabilities for progress; that it may help to re-establish her fallen fortunes, and to secure peace and contentment. Engaged as we are in the relief of human suffering, we take special interest in the movement with which your Royal Highness is associated for the improvement of the dwellings of the poor. In thus personally inquiring into the needs of the working classes, your Royal Highness worthily follows in the footsteps of your illustrious father, and we sincerely hope that the result may be the initiation of a great sanitary reform. We trust that your Royal Highness may be able soon again to visit this country, believing, as we do, that by your presence loyalty will be extended and

deepened, and the union of the three countries be more firmly established. Finally, we beg to express the hope that your Royal Highness may be long spared to continue the noble work upon which you have entered, and to share with the Princess and your family the heartfelt devotion of the people of this great empire."

This address was presented on behalf of the Academy by Dr. J. F. Banks (Physician in Ordinary to the Queen in Ireland), President; Dr. Lombe Atthill, President of the Obstetrical Section; Dr. Arthur Wynne Foot, President of the Pathological Section; Dr. Robert M'Donnell, F.R.S., General Treasurer; Dr. Wm. Thomson, F.R.C.S., General Secretary.

The profession in Dublin is greatly exercised by the current, and, we believe, well-founded rumour, that the Prince and Princess of Wales were deliberately insulted from the house of an hospital surgeon by the display of a black flag when their Royal Highnesses were passing, and by the pulling down of all the blinds in the front of the house. If it be true that this has occurred, and if the proprietor of the house is responsible for the outrage, it is satisfactory to us to be able to state that the ruffianly ill-taste of such an insult is strictly confined to himself, there being, we believe, no single sympathiser with him in the profession in Dublin. A member of the profession capable of such an act is—no matter what his politics may be—beyond the reach of criticism.

The Typhoid Bacillus Prize.

The Council of the Linnean Society of New South Wales has again offered a prize of £100 for the best essay on "The Life History of the Bacillus of Typhoid Fever." The essay must be based entirely on original research, the details of which and of the methods employed are to be fully explained.

Cremation in Austria.

Dr. Leopold Raffay, an Ober-Stabsarzt in the Austrian army, died in Vienna on April 1st. The body was removed to Gotha for cremation. We may hope that this wholesome practice may extend, but at present we fear that only a chosen few will avail themselves of this the least objectionable mode of sepulture.

Holiday Courses in Berlin.

The holiday courses of instruction and demonstrations instituted by the Society of Teachers of the Berlin University, and which began in March last, were attended by 140 medical men in private practice, who had gone up to refresh their memories. At the same time 60 military surgeons were commanded to attend the Operation Courses at the Royal Charité Hospital.

War Dietary for the Soldier.

The German Government have been engaged upon elaborate experiments for the purpose of testing the power of endurance of soldiers under a minutely prescribed campaigning diet and severe marching. The experiments are being carried out in Mayence, Münster, and Munich, a different diet being served out in each of these places, and great care is taken to prevent surreptitious additions to the experimental ration.

The King and Queen's College of Physicians.

This College has lost no time in carrying into practical effect the resolution noticed in our columns last week, of not applying the title "Dr." to any of their body who are not legally entitled to it. The official printed envelopes of the College used heretofore to bear the title of "Dr." —— to all the Fellows, M.D.'s and others. A new set of envelopes has been prepared, having printed upon them —— —— Esq., M.D., F.K.Q.C.P.; and, in the case of non-gratuates, —— —— Esq., F.K.Q.C.P. This is a perfectly inoffensive form of carrying out the resolution of the College.

Professor Frerich's Successor.

It is expected in medical circles in Berlin that Professor Leyden, now Director of the Second Medical Clinic will be promoted to the directorship of the First in place of the deceased Frerich's, and that Senator, professor extraordinary and directing physician of the Augusta Hospital and the Royal Charité will succeed to the post thus rendered vacant by Professor Leyden's promotion. Various other names are mentioned in connection with the appointments, amongst which are those of Nothnagel, Kussmaul, von Gerhard and others, but it is considered questionable whether Nothnagel or Kussmaul would leave their respective posts in Vienna and Strassburg.

Strike (or Lock out?) of Students in Italy.

We learn from a correspondent in Vienna that a short time ago Professor Brunetti, Professor of Anatomy in Padua, was arrested for an alleged attack on the Ministry. This was the commencement of a series of demonstrations and scenes on the part of the students which from Padua spread to Turin and thence to Rome and Naples. The demonstrations were so violent that they have led to the closure of the Universities in these cities and also in Genoa, Pisa, Bologna, Florence, Parma, Perugia, Modena, and Palermo. In the three first named cities the excitement was so great that an armed force had repeatedly to be called in.

Poison Bottles.

When will it be the rule instead of the exception that poisons and poisonous liniments are dispensed in recognised bottles, known even in the dark from ordinary medicine bottles? The idea has been frequently broached; and each time death by misadventure is recorded the same lament is made, and coroners' juries append riders of caution; but still no organised effort to compel the use of distinct bottles has resulted, and will not, we presume, be effected until the Legislature passes some strenuous enactment. The use of poison-labels is of course desirable, but these are of no value to an anxious parent or nurse, who suddenly awakes in the night to find a child choking, and gives it the contents of a phial intended for external application or for disinfectant purposes only. Last week a sad instance of this occurred in the house of a medical man, whose only child was inadvertently poisoned by its mother; and a day or two previously the life of a woman at Sunderland was only saved in the last extremity by Dr. Abrath from the effect of a dose of carbolic acid administered in mistake by a friend from the

wrong bottle. A commencement might be made with the manufacturers of poisonous disinfectants; let each be severely fined for sending them out without efficient precaution, and every chemist and store-keeper be likewise mulct for retailing them in other than recognised poison-bottles.

DR. HENRY G. THOMPSON, M.D., M.Ch., F.R.C.S.I., has been appointed to the Commission of the Peace for the Borough of Croydon.

AT a meeting of the Governors of the Wicklow County Infirmary, held recently, Dr. Thomas Lyndon was unanimously elected surgeon to the institution.

WE are asked to announce that H.R.H. the Prince of Wales has consented to preside at a dinner in aid of the funds of the North London or University College Hospital, on May 13th.

DR. E. SYMES THOMPSON, Gresham Professor of Medicine, commenced yesterday the annual course of lectures in Gresham College, the subject being "The Heart in Health and Disease."

AT a meeting of the Council of the Royal College of Surgeons of England on the 9th inst., Mr. Edwin Hurry Fenwick, F.R.C.S. Eng., Assistant-Surgeon to the London Hospital, was elected Examiner in Elementary Physiology.

TH. CHANDELON ("*Ber. Deutsch. Chem. Gesell.*") shows that egg-albumen is peptonised by hydrogen peroxide, the intermediate products being almost identical with those produced from albumen during pepsine and trypsine digestion. Hence he suggests that the digestive ferments act by forming hydrogen peroxide.

WE are informed that H.R.H. the Prince of Wales has consented to open the new building of the National Hospital for the Paralysed and Epileptic, Bloomsbury, during the month of June. The new Hospital, of which the West Block forms a memorial to the late Duke of Albany, has been erected at a cost of nearly £80,000, towards which all but a balance of £6,500 is provided.

THE wife of Dr. Edmund Willett, of Tufnell Park, Holloway, committed suicide last week by swallowing a tumblerful of chloral. Deceased had suffered for some time past from religious mania, and had been treated in various asylums. A verdict of suicide through insanity was recorded on Saturday, and much sympathy is felt with Dr. Willett in the neighbourhood, in which he and deceased had lived for many years.

AT the quarter sessions at Kildare, last week, the case of Redmond against O'Neill came up for hearing on appeal, Mr. Redmond, who is an ex-officio guardian of the Athy Union, some months ago summoned Dr. O'Neill, the workhouse medical officer, for abusive and threatening language, and Dr. O'Neill was ordered by the magistrates at Athy petty sessions to find bail for his peaceable behaviour. From this decision Dr. O'Neill appealed. When the appeal was called, there was no appearance for the appellant, and the decision of the magistrates was affirmed with costs.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

GLASGOW TOWN COUNCIL.—HEALTH OF THE CITY.—At the fortnightly meeting of the Glasgow Town Council, held on the 6th inst., the report by the medical officer was submitted, which stated that during the fortnight ending 28th March, 1885, there were 598 deaths registered, as compared with 589 in the fortnight preceding, an increase of 9, representing a death-rate of 30 in place of 29½ per 1,000 living. As compared with the corresponding fortnight the death-rate was 3½ per 1,000 higher. Of the excess of deaths in last fortnight 69 per cent. consisted of pulmonary diseases. The death-rate from these diseases was 2½ per 1,000 higher than in the corresponding fortnight of last year. The balance was fully accounted for by the epidemic of measles, there being 43 deaths from that disease, against 7 last year. The present spring had been hitherto much colder than last. The average temperature of the last six weeks had been 39·6° F., against 42° F. for the corresponding six weeks of 1884; and of last four weeks 39·3° F. The death-rate in both weeks of the fortnight was the same, namely, 30, and the mean temperature of the first week 41·9°, of the second 40·2° F. Of the total deaths (601) 46 per cent. were of children below five years of age in place of 49 per cent. The number of deaths from diseases of the lungs was 240 in place of 204, an increase of 36, representing a death-rate of 12 in place of 10 per 1,000 living, and constituting 40 in place of 35 per cent. of the total deaths. The number of cases of fever registered was 28 in place of 35—namely, 26 of enteric fever, 1 of typhus, and 1 undefined. The city had seldom been more free of continued fever than at this moment, whether judged by deaths or cases known.

ANDERSTON POLYKLINIK. — A woman was found wandering about Anderston a few days ago inquiring for the "Medical Polytechnic." She was taken in charge by an officious policeman, and ultimately subjected to a rigorous psychological examination at the hands of the police surgeon.

MORTALITY IN GLASGOW.—For the week ending with Saturday, the 4th inst., the deaths in Glasgow were at the rate of 32 per 1,000 per annum of the population, as compared with 30 in the previous week, and 26, 33, and 25 in the corresponding periods of 1884, 1883, and 1882 respectively.

HEALTH OF EDINBURGH.—The mortality in Edinburgh for the week ending with Saturday, the 4th inst., was 17, and the death-rate 16 per 1,000 per annum. Diseases of the chest accounted for at least 30 deaths, and zymotic causes for 7, of which 1 was due to fever, 2 to scarlatina, and 4 to whooping-cough.

Correspondence.

MRS. LONGSHORE POTTS AND THE HOSPITAL FOR WOMEN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I ask your attention to this paragraph, taken from a lay contemporary:—

"I wonder if Mrs. Longshore Potts thinks that the cause of science is benefited by those horrible pictures of a half-fleshless man borne about the streets on sandwich boards. The skinned-alive gentleman with all his bones and muscles and sinews showing is cut short, and the middle and a slip informs us that 'the head will appear to-morrow.' Far be it from me to say that the advertisement is not in the most

excellent taste, and likely to attract refined ladies to Mrs. P.'s lectures. Only, personally, I think that it is not pretty, decidedly unpleasant, and quite out of place in the public streets."

The writer evidently has not seen any of the pictures of the *whole* "fleshless man" on the huge posters paraded for the benefit of the Women's Hospital in Soho Square. Can it be that the exigencies of an hospital are so desperate that the staff are satisfied to have its name and prestige placarded side by side with such advertisements as these? Will Mrs. Longshore Potts be invited to give one of these exquisite demonstrations in the hospital, where surely such "fleshless" diagrams would be more in keeping than on bare walls and in Metropolitan Railway Stations. Mrs. Longshore Potts might be invited to demonstrate on previously prepared models the use and abuse of pessaries. She is not over-particular as to the nature of her audience—whether married or unmarried, or as to age. Can it be that the staff of a metropolitan hospital condones the issuing of such disgusting placards, which, to my eyes, are most revolting in our public streets?

Surely the *science (?)* of gynæcology has been already dragged sufficiently through the mud without bespattering it any more by such popular expositions which the name and funds of the Hospital for Women are now used to cover and screen with the veil of decency. Better next elect Mrs. Longshore Potts an Honorary Fellow of the Gynæcological Society of Great Britain and send her forth with this title to lecture on behalf of all the women's hospitals in the United Kingdom the funds of which are in need of her services. Meantime let honest medical men speak out fearlessly and tell modest and virtuous women, whether married or unmarried, that the curiosity which prompts to attendance on such exhibitions as that so ably exposed in your issue for March 11th runs them within measurable distance of forfeiting their claim to that regard for modesty and virtue which as Englishwomen they must hold dearer than life itself.

I am, Sir, yours, &c.,
MEDICUS.

[The above is only one of several letters received from both medical and lay writers on the disgusting placards now carried about the streets and posted on the walls of the metropolis, in which this Mrs. Longshore Potts announces lectures at St. James's Hall in aid of the funds of the Hospital for Diseases of Women, Soho Square. We can scarcely imagine that the authorities of this institution can have sanctioned such proceedings, and it is probable that the 'cute American "lady doctor," as she styles herself, gives the name of this hospital to lend an air of respectability and philanthropy to her exploits. In any case, an explanation or repudiation will be looked for by the profession.—ED.]

HARTMANN'S WOOD WOOL, AND WADDING.

We have received a sample of the now popular wood wool from the consignees, Messrs. Essinger & Neuburger, 11 Hatton Garden. It is not by any means new to us, as this was the first journal to introduce it to the notice of the profession in this country. A fairly extended trial proves it to be all that its promoters claimed for it. It possesses, as is well known, very great absorbent power; it is rendered not only aseptic, but antiseptic, by means of corrosive sublimate, so that even when a bag of the dressing becomes soaked through with the discharge from a wound it is not necessary to remove it, but all that is required is to place another bag over the first. By the use of this dressing, therefore, the need for frequent disturbance and exposure of wounds to air and germs is avoided. We may say, in a word, that it comprises all the requisites for a perfect dressing. It is antiseptic, simple, possessing great absorbent power, and not expensive. The wadding, a new form in which the wood wool is put up in sheets, will doubtless become very popular, and will prove particularly useful to surgeons in private practice, as it combines the absorbent qualities of wood wool with the advantages of ready handling for bandaging and like purposes. This new wadding, we understand, contains 90 per cent. of wood wool with 10 per cent. of cotton wool to hold it together.

We have also received samples of "Hartmann's Hygienic Wood Wool Diapers," from the same firm. It was a good idea to make use of the wood wool for this purpose, and we have no doubt that the clean and comfortable-looking little appliances will be a great boon to those for whose use they are intended. Those ladies especially who are travelling or are away from home, or such as are troubled with slight incontinence of urine on coughing or exertion, will find them invaluable. They are, moreover, inexpensive (2s. per dozen), and can be procured through any chemist, ladies' outfitter, or linendraper.

Oxford University.—We are requested by the Regius Professor of Medicine to announce that examinations for the degree of Bachelor of Medicine will commence in the Medical Department of the Museum as follows:—The second (or final) examination, Monday, June 8, at 10 a.m. The first (or scientific) examination, Friday, June 19, at 10 a.m. Candidates for either of these examinations are requested to send in their names, on or before May 23, to "the Regius Professor of Medicine, Medical Department, Museum, Oxford." Candidates for the Scientific Examination are to state whether they have passed the Preliminary Honour Examination in the School of Natural Science; and, if not, whether they desire to present themselves for Physics and Chemistry only at this examination, or for all the subjects thereof.

Royal College of Surgeons in Ireland.—At a special supplementary examination, held on Monday, March 16th, and following days, the following candidates were successful:—First Professional Examination.—T. P. Connolly, C. D. Jones, R. Jones, J. H. Lovely, H. M'Carthy, R. Martin, T. O'Brien, E. O'Neill. Seven were rejected. Second Professional Examination.—G. P. Carte, T. G. Goodman, C. M'Donnell, P. J. F. O'Brien, J. C. O'Donnell, J. O'Sullivan, A. V. Shine. Eleven were rejected. Third Professional Examination.—W. A. Johnston. At the First Half Examination for the Letters Testimonial of the College, held on March 23rd and following days, the undermentioned gentlemen were successful:—J. A. C. Coen, A. R. T. Craig, I. Duncan, J. D. O'D. Egan, R. Elliott, E. W. Hamilton, J. C. Hines, A. M. Hunt, E. B. Kennedy, A. D. Macleod, A. E. Murphy, V. Nash, H. F. C. Pilcher, J. A. Scully, A. F. Smith, P. Stevenson, W. Stritch, W. Swan, W. E. Waters, J. A. Whitty, T. D. Wylie. Twenty-five were rejected.

The Mortality of Foreign Cities.—In the principal foreign cities the rates of mortality per week per 1,000 of the population, according to the latest official returns, were:—Calcutta 34, Bombay 29, Madras 43, Paris 25, Brussels 27, Amsterdam 27, Rotterdam 26, The Hague 28, Copenhagen 17, Stockholm 27, Christiania 24, St. Petersburg 34, Berlin 23, Hamburg 24, Dresden 28, Breslau 28, Munich 33, Vienna 32, Prague 31, Buda-Pesth 32, Rome 23, Turin 28, Venice 36, Alexandria 42, New York 29, Brooklyn 24, Philadelphia 25, and Baltimore 20.

Vital Statistics.—The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 23·1 per 1,000 of their aggregate population, and were as follows: Birkenhead 21, Birmingham 20, Blackburn 28, Bolton 22, Bradford 17, Brighton 19, Bristol 25, Cardiff 29, Derby 22, Dublin 33, Edinburgh 17, Glasgow 31, Halifax 20, Huddersfield 27, Hull 21, Leeds 21, Leicester 15, Liverpool 24, London 21, Manchester 28, Newcastle-on-Tyne 33, Norwich 32, Nottingham 21, Oldham 34, Plymouth 19, Portsmouth 21, Preston 34, Salford 20, Sheffield 22, Sunderland 40, Wolverhampton 19. The highest annual death-rates last week in these towns from diseases of the zymotic class were:—From measles, 2·2 in Bristol, 3·1 in Newcastle-upon-Tyne, 5·9 in Cardiff, and 12·9 in Sunderland; from whooping-cough, 1·9 in Bristol, 2·9 in Oldham, and 3·1 in Preston; from scarlet fever, 1·0 in Preston and in Newcastle-upon-Tyne; and from "fever," 1·4 in Plymouth, and 2·9 in Norwich. The 97 deaths in Sunderland included 31 from measles, making 307 that have been referred to this disease within the borough since the beginning of this year. The 29 deaths from diphtheria included 16 in London, 3 in Liverpool, and 2 in Norwich. Small-pox caused 54 deaths in London and its outer ring of suburban districts, 2 in Liverpool, 2 in Manchester, 1 in Birmingham, and 1 in Leeds.

Society for the Relief of Widows and Orphans of Medical Men.—The quarterly court of the directors of this Society was held on Wednesday last, April 8th, Mr. Tegart, V.P. in

the chair. Six new members were elected, and the death of one reported. Applications for grants were read from 63 widows, 9 orphans, and 3 recipients of grants from the Copeland Fund, and a sum of £1,349 was recommended to be distributed among them at the next quarterly court. A fresh application for grants was made by a widow on behalf of herself and daughter, and grants were made them. Mr. Henry Lee and Mr. Cooper Forster were nominated for election as Vice-Presidents at the annual general meeting in the places of Mr. Cæsar Hawkins and Sir Erasmus Wilson, both deceased, and the following gentlemen were named as directors to fill the vacancies arising from the retirement of the six senior and from the death and resignation of others, viz., Mr. Hogg, Dr. Barker, Dr. H. Roberts, Dr. Broadbent, Dr. Ogle, Dr. Duka, Mr. Bennett, Mr. T. S. Turner, Mr. Stokes, and Mr. Latham. The annual general meeting was fixed to be held on May 20th, at 5 p.m.

Notices to Correspondents.

DR. ALFRED DRYSDALE (Mentone).—Communication on "Migraine" received.

A. B. C.—Keetley's "Guide to the Medical Profession" is the most reliable book. Our correspondent should get the new edition just published.

MR. W. L. BROWNE (St. Petersburgh).—The theories advanced in your *brochure*, "The Moon and the Weather," are ingenious, but we can pass no opinion upon their value until the deductions have been practically established. Your book only came to hand a few days ago.

DR. MAXWELL (Woolwich).—The subject shall be considered, and a private note sent you.

MYOSOTIS asks: Could you give me the address of any suitable establishment in Dublin or elsewhere where a respectable young person could enter as probationer, with a view to qualify as nurse?

[Apply to Miss Lyons, Red Cross Nursing Sisters' Home, 4 Charlemont Mall, Dublin; or to Miss Beresford, Lady Superintendent, Nursing Institute, Upper Baggot Street, Dublin; or to Thos. Spinner, Esq., Secretary Dublin Nurses' Training Institution, 4 Holles Street, Dublin.—ED.]

AMBITIOUS APOTHECARIES.

THE status of the apothecaries in the United States Army and Navy has not been satisfactory to themselves nor to the American Pharmaceutical Association. They are required to pass a technical examination in elementary chemistry, materia pharmacy, and botany, and often are obliged to take temporarily the place of surgeons. They are now determined to raise the position from that of a non-commissioned to a commissioned office, or to secure more dignity to the office. A bill has been introduced in Congress at the instance of the American Pharmaceutical Association, providing that apothecaries of the Army and Navy shall receive a commission, those of the Army ranking with second lieutenants and those of the Navy with ensigns, but that they shall not be in the line of promotion.

T. K. F.—We cannot depart from our invariable rule in this instance. There is nothing in the facts as you have stated them to supply any reason why we should adopt a course that would be manifestly unfair to at least one of the parties.

DR. C. H. F. ROUTH.—Paper on "The Alleged Constitutional Treatment of the Uterus and its Appendages" received.

SIR SPENCER WELLS will please accept our thanks.

DR. S. (Fulham).—Sorry we cannot afford space in present number; hope to do so in our next. A private note has been sent to the party concerned on the subject of your inquiry.

DR. A. T. K.—Certainly not.

Meetings of the Societies.

WEDNESDAY, APRIL 15TH.

HOSPITALS ASSOCIATION.—At 8 p.m., Capt. William Joynson, Chairman of the Northern Hospital, Liverpool, On Horse Ambulances in connection with Hospitals.

MEDICAL OFFICERS OF SCHOOLS ASSOCIATION.—At 8 p.m., Mr. R. Brudenell Carter, Eyesight in Schools.

THURSDAY, APRIL 16TH.

ROYAL INSTITUTION.—At 3 p.m., Prof. Tyndall, Natural Forces and Energies.

HARVEIAN SOCIETY OF LONDON.—At 8.30 p.m., Dr. R. W. Burnet, Cases of Ulcerative Endocarditis, with remarks.—Mr. J. Ernest Lane, Hæmophilia.

ACADEMY OF MEDICINE IN IRELAND (Sub-Section of State Medicine).—At 8 p.m., Dr. C. A. Cameron, On the Influence of the Acts relating to Adulteration on the Quality of Food sold in Dublin.—Dr. Grimshaw, Observations on the Relative Prevalence of Disease and on the Relative Death-rates in Town and Country Districts in Ireland.—Dr. A. H. Jacob, On Compulsory Notification of Disease.

FRIDAY, APRIL 17TH.

SOCIETY OF MEDICAL OFFICERS OF HEALTH.—At 7.30 p.m., The Council will present a report on the Rivers Pollution Bill and the Water Companies Regulation of Powers Bill.—Dr. Thomas Stevenson, Sewage Disposal.

ACADEMY OF MEDICINE IN IRELAND (Pathological Section).—At 8 p.m., Prof. Finny, Dissecting Aneurism of the Abdominal Aorta.—Dr. Fraser, (1) Bone Disease in the Megaceros; (2) United Fracture in Woodcock's Leg.—Mr. K. Franks, Epithelioma of the Floor of the Mouth.—Prof. Stokes, A Suicidal Wound of the Throat.—Mr. Wallace Beatty, The Pathology of Lead-poisoning.—Dr. Foy, A Recurrent Tumour.—Mr. Franks, A Separation of the Epiphysis of the Head of the Femur.—Dr. Donnelly, Two different Tapeworms from a Patient.—Dr. R. A. Hayes, Bacilli in the Heart.—Dr. Abraham, for Mr. P. C. Smyly, (1) Tumour of Lower Jaw; (2) Tubercle in the Tonsils.

ROYAL INSTITUTION.—At 9 p.m., Prof. S. P. Langley, Sunlight and the Earth's Atmosphere.

WEDNESDAY, APRIL 22ND.

BRITISH GYNÆCOLOGICAL SOCIETY.—Specimens by Dr. More Madden (Dublin). Mr. Reeves, Dr. Fancourt Barnes.—Dr. More Madden, Some Points in the Treatment of Fibro-Myomata.—Dr. Chalmers, Gangrene of the Vulva.

Vacancies.

Birmingham General Dispensary.—Resident Surgeon. Salary, £170, with furnished apartments, &c. Applications, with testimonials, to the Secretary, on or before April 21.

Coombe Lying-in Hospital, Dublin.—Assistant Physician. For particulars apply to Dr. S. R. Mason, 92 Harcourt Street, Dublin.

Devonshire Hospital, Buxton, Derbyshire.—House Surgeon. Salary, £100, with furnished apartments, board, &c. Applications, with testimonials, on or before April 18.

Hospital for Consumption and Diseases of the Chest.—Resident Clinical Assistants. Applications, with testimonials, on or before April 18.

Leeds General Infirmary.—One House Physician and Two House Surgeons. Board, washing, and lodging provided. Applications to Mr. A. W. Mayo Robson, Hillary Place, Leeds, on or before April 25.

Macclesfield General Infirmary.—Junior House Surgeon. Salary, £70, with board and residence. Applications to the Chairman of the House Committee, on or before April 25.

West London Hospital, Hammersmith.—House Physician and House Surgeon. Applications, with testimonials, to the Secretary by April 23.

Appointments

BOURNS, N. W., M.D. Brussels, L.R.C.P. Ed., M.R.C.S., Assistant Surgeon to St. John's Hospital for Skin Diseases.

CAMPBELL, C. M., M.D., C.M., L.R.C.S. Ed., Assistant Physician to St. John's Hospital for Skin Diseases.

DOW, H. B., M.D. St. And., M.R.C.S., a Physician to St. John's Hospital for Skin Diseases.

DUNCAN, P. T., M.D., B.S. Lond., Surgeon to the Croydon General Hospital.

DUNN, H. P., F.R.C.S. Eng. (Assistant Ophthalmic Surgeon), Pathologist to the West London Hospital.

HARRISON, E., M.A., M.B. Cantab, House Surgeon to the Royal Infirmary, Hull.

JACKSON, H., M.R.C.S., L.S.A. Lond., M.O.H., Honorary Surgeon to the North Devon Infirmary, Barnstaple.

LYNDON, T., B.Ch. Dub., Surgeon to the Wicklow County Infirmary.

MOLYNEUX, H. J., L.R.C.P. Ed., M.R.C.S., Medical Officer for the Upholland District of the Wigan Union.

MORTIMER, J. D., M.R.C.S., L.S.A. Lond., Assistant Medical Officer to the Portsmouth Borough Asylum.

PRONGER, C. E., L.R.C.P. Lond., M.R.C.S., Honorary Surgeon to the North Devon Infirmary, Barnstaple.

WAINEWRIGHT, B., M.S., C.M. Ed., F.R.C.S. Eng., Assistant Surgeon to the West London Hospital.

Births.

CORDNER.—April 3, at Brook Vale, Aughnacloy, Co. Tyrone, the wife of Louis M. Cordner, L.K.Q.C.P.I., of a son.

GRIMSHAW.—April 5, at Priorsland, Carrickmines, the wife of Thomas W. Grimshaw, M.D., of a son.

KNIGHT.—April 5, at Highfield Manor, Rathfarnham, the wife of Charles Frederick Knight, M.D., of a daughter.

PEARCE.—April 8, at the Manor House, Brixton, S.W., the wife of Channing Pearce, M.D., of a son.

THOMSON.—March 26, at Riversdale, Belturbet, the wife of Hugh Willis Thomson, M.D., of a son.

Marriages.

CULLEN—EASTHER.—April 8, at Kirkburn Driffield, William Henry Cullen, M.D., to Caroline Elizabeth, eldest daughter of the Rev. C. Easther, Vicar of Kirkburn.

TIBARD—BELOE.—April 8, at Holton-St.-Peter, Nestor J. C. Tibard, M.D. Lond., to Helen Mary, daughter of the Rev. R. S. Beloe, rector of Holton-St.-Peter, Suffolk.

Deaths.

BOND.—April 2, at Mentone, France, G. W. Bond, M.R.C.S., son of the late Rev. R. Bond, Rector of Pulham, Norfolk.

SWEETNAM.—April 8, at Airhill, Schull, Co. Cork, Stephen Sweetnam, M.R.C.S. Eng., aged 78.

WHITEHEAD.—April 3, at his residence, Sutton, Surrey, James Whitehead, M.D., late of Manchester, aged 73.

WILKIE.—April 3, at Paris, David Elliot Wilkie, M.D., of Rathobyrne, son of the late Rev. Daniel Wilkie, of Edinburgh.

WILLETT.—April 9, at 6 Anson Road, Tufnell Park, after many years of intense suffering, Mary, the beloved wife of Edmund Willett, M.D.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 22, 1885.

CONTENTS.

ORIGINAL COMMUNICATIONS.

Clinical Remarks on Secondary Syphilis. Address delivered before the Harrogate Medical Society. By Andrew Scott Myrtle, M.D., President of the Society 343

Note on the Use of Iodide of Potassium in Inflamed Breast. By Samuel Welch, M.R.C.S.E. 345

Strychnia Poisoning. By William Donovan, L.R.C.P.Ed. 345

Lumleian Lectures on Some Points in the Natural History of Primitive Dry Pleurisies. Delivered before the Royal College of Physicians. By Sir Andrew Clark, Bart., M.D., LL.D., F.R.C.P. Lond. 346

CLINICAL RECORDS.

St. Mary's Hospital—Undescended Testicle—Strangulated Hernia reduced en masse—Operation—Removal of Testicle—Pleurisy Right Side—Cellulitis along Spermatic Cord—Recovery. Under the care of Mr. A. T. Norton 349

TRANSACTIONS OF SOCIETIES.

ACADEMY OF MEDICINE IN IRELAND—

Astragaloid Osteotomy in the Treatment of Flat-foot 350

PAGE

Ogston's Operation for Flat-foot 350

Ivory Exostosis of Auditory Meatus .. 351

Operations for Trichiasis and Entropium of the Upper Eyelid 352

SPECIAL CORRESPONDENCE 353

The Fourteenth Berlin Surgical Congress 354

DEPARTMENT OF LUNACY.

Foreign Lunacy Customs 354

BRIEF NOTES FROM OUR EXCHANGES .. 355

LEADING ARTICLES.

THE ROYAL COLLEGE OF SURGEONS OF ENGLAND AND ITS REFORM 356

NOTES ON CURRENT TOPICS.

Saturday Night Drinking 357

The London Water Companies 357

Princess Christian at the London Hospital 357

Lectures at the Royal Institution 358

The Home Treatment of Syphilitics 358

The International Sanitary Conference .. 358

Notification of Infectious Diseases 358

Quinine in Excessive Vomiting of Pregnancy 358

PAGE

Social Science Association 358

The Memorial to the late Dr. Mahomed 359

The Sudden Death of the Irish Lord Chancellor 359

The Expected Honours 359

Dr. Rogers and the Westminster Guardians 359

The Government Poisons Bill 360

The Irish Prisons Board 360

Dermoid Tumour of Testicle 360

SCOTLAND.

Medical Graduation at Aberdeen University 361

Honorary Degrees by the University of Glasgow 361

The Chair of Botany at the University of Glasgow, &c. 361

SANITARY DEPARTMENT.

Recent Investigations into Outbreaks of Enteric Fever 361

Correspondence 362

Literature 364

Medical News 365

NOTICES TO CORRESPONDENTS 366

Original Communications.

CLINICAL REMARKS ON SECONDARY SYPHILIS.

Address delivered before the Harrogate Medical Society.

BY

ANDREW SCOTT MYRTLE, M.D.,

President of the Society.

I HAVE chosen this subject because I have found, especially during the last few years, some remarkable and, to me, puzzling facts among the syphilised—facts which to my mind are all the more valuable, because they assist in affording convincing proofs of the necessity of adhering to the ancient faith in mercury as the only specific which has the power of ridding the system of syphilitic virus. Before giving you an outline of a few cases illustrative of the axiom I desire to point out, I may state that in every case I have treated in Harrogate I have invariably adopted a method similar to that which is enforced at Aachen and other Continental spas, whereby the waters and baths are made to co-operate with mercurial therapeutics, and these embrace the introduction of the drug by the mouth, and skin by inunction, fumigation, and hypodermic injections; the result of this combination has led to the most gratifying issues, and I need scarcely add that if it has done so during the past somewhat imperfect sulphur water supply for bath purposes, it ought to prove infinitely more beneficial under the new *régime* which 1885 is to inaugurate. As fellow-workers I would ask you to give this plan a fair trial, and to keep a faithful record of the results, in order that we may obtain collective evidence of the value of Harrogate treatment when carried out on the self-same plan as that which has made Aix-la-Chapelle the special health resort for the "tainted" from every corner of the civilised world. During my early professional years most cases, in fact, I may say, all cases of primary sores, whether solitary and hard, or multiple and soft, were treated most heroically, without reference to idiosyncrasies or conditions, with mercury. In the syphilitic wards of the Royal Infirmary, Edinburgh, during my student days, from 1840 to 1844, I used to see patients hanging their heads over the edges of their beds, the saliva running from them in an almost continuous stream; very shortly after that this excessive and injurious dosing was abandoned, and now, and for years past, in the very same wards no mercury is prescribed for any kind of primary sore, the disease is allowed to run its course like measles or scarlatina, so that the virus may exhaust itself, or, in other words, play havoc with every tissue and organ in the patient's body. The more I have seen of such cases, the more am I convinced of the fact that every syphilitic primary sore, having any of the characteristics of a sore, which in a former case was found capable of giving rise to any form of constitutional syphilis, *should be treated by a careful and protracted mercurial course, as the only means affording the greatest security against the development of the syphilitic taint*, and I regret to confess that even after such a course we occasionally fail in our efforts. The wonderful hold syphilis exercises over its victim shows itself often in the following manner:—Patients are constantly sent to Harrogate on account of apparently non-specific forms of the most common skin affections—eczema, psoriasis, lichen, prurigo, &c. They have been treated by the usual remedies, under their ordinary attendants, without the slightest good; they are treated here by waters and baths with no better success. In some of these, circumstances prevent your ascertaining the previous medical history, but that need not hinder you from trying mercury as a test remedy in order to throw some light on their pathology, and it is marvellous what this little experiment will effect; in cases where you can ascertain the previous existence of syphilis, you need have no hesitation, combine mercurial treatment with your sulphur baths and a cure is speedily established. My favourite method is the old-fashioned one: Grey powder morning and evening, with mercurial rubbings; where there is a cachetic habit I have found much satisfaction in giving the tannate of mercury as

well as the bichloride; for hypodermic purposes the preparations known as the albuminate and peptonate in grain and a-half doses, are injected into the muscular substance of the hips once in the 24 hours. Whichever form you employ it need not be pushed to an extent, so as to interfere with the patient's going about, unless in very exceptional cases, so that the special treatment which our springs afford may be carried out at the same time. The following case shows what a hard chancre can accomplish when left entirely to itself:—

A. B., æt. 42, married, has four healthy children, for some cause or other has not cohabited with his wife, or occupied the same room for two years. About eighteen months ago he observed a small hard pimple on prepuce, it gave him no pain, and he thought nothing of it; the top came off, and a little sore remained for weeks, he could not say how long; months afterwards his throat began to trouble him, but that did not cause him anxiety, so a gargle from a chemist was quite good enough. He went on gargling for a long time, then he got rheumatism in his bones, and the chemist gave him a rubbing bottle, and some simple medicine to take, and he stuck to these for many weeks. At last some ugly patches of inflammation appeared on his scalp, forehead, and face, and his wife could not bear to see him disfigured, so I was called in. At a glance I saw how matters stood, I told him that he was suffering from a very marked form of secondary syphilis, and he at once told me the truth, but until I mentioned it he had no idea that he had even contracted the disease. You may be sure I did all I could for him, and here was the result: The skin became the seat of half-a-dozen forms of syphilitic eruptions, the throat of as many ulcers, in a few months the periosteum of shins, forearms, and cranium became the seat of inflammation; some months later his memory began to fail, his temper became irritable, violent, maniacal, from the severity of intercranial agony; in due course epileptic fits and paralysis followed, and at this moment he is a helpless imbecile. Now that is a case where accidentally the virus was allowed to run its course without treatment, the result to say the least is not very encouraging.

The next case is in every essential the opposite of the other. It is now above twenty years since I received a message to visit an infant on account of a severe form of skin disease. I found the case one of congenital syphilis thoroughly typical; the infant was three months old; suffered from snuffles, erythematous blotches over the whole body, cracks at mouth and anus, voice rough and croaky, limbs shrivelled, skin dry and dirty. Her father was in a great rage, declared the child had got the disease from her wet nurse, and he would have her punished if there was law in the land. I asked to see the nurse; she had been turned off that very morning; asked what sort of woman she was, if married or single; was told that when she came she was a fine healthy married woman; capital nurse; at first the baby got on so well, but in about seven weeks it began to fall off; some spots appeared about its seat; these were followed by similar eruptions about head, ears and neck, then its mouth got sore and it could not suck, shortly after this the nurse complained of cracked nipples, and spots came on her face and she lost health and strength, in short she was the subject of syphilis, but instead of giving it she poor creature had got it from the baby. I asked the father to have a talk; I then told him my opinion, which he did not relish, maintaining that he and his wife were perfectly well—had pox when a youngster, but been treated with mercury and potassium under Sir William Fergusson for two years, had by Sir William's orders remained unmarried for two years more, when, obtaining a clean bill of health, he married a handsome healthy girl, she dropped her first at the fourth month, the second about the seventh, both had been dead for some days before birth; this therefore was the third child. To this gentleman's intense disgust, I asked him to strip, and then I pointed out to him a distinct dry scaly rash on his breast, a few spots on his thighs and legs showing that he was still under the influence of the syphilitic poison. I had an interview with his wife, she was pale, listless, often had slight sore throat with cold in head, suffered much from neuralgia; never felt well for a single day, but otherwise she presented no outward symptom indicative of her being the subject of syphilis. The infant got rapidly well under bichloride of mercury; the rash in the father disappeared after 16 mercurial vapour baths and a course of Plummer's pill and iodide of potassium. The mother underwent a similar course without the baths. When the infant was a year old she was brought to me on account of a tumour behind the right ear which was being pushed forward by the rapid increase of this growth; it was round, the size of a chestnut very vascular, attached to the mastoid by a broad base, it had a malignant look, and knowing the family history I sent the case to Mr. S. Hey, of Leeds, who removed the tumour, and on examining it found spindle-shaped cells in great abundance; the child made a good recovery, and is at this day as healthy, vigorous and bright as any one could wish. Two other children were begotten at intervals of two years, the parents showing no signs of the special taint, yet each child on reaching the sixth or seventh week exhibited the very same symptoms as their sister, and were cured by the self-same treatment, and are now fine healthy girls. The plan of treating these cases was very simple, the bichloride was given in the milk. I am aware that some authorities advise mercurial ointment to be rubbed into the soles of the feet or spread on lint and worn round the body of the child, but I distinctly prefer giving the drug with its food, it is then converted into a peptonate, and in my experience has never caused any unpleasant symptom, the unhealthy skin of the child should be left as much as possible undisturbed. I even put a stop to all cleansing by means of water using soft dry rags or cotton-wool instead, if anything requires softening I use nothing but cold cream; what is difficult to understand here is, how the parents showing no signs of constitutional taint for a year before the birth of the two last children, should be able to give to these children the same amount of congenital proclivity to syphilitic symptoms as their elder sister who was born when her father clearly exhibited secondary symptoms, and the mother as clearly suffered from anæmia as well as certain neurotic symptoms referable to the same cause.

Mr. D., æt. 45, was sent to me by his medical attendant last August on account of what was supposed to be eczema, married, wife and all family well and strong; forehead and face marked with old scars, tongue large, whitish, exhibits numbers of superficial cracks giving it the appearance of tanned crocodile's hide; on his trunk and extremities we have five or six different kinds of syphilitic rash, from the calves to the ankles acute eczema with intense itching and infiltration of cellular tissue,—had chancres when 18 years of age, secondaries followed, was skilfully treated and cured; never had connection with anyone but his wife, since marriage;—has been greatly worried and overworked of late, and felt rapidly running down, when the rash appeared had to give in, great pain along the shin bones, aggravated at night. I gave him hyd. c. cret. night and morning, rubbed in blue ointment to thighs, kept his legs wrapt in cloths soaked with mild sulphur water, he was so ill had to keep bed for the first week, after that he was able to go to baths, took one daily during the rest of his stay, at the end of the fourth week he left Harrogate apparently as well as ever he had been. I wrote him when I determined to give this address, and find he has continued in good health ever since. The puzzle here is how did this man become the father of a family, everyone of which was born at the full time, grew up strong and healthy young men and women, the mother was perfectly healthy, and the father during all these years must have been the subject of latent syphilis.

Mr. E., æt. 39, contracted syphilis in England just

before starting for India twelve years ago, was badly treated on board ship, and was *hors de combat* on arrival in Calcutta; had bad secondaries, especially affecting throat and tongue, was under treatment for three years, when he was pronounced well, and got married, wife healthy, has three healthy children, left India three months ago, on arrival in London lived very freely, drank largely, but never went with any woman but his wife; a few days before I saw him felt very seedy and depressed, thought his liver was to blame, so he came to Harrogate. The morning after his arrival he came to me complaining of his throat, I noticed the syphilitic tongue and mucous membrane, and at once told him the nature of his symptoms, the whole of the throat was of a dark livid colour, raw, with two dark gangrenous patches in its posterior wall, these I touched with strong nitric acid, the rest with glycerine and carbolic. Cleared his bowels out with compound jalap powder and calomel, and made him gargle with a solution of chlorinate of soda. In three days his throat was well, but his tongue presented the most extraordinary appearance, wherever it rested on a tooth was ulcerated, the upper surface was arched, hard, dry, looked and felt like a piece of leather; the under surface was red, raw, ulcerated, he could neither speak nor swallow. I applied a solution of nitrate of silver 20 grains to the ounce, and, as he was in great pain, gave morphia per rectum, next morning the tongue looked a little better, and I took a stick of nitrate of silver and went over every part, rubbing it in just as I do in lupus, instead of causing great suffering he said it gave him relief. This was repeated daily five times, and after the fifth dressing the parts assumed the appearance of health. He then went under a course of waters and baths with the greatest benefit, and returned to India in October quite well. This case, like the other, had syphilis latent in him all these years, still neither wife nor children were brought under its baneful influence. The way in which his throat and tongue were affected was identical with that he had in Calcutta, and oddly enough, after I applied the solid caustic, he said "My doctor in India did the same thing."

The next case is that of a lady who contracted syphilis from her husband; she had suffered most severely, lost the bridge of her nose and a considerable portion of the outer plate of the frontal bone; her joints were rapidly becoming stiff from syphilitic rheumatism, the knees, elbows, hips and shoulders were rapidly becoming more and more useless, and the fingers of the right hand were drawn to the palm, and could not be opened, the spine was also involved, so that she could not straighten herself. So helpless was this patient, baths were out of the question, although she was sent here by her doctor in order to have a full course of sulphur baths. Evidently we had rheumatic gout to contend with, plus syphilitic taint, for the latter she had been thoroughly and most successfully treated, my object was to try if I could reach the degeneration going on in the joints and their surroundings. I confess I had grave doubts about it, because of the extreme delicacy and sensitiveness of my patient, but I determined to feel my way. I began with four ounces of the mild sulphur water, warm, thrice a day. I had the joints wrapped in flannel cloths wrung out of hot strong sulphur water, and covered with waterproof. The hand was immersed in the same for fifteen minutes every morning. During the last four weeks my son went every day and made use of passive motion to fingers, wrists, and elbows; no medicine was given; and at the end of twelve weeks the patient could walk half a mile with comfort, open and shut her hand, use her fingers, and what was the greatest triumph of all, put her hands to her head. This is the most successful case I have ever seen in my whole experience, and shows the subtle way in which the sulphur water acts under the greatest difficulties.

In conclusion, let me draw your attention to the vast number of married women whose health has been undermined by what they speak of openly to us as "the taint" they have got from their husbands. Physically they present no very pronounced signs of that taint, but they are never well, easily knocked up, their blood is poor, their nerve centres easily disturbed or exhausted, they readily exhibit many of those symptoms depending on the loss of that wonderful balance maintained between the heart and vessels on the one hand, the ganglionic centres and vaso-motors on the other; here you have an explanation of those terrible headaches, palpitations, flushings, mental depression and sleeplessness, and what is often quite as bad, that sense of moral degradation which a pure, high-minded woman must have at the thought of her body having become thus defiled: this very thought has driven many in their silent sorrow to seek forgetfulness in drink and sedatives; and I mention this in order that I may point to the necessity of guarding against the careless prescription of either for the relief of symptoms which naturally tend to the desire for both. In such cases I have seen great benefit follow the fullest course of the chloride of iron spring in conjunction with the daily use of the needle bath. I have also prescribed arsenic in combination with hydrochlorate of ammonia and pepsin with very good results. The substitution of pure glycerine instead of sugar to every article in the way of food or drink requiring sweetening has also proved of the greatest assistance, acting much in the same way as cod-liver oil, both as a food and a fuel. Glycerine has the advantage of being easily assimilated, even by subjects who find any kind of oil too much for their weak digestive organs.

NOTE ON
THE USE OF IODIDE OF POTASSIUM IN INFLAMED BREAST.

By SAMUEL WELCH, M.R.C.S.E.

Having been frequently disappointed with the ordinary remedies in the highly troublesome condition arising from the presence of milk in the breast after the death of the child, or in cases of still-born children, and having found that the effects of belladonna are often uncertain, and that purgatives, although certainly useful, are frequently unreliable, I determined to try the effect of iodide of potassium applied locally in the form of an ointment, and I have met with great success from its use in this manner.

The system I pursue is the following:—I have the breast suspended in a sling to prevent all dragging, and pressure exerted on it by means of folded napkins. I then order a free inunction of the iodide of potassium ointment three times a day, administering purgatives internally. For the first two or three days, should it be necessary, I have the milk drawn off once daily by the nurse, and find almost invariably that after a few days all troublesome symptoms pass away, and any anxiety on the score of the milk is removed.

STRYCHNIA POISONING.

By WILLIAM DONOVAN, L.R.C.P.Ed.

Saw Mrs. C——, a married woman, on the 9th of February. She was stated to have taken the contents of a threepenny packet of Battle's rat poison some half an hour previously. When I arrived she was perspiring profusely, and was perfectly limp, and appeared to have lost all control over her muscular system. When lifted up she simply sank down again like an empty sack. Her features expressed great anxiety, and a slight general twitching seemed to have commenced. I was informed that an emetic had been administered. Seeing the gravity of the case, and fearing to aggravate the increasing muscular irritation by further attempts at emesis, I ordered a draught containing forty grains of chloral to be given at once, to be followed in half an hour by another of thirty grains, if the twitching continued. On calling about two hours

afterwards I found it had been necessary to give the second dose. This had the desired effect, and the woman passed a fairly good night. Next morning the only remaining effects were great muscular pain and prostration, which passed away in a few days. I may mention that the woman was three months advanced in her fifth pregnancy.

Lumleian Lectures

ON

SOME POINTS IN THE NATURAL HISTORY OF PRIMITIVE DRY PLEURISIES.

Delivered before the Royal College of Physicians.

BY SIR ANDREW CLARK, BART., M.D., LL.D.,
Fellow of the College; Physician to the London Hospital.

LECTURE II.—(*continued.*)

THE proliferative pleuritic exudations which I now proceed to describe are of more frequent occurrence than the other two, more varied in their course, and more enduring in their larger issues and effects. They are still further distinguished in their origin from fibrinous and croupous exudations; for whilst the latter are preceded by the phenomena of inflammation, and accompanied by an abundant fluid exudation, the former sometimes arise, increase, invade the lung, and undergo textural changes unaccompanied by any other phenomena except those belonging to a slow and simple textural growth. Indeed, this variety of proliferative exudation often passes almost imperceptibly into pleural new growths, and further on I shall have to advert to several cases of this kind. Beginning in the subpleural connective tissue, and accompanied from the first by active cell proliferation, this exudation passes through the pleural matrix in two ways. Accompanied, as is usually the case, with an abundant fluid plasma, the exudation reaches the pleural surface without apparent breach of continuity. Unaccompanied by any such fluid, proliferating cells arranged in pointed groups push their way through the pleural matrix, and, making breaches of continuity therein, reach the epithelial surface, spread rapidly thereon, and unite to form a continuous proliferating neo-membrane, which at various parts differs in aspect, consistence, and thickness. The even membranous form, however, is not always maintained. Sometimes, when the masses of cells and fibres are loosely disposed and soaking in a glutinous fluid, the free surface assumes the honeycombed or alveolated appearance already described in connection with fibrinous lymph. Sometimes, when unaccompanied by any fluid, the free surface becomes studded with clusters of granulations, nodules, or sessile warty-looking lumps; sometimes it is clothed with papillæ, or with fringe-like branching processes. In either case adhesions are speedily contracted with the costal pleura, and the intervening space becomes slowly filled by the connecting bridles, bands, or masses of actively proliferating lymph. The meshes of the exudation become filled with fluid; and when the meshes are large and the fluid abundant, the movements of breathing heard when listening to the chest with a stethoscope beget pleural râles which are difficult to localise and understand. After a time the whole space between the pleural layers becomes filled with a solid exudation, and this, increasing in density and in hardness, becomes, with the visceral and costal pleura, fused into a tough, unyielding fibrous reticulated and laminated mass.

The structure of this exudation varies with its age. In the beginning, or at least as soon as it can be examined, it consists of an obscurely fibroid, and sometimes areolated basis substance, of a close network of fine molecular-looking fibrils, of leucocytes, nucleated cells, fusiform fibre cells, and desquamated epithelium. In addition to these elements, there are always present in varying amount, oval or oat-shaped free nuclei, red discs, and a few hyaline spheres. After a short time the network of molecular fibrils entirely disappears, the basis substance remaining becomes more distinctly fibroid, and constitutes a fundamental support for other changes in progress; leucocytes, or round cells resembling them, increase; fibre development from cells advances; new vessels shoot out in various directions; active cell proliferation subsides, and the bundles of freshly formed fibrous tissue become arranged either in lamina, when they sometimes exhibit a striking resemblance to unstriped muscular tissue, or in areolæ, through which communication with lymphatic spaces or channels is ultimately established. But whilst development has been thus proceeding towards the costal pleura, it has been also, in a certain number of cases, advancing into the substance of the lung. In the first instance it is only the subpleural alveoli which are affected, and their first mode of affection is a croupous, or more rarely a caseous consolidation. Later on the proliferating exudation steals along the interlobular fissures, consolidating the peripheral alveoli of the lobules, seizes upon the peribronchial and perivascular connective tissues, enters the lobules at their roots, and travels along the terminal air passages, blood-vessels, and lymphatics into the alveoli. During this time the proliferating exudation consists essentially of two parts, constantly varying in their quantitative relations to each other, of the proliferating and fibre-growing cells, and of the fibroid basis substance already described. Sometimes, without obvious reason, the one predominates, sometimes the other; but they always concur; and when the alveoli are affected the cellular part always predominates in their walls and the fibroid in their contents. In the course of this progression of the exudation from the superficial to the deep parts of the lung, and from the root or from the circumference to the centre of a lobule, all the pulmonary tissues become affected; and the kind and degree of the affection determine the aspects which the lung shall afterwards assume, and the course which the malady will eventually pursue.

It may be said in a general way that the first effect upon the pulmonary textures consists in vascularity and swelling, the second in hardening and contraction, and the third in caseation and destruction, or more often in destruction without caseation. According to my own observations, they may, in abstract, be described in the following manner. The interlobular areolar tissue, increased in vascularity, swells, proliferates, hardens, and developes occasionally in its midst, either small, tough, fibrous-looking knots, or minute lumps and lines of cheesy stuff. Increasing in breadth, the interlobular septa encroach upon the lobules and compress them in various directions, and, at the root of a lobule where the bronchus enters and the vessels enter and emerge, the parts become so constricted by the fibroid invasion that their nutritive and functional activities are seriously depressed, and the integrity of the lobule as an organ is put in growing peril. The smaller branches of the pulmonary artery are greatly thickened by proliferative swelling of the outer and inner coats, and the latter coming to look like a richly nucleated laminar fibroma, develops on its free surface granules or nodules, sometimes large enough to obstruct the lumen of the vessels. Some of the capillaries are obliterated, some are dilated, some are aneurismal, but all are thickened, and in many the centres of their endothelial plates are occupied by larger or smaller groups of proliferating free nuclei embedded in a fibroid substance. The terminal bronchi in the midst of the indurating exudation are affected in divers ways. Sometimes they are thick, hard, and compressed; sometimes they are soft, loose, thin, and generally or locally dilated. There is, however, almost always thickening of the adventitia, with the occasional deposit of minute caseous lumps therein; the muscular coat is in a state of degeneration or undergoing fibroid substitution; the elastic bands are still undisturbed; and the mucous membrane, congested, infiltrated with a fibroid basis substance, and

studded with oval and oat-shaped nuclei, has for the most part lost its ciliated epithelium, which is replaced by a layer or layers of columnar, cuboidal, or flattened cells. The alveolar walls are irregularly thickened, the intercapillary spaces are occupied by a nucleated fibroid tissue, which at one part destroys a portion of the capillary network, and at another projects into granulations or nodules; the alveolar endothelium is replaced by layers of subspheroidal or flattened cells; and the alveolar cavities, already encroached upon by the thickened walls, are at some points occupied by masses of a fibroid substance, with a few round or oval nuclear particles therein. From the concurrence and co-operation of these and other structural changes the affected portion of lung is at length brought into a condition which practically, if not theoretically, must be regarded as a pathological autonomy or entity. In this state the affected portion of lung encapsuled by layers, more or less numerous and thick, of indurated pleural lymph, diminished in size and irregular in form, heavy, dense, tough, and uncrepitant, feels like a mass of india-rubber of unequal thickness throughout. The surface of a section made through such a lung, intersected by fibrous bands, springing from and returning to the thickened pleura, and broken by the patulous mouths of bronchi and blood-vessels drawn closely together, is of a dark reddish-slate colour, veined between the septa with whitish branching lines, studded with fibrous knots or caseous granules, and closely spotted with muco-purulent points. Cut with difficulty and creaking under the knife, the affected lung when compressed yields from the smaller bronchi larger or smaller quantities of inspissated pus, and, from the parts between, a sometimes scanty, sometimes abundant serum, rich in blood-discs, leucocytes, pus-globules, nucleated cells and fibres, hyaline and granule spheres, and free nuclei. Under various names, and ever since pathological anatomy has been cultivated, this condition of lung has been a subject of discussion among pathologists. It is the grey induration of Andral and Addison, the pulmonary cirrhosis of Corrigan, the fibroid of Sutton, Bastian, Moxon, and Wilks, and the chronic interstitial pneumonia of Charcot, Wilson Fox, and Hamilton. Furthermore, this fibroid induration represents in part an early stage of the condition of lung eventually developed by the habitual inhalation of irritating particles of coal dust, stone, or steel.

For an indefinite time, and even beyond the average duration of life, this condition of lung may in favourable circumstances remain stationary, and be found compatible with fair health and all the ordinary duties and enjoyments of life.

But circumstances are not always favourable. In failure from any cause of the general health, and especially under the influence of recurring irritations of the respiratory passages, the various changes constituting the fibroid lung advance, and out of them by metaplastic or by other methods new ones arise. For a time the new and advancing changes are still compatible with tolerable health. But sooner or later they assume a regressive character; the tide of action turns against the organism, and by slow degrees it succumbs. Examined at this stage, the lung exhibits, in addition to the alterations already described, sundry new ones. These are minute accumulations of fat, patches of vesicular emphysema, excavations of various forms and sizes, and, in an uncertain but not large number of cases, (a) cheesy masses and bronchial dilatations. To some of these alterations I shall devote a few remarks. Unquestionably some of the emphysemas present in the fibroid lung are the results of physical forces acting in well-defined conditions. But a certain number arise in a different manner, and for the most part they are to be found in the midst or on the borders of the fibroid indurations. It is probable that these emphysemas are produced by more or less complete obstructions of minute branches of the pulmonary artery. For in certain experiments which I performed some years ago I found that by injecting sand or finely powdered glass into the jugular vein, and so producing embolism of some of the intralobular branches of the pulmonary artery, fatty usure, and then emphysema, followed in the territory supplied by the blocked vessel.

Of the excavations or dilatations met with together or separately in the degenerating fibroid lung three deserve notice: the fibroid, the caseous, and the bronchiectatic. The simple or fibroid excavations are small, elongated, irregular, and contain a thin, and sometimes blood-stained, pus. When comparatively recent the surface of the cavity is soft, shaggy, and congested; it is composed of mere fibroid stuff in a state of dissolution, and of fragments of the elastic areolæ of the alveoli, seen by the help of a simple lens, hang from it like bits of tangled thread. When of ancient date, the interior of the cavity is smooth, vascular, and apparently formed by an organised membrane; it is, however, nothing more than an infiltration and induration of the lung substance immediately surrounding the cavity; and although the cavity in some sense secretes, its enlargement proceeds by disintegration of the free surface and a less proportionate "filling in" from behind. The contents of this form of cavity, never a true pus, is produced in some degree by metaplastic processes, but in the main by degenerative and necrotic changes. Unless when old and stationary, elastic areolæ and the débris of disintegrated bloodvessels are always to be found in the contents. The caseous excavations are small or large; the small excavations appear to be formed by a process of necrotic dissolution pure and simple. In the interlobular fissures they seldom extend, and almost always heal through secondary fibroid processes. The large caseous excavations are also, in the main, produced by the chemical changes which finally determine necrotic dissolution; but in a small degree proliferative and metaplastic processes concur, and hence the presence in such cavities of pus-globules, free nuclei, and nuclear fibre.

The caseous masses sometimes found in the interior of the fibroid lung vary much in size; sometimes about the size of a garden pea, they are occasionally larger than a walnut. They are composed principally of epithelioid cells, and in small part of leucocytes, of free nucleated bodies, and of much granular débris, pervaded occasionally by an obscurely fibrillated basis substance. They arise plainly enough in proliferation of the alveolar epithelium, and in the secondary textural changes which that proliferation after a time originates. Sometimes, when small, the masses are surrounded by fibroid tissue. The cause of their development is difficult to determine; but as far as my own personal observations go, the conditions of their genesis are brought about by the concurrence of gradual thickening or compression of a branch of the pulmonary artery, with obstruction, more or less complete, of the neighbouring lymph channels.

Concerning the bronchial dilatations and bronchiectatic cavities, it must be observed that, in the first place, contrary to what might be expected, in a greatly contracted lung they are present only in a small minority of cases. The dilatations are of three kinds: cylindrical, fusiform, and globular. No single hypothesis of their mode of origin hitherto advanced seems adequate to account satisfactorily for the whole facts accompanying their development. Sometimes they are present when there is little induration or contraction of lung; and sometimes when induration and contraction are extreme they are absent. To traction of the thoracic walls and of the interbronchial fibroid tissue as factors in the evolution must be added the active forces in certain conditions of inspiration and expiration and degenerative changes in the bronchial walls. In every dilated bronchus such changes are to be found, and they consist, for the most part, in fatty degeneration of the cartilages, necrotic coagulation of the muscular tissue, and fibroid

(a) I exclude from this statement minute alveolar caseations, almost always present in the immediate neighbourhood of lymphatic pleural exudations.

invasion of the parts below the basement membrane of the mucosa.

Cavities in connection with dilated bronchi arise at least in two ways: from necrotic solution of caseous lumps in the peribronchial areolar tissue or peribronchial alveoli, and from ulcerations of the bronchial mucosa penetrating the alveoli. When formed, these cavities become, of course, subject to the same dilating forces of the bronchi; and not only under the influence of the general respiratory forces, but also under the traction of neighbouring cicatricial bands, they assume the most varied and irregular forms.

Thus altered by the further invasion of the fibroid process and by its secondary effects, the lung with its consolidations and cavities, its fibrous nodules and caseous lumps, presents the characters of ordinary phthisical disease, and would be commonly regarded as a variety of the tubercular process. And if it be true that the nature of a disease is to be determined not by its completed history during life, but by the structural changes discovered after death, then it must be confessed that there is much to be said in support of the popular view of the tubercular unity of phthisical disease. And if, still further, we accept without reserve the experiments of Koch and the assertions of his followers, that in every such lung as I have just described certain bacilli will be found, and that the terms "tubercular" and "bacillary" are co-extensive and convertible, then it must be conceded that the debate is closed and the question settled.

But for my part, supported as these statements are by the most ingeniously devised and carefully executed experiments, I cannot accept them in the subject under consideration, with unconditional reserve. For in several cases of phthisical disease following upon fibroid invasion of the lung, I have failed to find the tubercular bacilli in the expectoration or in the lungs. To this it has been replied, that if the investigation had been properly conducted, the bacilli would certainly have been found. The only answer I can make to such an assertion is this: that the process which fails to reveal veritable bacilli in fibroid perfectly succeeds in tubercular cases. But assuming, for the sake of argument, that tubercular bacilli are to be found in every ulcerative non-malignant disease of the lung, and that, unlike every other organ in the body, it is insusceptible of any other chronic inflammatory or ulcerative process but the tubercular, our difficulties are not at an end. It is not easy to see how mere differences of constitution and soil can reconcile, with the exclusive action of a single causal agent, the widely different histories of the affections now grouped under a single species by the bacillary hypothesis. And the difficulty is not entirely met by the reply of "chronicity," when we remember how, into whatever texture or organ we pursue it, the structure of the tubercle in acute tuberculosis is always the same. It is quite true that in the lung a tubercle when it appears excites fibroid and pneumonic changes, and that one or the other, or both, may so increase as to completely hide the tubercular nodule; it is quite true that sometimes the fibroid, and sometimes the pneumonic change predominates; and that, in the latter case, the progress of the pathological changes is speedy, and that in the former it is slow; it is quite true that in the tubercular nodule there is a fibrous element, and that sometimes its growth is so disproportionate to the other structural elements that it extinguishes them; and it is quite conceivable, although in over four thousand autopsies I have never seen such an occurrence, that in a veritable tubercular lung one could nowhere find, in its fibroid consolidations, conclusive evidence of the former existence of the tubercular neoplasm. All this is true, or conceivably true, but it does not refute the observations made by others as well as by me, that inflammatory and non-inflammatory fibroid products may invade, alter, and disintegrate the lung without the presence at any time of either the true tubercular nodule or of the veritable bacillus. To assert that a fibroid pulmonary induration is incapable of ulcerative excavation except through the medium of tubercular bacilli is, to say the least, an unproved assumption; and, for the present at least, has no greater claims to unconditional acceptance than the assertion, made with equal confidence a year or two ago, that the presence of giant cells in a given growth was conclusive as to its tubercular nature.

Finally, it must not be forgotten that in accepting the bacillary hypothesis as a dogma no longer can be questioned, we shall have to range under one name diseases which, with apparently nothing in common but the presence of bacilli, are yet not only in the same body but even in the same organ, widely different in their symptomatic characters, course, duration, effects, and issues; and that, unless we are to lose some of the most precious parts of our recently acquired knowledge, and to ignore distinctions justly founded on concurrent clinical and pathological observations, we shall have to re-classify bacillary affections in such a manner that, whilst the bacillary supremacy remains acknowledged, the differentia giving them permanent and real, although subordinate, individualities shall be formulated and maintained.

The homoplastic are not, however, the only changes which occur in the exudations of primitive dry pleurisies. Metaplastic changes arise; and out of the simple structural elements of the proliferative exudation are developed such changes of form and of arrangement as constitute, within certain limits and conditions, fibrous, syphilitic, leprous, and other growths. But neither upon them nor upon the larger considerations which they suggest have I time at present to dwell. Reviewing the pathological changes brought about by primitive dry pleurisy, it becomes plain that they may be properly arranged as so many pathological entities in four divisions: the neoplastic pleuritic membranes, the fibroid lung, and bronchiectatic lung, and the fibroid phthisical lung. The complete and adequate understanding of these pathological changes is undoubtedly important, but it is not sufficient; for, although sometimes they are the direct results of injury coming from without, they are in the majority of instances the anatomical renderings or structural expressions of underlying states of system which are of the essence of the disease, and demand the first and chief attention. To these dynamic states we should now naturally turn in order to learn how, by their integrations and desintegrations, their ceaseless groupings and shifting equilibria, they originate, maintain, transfigure, and end the varying structural forms which are the only visible manifestations of their presence. Such an inquiry, however, would lead us into the realms of speculative pathology, and leave out of sight the clinical uses of our anatomical study. To this humbler task let me proceed; and in trying to show that the pathological entries have corresponding clinical autonomies, let me endeavour to turn the knowledge of this relationship into use for the daily business of our lives.

Before proceeding with this task it may be useful to state more formally than I have done the position which, at present, the bacillary hypothesis seems to hold in the scientific mind. In the first place, it is held that there is nothing autogenetically distinctive in the structure or form of a tubercle; that what alone makes a growth tubercular is the presence in it of the tubercular bacillus; that tubercular bacilli are present in all tubercular and scrofulous products which are thus in nature essentially identical; and that their absence, at some given time from such growths, is not a proof that the bacilli have never been present, but merely that they have been destroyed by some curative change in the tissues invaded by the parasites. In the second place, it is held that the inoculation of certain healthy animals with the tubercular bacilli is followed invariably by an eruption of acute general tuberculosis, and that the tubercle thus begotten, as well as their successors for generations, remain inoculable and virulent. In the third place, it is held that the inoculation of healthy animals with substances

not containing tubercular bacilli are invariably inaructive, or fructive only in products which are either sterile or beget only local effects. In the last place, it is held that the true and sole causal agent of tubercular, scrofulous, and allied diseases is the tubercular bacillus; and that the various forms which they assume, and the different courses which they follow under the irritative action of the bacilli, are accidental results due to local peculiarities of structure, the influence of external circumstances, and the constitutional tendencies of the invaded organism.

But whilst some of these contentions are proved, and some are probable, they are neither universally nor unconditionally accepted. There is a minority of persons, and I place myself among them, who contend that the exclusively causal agency of the bacillus, although extremely plausible, is not conclusively proved; that a greater number and variety of experiments of control are yet needed to satisfy a just scepticism; and that, even now, in the affections discussed, there must be admitted the existence of bacillary and of non-bacillary consolidations; and therefore of a bacillary and non-bacillary phthisis. (*a*)

At the present time, when men are still in the fervour of their conversion to the brilliant experimental discoveries of Koch, such protestations of a sober judgment will be regarded as unpardonable sins, and punished with suitable severity. Well, the sufferers under chastisement must console themselves with the reflection that it is only those whose judgments have been disturbed by emotion, or who have never sounded the deepest depths of knowledge, or who have not passed through the perils of its subtlest casuistries, that are exempt from difficulties, [or doubts, or fears; and that for the most part truth is won, not by those who rush impetuously forward in its pursuit, but by those who, with open and eager mind, are yet in patience content to "labour and to wait."

Clinical Records.

ST. MARY'S HOSPITAL.

Undescended Testicle—Strangulated Hernia reduced en masse — Operation — Removal of Testicle—Pleurisy Right Side—Cellulitis along Spermatic Cord—Recovery.

Under the care of Mr. A. T. Norton.

[From Notes by Mr. Clayton.]

H. W., æt. 32, carpenter. Patient first ruptured himself about ten years ago, when lifting some heavy timber. After wearing a truss there was no sign of the gut coming down for three years. He continued to wear a truss, though the gut rarely came down. Patient came to the hospital on the 12th of January, with a hernia down, which he could not reduce. He noticed it on Friday, the 9th of January, but did not feel any pain until the Sunday night. When admitted he had great pain across the abdomen. There was a right inguinal hernia, the size of a small orange, and the right testicle, undescended, was felt at the inguinal canal. He was put to bed, his buttocks and thighs were raised, and an ice-bag applied, and the hernia returned spontaneously. The hernia had been handled a great deal before he came in. Patient was very sick, and could not retain any food.

Jan. 13th.—Slept only about three hours. He still has the pains across his abdomen, but the sickness is not so great. His bowels have been open once since he came in. Temperature last night, 97·6; this morning, normal. Pulse 80.

14th.—Had a sleepless night; was sick once last night, and once this morning. Still great pain across his abdomen about every quarter of an hour. Temperature last night 98, this morning 98. Bowels not open. Pulse 84, irregular.

15th.—Did not sleep at all last night. He has vomited a great deal this morning. Pains across the abdomen still very great; worse after drinking anything. A small knuckle of gut was felt protruding this morning, but was easily reduced by the forefinger, which could be pushed nearly the whole length of the canal. His bowels have not been open again. Temperature last night, 97·6; this morning, 97. Pulse 116, weak and irregular.

Mr. Norton concluded that the hernia had gone back *en masse*, and the patient was accordingly taken into the theatre and placed under the influence of an anæsthetic. The skin having been transfixed over the hernia with a scalpel, the undescended testicle enclosed in the tunica vaginalis was then seen. The tunica vaginalis was opened and the testicle exposed as a large flabby mass.

It was expected that the gut would be found within the tunica vaginalis, but such was not the case; vulsellum forceps were therefore pushed up the inguinal canal and a sac seized, on opening which the intestine was found strangulated, but not seriously damaged. The sac was a very long one, and the neck at the uppermost part, within the abdomen, could not be reached with the finger; it was therefore drawn down, the strangulation severed, and the gut returned. Mr. Norton remarking that an undescended testicle was a dangerous complication, because of the impracticability of wearing a truss, considered it advisable to remove it. The wound was dressed with drainage tube and all antiseptic precautions.

16th.—Patient much better this morning, the sickness and pain having entirely ceased. 15 minims of tr. opii had been injected *per rectum*. Bowels not open. Temp. last night, normal. This morning, 98·2.

17th.—Patient comfortable; no sickness. Wound dressed this afternoon; found to be healing by first intention. Temp. last night, 101·4; this morning, 100·6 Pulse 104. Bowels not open.

19th.—Temp. last night, 100·4; this morning, 100·4. Pulse 120, regular but weak. Bowels open to-day for the first time.

The patient continued to improve until the 29th, when he complained of pain in the right thorax, but the wound from the hernia operation had nearly healed.

30th.—To-day Mr. Norton examined the patient, and found his breathing catchy, the number of respirations per minute being 35. The pain was felt mostly at the lower part of the pleura on the right side. There were some streaks of blood in his sputum. Temp. last night, 103·4; this morning, 101·4 Pulse 104.

A jacket poultice was at once applied, and the disease ran the ordinary course of a light attack of pleuritis with effusion, the highest temperature being 103, and the highest number of respirations 35 per minute.

On the 25th of February the report is as follows:—Respirations 21; temperature and pulse normal. Wound healed and a truss applied.

On the 10th March another complication arose. The patient complained of pain in right iliac fossa, and on examination there was considerable cellulitis and thickening in that region, extending upwards from the spermatic cord; the pulse went up to 112. Poultices were applied, the wound opened up, and a drainage tube pushed along the course of spermatic cord; suppuration continued, the induration subsided, and on the 20th the wound healed.

On the 26th the patient was walking about with a truss comfortably applied, and on the 1st of April he was discharged cured.

(*a*) De la Phthisie Bacillaire, par le Professeur Germain Sée, 1884.

A meeting of the General Medical Council has been summoned for May 12th, at 2 p.m. A meeting of the Executive Committee will be held on the day before, at 1.30 p.m.

Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND.

SURGICAL SECTION.

FRIDAY, FEBRUARY 20TH.

The President, Dr. E. H. BENNETT, in the chair.

ASTRAGALOID OSTEOTOMY IN THE TREATMENT OF FLAT-FOOT.

Professor STOKES commenced by drawing attention to the usually accepted theories as regards the ætiology of flat-foot—viz., ligamentous relaxation and a paralytic condition, of certain muscles connected with the ankle and foot, He adduced various arguments to disprove these views. Attention was drawn to Professor Ogston's researches in this direction, and an account given of the operation he has devised for the cure of the deformity in question; and objections to it were taken based on the operation being complicated and difficult, and followed necessarily by an obliteration of the medio-tarsal joint. Mr. Stokes believed that the defect causing flat-foot is due, primarily, to alteration in the tarsal bones, notably the astragalus, which change in it may be either congenital or the result of disease, probably rickets, and that this stretched, rather than relaxed, condition of the ligaments is a secondary rather than a primary change. In illustration of this view he demonstrated a specimen of the deformity taken from the Museum of Trinity College, and for which he was indebted to Professor Bennett. Having regard to the fact that in the irreducible cases of flat-foot osseous deformation is the chief factor, Professor Stokes believed that the rational treatment for such cases should be to deal exclusively with the deformed astragalus, and to do so without necessarily obliterating Chopart's joint. This he did in the case of a youth, aged fourteen, and with complete success. The parts to be operated on were rendered perfectly aseptic, and an incision an inch and a half in length along the inner edge of the foot made, the centre of which incision was the prominence caused by the head of the astragalus. At the centre of the situation of Chopart's joint, and the two triangular flaps of skin dissected back for about half an inch. A wedge-shaped piece of bone from the enlarged head and neck of the astragalus was then removed with an osteotome, and it was found then that by adducting and supinating the foot the arch was perfectly restored. The wound during its union was aseptic throughout, and the patient afebrile. The method Professor Stokes adopted for keeping the foot in a position of adduction was by the application of a Dupuytren's splint applied as in a case of Pott's fracture of the fibula. The result of the operation was most satisfactory, and casts of the foot, taken before and after the operation, were exhibited.

OGSTON'S OPERATION FOR FLAT-FOOT.

Mr. KENDAL FRANKS gave the details of a case on which he operated by this method on the 16th October last. The paper was illustrated by two impressions taken in charcoal, of the foot before and after operation. The first impression showed the foot resting on the length and breadth of the sole; a remarkable prominence on the inside, corresponding to the astragalo-scaphoid articulation, showed where the joint rested on the ground. The second impression showed that the arch of the foot had been restored, so that when the sole of the patient's foot was blackened with charcoal, and she was placed standing on a moistened sheet of paper, the paper received an impression only of the heel, the outer side, and the anterior portion of the foot. The operation wound was perfectly healed on the sixth day, and the highest temperature recorded was 99·2°. Mr. Franks contrasted this method with Mr. Stokes' method of astragaloid osteotomy, and argued that, as the latter method only rectified the deformity without dealing with its cause, it offered no security that in process of time the arch would not redescend. He considered that the primary cause was a relaxation of the ligaments, but that the immediate cause of the deformity was a yielding of the astragalo-scaphoid joint, so that it gaped below, as maintained by Ogston; hence, the only method hitherto devised which promised to be permanently successful was that which dealt with the joint, and which, by procuring bony anchylosis between the astragalus and scaphoid, would render any future yielding of the joint impossible.

Mr. CORLEY said, in order to explain his objections to the theories embodied in Mr. Stokes's paper and that of Mr. Kendal Franks, it would be necessary to refer to the mechanism intended for the support of the body at the ankle and chief tarsal joints. When the weight of the limb or body is thrown on the foot it practically rests on a triangle—the heel, the ball of the great, and that of the little toe—the centre of gravity being more towards the inner side of this triangle. There is a well-marked arch to support it, with accessory structures, including tendons and ligaments, which are much stronger than on the outer side. That the muscles—the tibiales—are stronger than on the outer side is plainly shown by the attitude of the foot in the infant before he has learnt to stand. This position is almost that of a "varus" deformity, the inner edge of the foot being pulled up, so that the soles look towards each other. If the weight of the limb or body be thrown thus on the inner side before the structures are developed enough to bear it, or when from weakness they have ceased to be able to support it, there is a valgus or flat foot. The centre of gravity is thrown so far in that it is supported on a single arch instead of a tripod, and, moreover, this arch supports a pressure, the direction of which is not directly downwards, but downwards and inwards. There is not only then a danger of the arch yielding at its highest point in the vertical direction, but also of giving way laterally from the direction of the pressure. The astragalo-scaphoid joint is the highest and most yielding part of the arch, but it has under it the support of the tibialis posticus tendon as well as the lower calcaneo-scaphoid ligament; but when the centre of gravity presses too much to the inside of the vertical plane of this arch, the inner astragalo-scaphoid ligament yields and allows a partial luxation of the head of the astragalus inwards. Not only then is the plane of that arch, which should be more or less vertical inclined so as to produce an acute angle with the ground, but its highest point is flattened, or even made to assume an angle pointing downwards. Once this latter process commences it tends to increase from the fact that the head of the astragalus, forced inwards, escapes from the support of the tibialis posticus tendon and calcaneo-scaphoid ligament. As the astragalus, os calcis, and ankle-joint are more fixed than the anterior part of the foot, this begins to yield outwardly to the superincumbent weight, and tends to make an angle salient at the astragalo-scaphoid joint. The weight rests then more or less on the inner side of the ball of the great toe, on which a callosity can be frequently seen. There is also a tendency in the anterior part of the foot to rotate on its antero-posterior axis, which movement is favoured by the ball-and-socket character of the astragalo-scaphoid joint, and consequently in an advanced case not only is the head of the astragalus forced downwards and inwards to the ground, but the lower tubercle of the scaphoid is rotated outwards, and ceases to be felt as a guiding point. This was verified in the case in which he assisted Mr. Stokes. The essential nature of flat-foot would seem to be a subluxation outwards of the anterior part of the foot at Chopart's joint, with a rotation at the same articulation due to the continuous weight from above exercised on a plane too far internal to the normal point of pressure. For the reasons he had given, he was satisfied that the disease commences in the ligamentous and tendinous structures; that if the bones eventually exhibit deformity it is from growth in some direction from which natural pressure has been removed.

Dr. SWAN, instead of praising the papers, preferred stating the impression which they made upon him. He was reluctantly compelled to say he considered most of Mr. Stokes' statements were misleading, and some of them appeared to him to be erroneous. Mr. Stokes had stated that the deformity of flat-foot was due to a mal-development of the bony structures of the tarsus, and without considering the degree or state of the affection he condemned all methods of treatment as useless except the operations, in which doubtless he included Ogston's as well as his own. He had himself, albeit the rarity of flat-foot, thirty-four cases in minor or greater degree, and had observed it under three distinct phases. It commenced with the sliding of the astragalus inward and the upper surface of the os calcis relaxing the ligament connecting the outside of the astragalus with the calcis. This produced, as Mr. Corley observed, an obliquity at the ankle-joint. The axis of the weight was thrown on its side. Next, there was a

relaxation of the plantar ligament. Looking at the anatomy of the parts, the outer division of the plantar ligament fills up the sinus pedis, which prevents displacement of the head of the astragalus, but the interval between the os calcis and the scaphoid is lengthened. Mr. Stokes had stated he observed this in persons of strong health. That was not, however, his experience, It was most common in weak, growing youths or girls, or in the class usually designated as leuko-phlegmatic. Again, examine the occupations those people subject to the deformity had followed. In his thirty-four cases no less than eighteen were grocers' assistants, confined in an unhealthy atmosphere all day and standing constantly. This would produce ligamentous relaxation. He was not prepared to say what influence this had on the ætiology of the affection. It was not an uncommon affection in people advanced in years subject to rheumatic arthritis, of which there were examples in the College Museum. In the second stage it was accompanied by a fusion of the muscular structures, which were chiefly of the anterior portion of the foot. The adductor pollicis and the muscles of the inner portion of the foot were atrophied, and the bones could be distinctly felt through those muscles. The tibialis posticus was involved. The third and last stage was one for which no doubt an operation of some kind would be desirable—namely, when the sole of the foot was altogether flattened and the head of the astragalus came upon the ground, and he believed also, as Mr. Corley had stated, occasionally the projecting point of the scaphoid. With regard to treatment, it would be too much to admit that all those cases which in the first and second stages did not present serious inconvenience were suitable for operation. The true clue to the treatment of the affection in the earlier stages was to approximate the extremities of the tendinous structures binding the bones together. If bony enlargement or mal-development caused the affection, how was it that in all those cases the foot could be reduced to its pristine symmetry by manipulation? That could not be done in the case of bony deformity. There was a distortion and rotation inwards of the astragalus, as Mr. Corley observed, but there was no enlargement until the last stage, when osteitis was the cause of the enlargement of the bone. He had seen spontaneous cures of the affection. In the case of a patient condemned to long-continued rest the foot regained its natural shape. Ogston's seemed to be the natural method to restore the arch of the foot, allowing the gradual restoration of the ligamentous structures, which appeared to be untouched in the operation.

The President suggested the excision of a wedge-shaped piece from the side of the astragalus without opening the ankle-joint. It was important to observe the distinction between the congenital flat-foot and the acquired. The observations made had been directed to the acquired. He did not know that any treatment would remedy the congenital, the shape of the bone being at fault, whereas in the acquired flat-foot the prime lesion was the ligamentous relaxation. In his experience the greatest predisposing cause was the fact that the sons of artisans in the city, bred under unsanitary conditions, were put so early to labour. The first and second stages of the affection were most painful.

Mr. Stokes replied. He regretted that Mr. Kendal Franks, who was present at the first meeting when the papers were read and the discussion commenced, and took exception to some of his statements, was unable to be present. Anything he had heard in the discussion had not in the sligtest degree shaken the position which he had taken. He was still strongly of opinion that the old theory of ligamentous relaxation, being the chief factor in the production of the deformity, was altogether erroneous, and should be discarded. It was, in his opinion, the result and not the cause of the deformity; and the specimen which he exhibited, and also that described by Mr. Symington in the last number but one of Professor Turner's *Journal of Anatomy*, bore out his view. Dr. Swan had spoken of his thirty-four cases of flat-foot, and described, with great earnestness, a first, a second, and a third stage of the deformity; but he had not stated that he had ever had an opportunity of examining the bones of the deformity in any one of those stages. If he had done that, his observations would have carried more weight than they had with him. For his own part he would have been slow, without the advantage of dissection, to have made use of the terms "misleading" and "erroneous" in the same way as Dr. Swan had done. One dissection was worth any number of cases of flat-foot in the living subject. No one could regard the specimen before the meeting without coming to the conclusion that ligamentous relaxation could have had nothing whatever to say to the production of the deformity. Doubtless the inferior calcaneo-scaphoid ligament was elongated; but the elongation of a ligament did not prove that it was relaxed, any more than an india-rubber cord, six inches long, when stretched to twelve inches. Another point, as showing that the condition of flat-foot in this specimen was the result of osseous deformity, was the direction of the sustentaculum tali being different from what it was in the normal position. He did not think any anatomist would hold the opinion that any relaxed condition of the plantar ligament could affect that portion of the bone. There were, therefore, in two bones of the tarsus definite changes, neither of which could be produced in any degree by relaxation of the ligaments. Again, relaxed ligaments were looked upon as the sole cause of genu valgum, until Professor Ogston's operation, showing that it was a purely mechanical condition, the result of a deformity of the inner condyle of the femur, and that by dividing the inner condyle, and displacing it upwards, to place it on a level with the external condyle, the deformity could be reduced. His own was an analogous case. The deformity was produced by changes in the bone, and not by changes in the ligaments; and, therefore, to bring about as nearly as possible the normal condition of things, he maintained the surgeon must deal with that condition which caused the deformity—namely, the change in the bones themselves. In that view he was enormously strengthened by Symington's dissections, and by a second specimen, for which he was indebted to the President, being infinitely more valuable than any number of cases of flat-foot seen in the living subject. He took exception, however, to Ogston's operation —first, on account of its difficulty; and secondly, though he did not question the results, being in many respects satisfactory, yet he considered the operation had a twofold defect—(1) the application and the necessary difficulty of it; (2) the fact that it left a permanently damaged foot. Chopart's joint was one of the important articulations in the foot, and the obliteration of it was a great defect in the operation. Hence, from observing the great deformity in the astragalus, knowing that the same deformity was found by Symington in the os calcis, which could not be produced by ligamentous relaxation, he was of opinion that in the majority of cases the deformity was due to changes in the bones themselves, and that those changes resulted either from original malformation or from disease, most likely rickets. That was the view which might reasonably be entertained from an examination of the specimens before the meeting, and which was borne out by the investigation of orthopædists in Germany, who maintained, in connection with other deformities of the foot, that the changes were due, not to alteration in the soft structures, but in the osseous structures themselves. That was the view put forward at the meeting of the International Congress in Copenhagen; and if that view held good as to other so-called congenital deformities, it was more likely to hold good in connection with pes planus. In the specimen given him by the President the deformity was the reverse of that dealt with in his paper—the displacement of the neck downwards, forwards, and inwards, while here the displacement of the head was outwards and upwards, and the projection was not caused by the head of the astragalus, but was clearly due to the tubercle of the scaphoid, showing that flat-foot may be the result of disease. There was no displacement of the astragalus. If the head of the bone was displaced the normal relations of the bone would be altered, but here the normal relations of the entire surface of the astragalus were preserved. The alteration in the head and neck of the bone were perfectly independent of any displacement of the bone due to ligamentous relaxation. Dr. Swan seemed to think that paralysis of the muscles, especially the tibialis anticus, was one of the principal factors in the production of the injury. Mr. G. Bird had published the result of fifty cases, and in not one could he establish the existence of any paralytic condition of the muscles whatsoever.

Dr. Swan desired to explain that he did not say Mr. Stokes' statements were misleading or erroneous, but that he believed them to be so.

Ivory Exostosis of Auditory Meatus.

Mr. Arthur Benson read a paper describing a case of a

Special Corres

[FROM OUR CORRESPONDENT W
SOCIETY.]

BASE HOSPIT

BY the time we landed at Suakin,
force was out in the direction of H
about six miles to the north west,
myself to the principal medical offic
but prepared our plans for the ne
reception was most cordial, I
should work as medical staff me
officer in charge, and do just as the
acceptable, and I was at once poste
at the H Redoubt Camp. The P.
promised to do all he could to mal
said he was highly satisfied at the
ing. My place was with the No. 3
Surgeon in charge, Dr. Tanner, was
to take my turn at orderly duty,
home as one of the medical staff, m
Major Barrow, who used to be in Ca
in India. Sunday was my first day
the firing as if a big fight were
zareba was being posted on the wa
Pasha's zareba was near the same
wounded were brought in before sun
hard at work till about 9 o'clock. M
several wounds, some are frightful.
sight to see the long line of dhoolies
at moon-light with the men in them
On Monday we cleared out as many w
in expectation of more wounded
About 5 p.m. some guns got into acti
some Arabs appeared to be coming too
Saturday night I heard the *Dolphin*
her big gun twice. On Monday I hea
15 and wounded more at a range
About 6 p.m. on Monday the wounde
brought in, and we were hard at work t
bit of dinner at 9.30. There were 1
division.

On Tuesday I was up at six, and we
of the leg in the operating tent before
the anæsthetic. I was orderly officer fo
kept at work giving anæsthetics in the
day. In the evening a wounded office
(just at dinner time) and when I went to
one of my friends in the Marines shot
I was called up during the night as two
morning I was sent in charge of a conv
go on board the *Ganges*, where I hac
breakfast at 10.30. I was put in orders t
ward duty and appointed administrator
the hospital—giving me a very good posi
2.30 another convoy of wounded, mos
serious cases, came in and set us at work

Both Lake and Piggott are now tra
hospital, and we all get on splendidly, an
most useful. Yesterday (26th) we only
operations, so were fairly quiet till dinner t
Surgeon-Major Evatt brought in another s
this was the hottest day so far, the dhoolie
quite done up, one of them dropped as
his dhoolie down. Many of the sick came in
and cacolets. They came in from McNeill'
Pasha's, the men from the other zareba on
were attacked on the way in. Many of
brought in this time, and on the 25th,
our own men, the zareba being attacke
were ready. To-day we have been fairly q
operation this morning. But it is very h
my tent. I share a bell tent with an army
Holmes. Mr. Kennett-Barrington, who rema
arrived on the 25th, and is quite satisfied w
have arranged matters here. Our life here
and exciting, but rough. There was no m
I arrived, so I suggested that one should b
now we have it. We get up about six and h

ıdence.

: THE RED CROSS

SUAKIN,
March 27th, 1885.

ırch 20th, the main
ıb to post a zareba
I could not report
)r. Barnett, at once,
day. Dr. Barnett's
osed that our men
ınder the medical
hers do. This was
the Base Hospital
. there, Dr. Hinde,
ıs comfortable, and
y I proposed work-
ision. The Brigade
ısed at my offering
nd I soon felt at
ıief being Surgeon-
n Vipan's regiment
:e. We could hear
)ing on where the
to Tamaai. Baker
ıce. Some of the
ıt. This kept us
t of the men have
is a most ghastly
ile into the camp
ıwfully cut about.
unded as possible
rom the zareba.
ı in the camp, as
ear the camp. On
the harbour fire
d that she killed
f about 6 miles.
, about 65, were
l 11 p.m., with a
' wounded in my

ad an amputation
ıreakfast, I giving
the day, but was
)perating tent all
was brought in
see him I found
hrough the calf.
men died. Next
)y of wounded to
a regular good
) be relieved from
)f anæsthetics to
:ion here. About
of them very
again.
nsferred to this
l are said to be
had two or three
ime again, when
ick convoy. As
bearers came in
soon as he put
n on mule litters
l's zareba (Baker
the 25th), and
f the wounded
were shot by
:ed before they
quiet, only one
hot, 98·0 F. in
y surgeon, a Dr.
nained at Cairo,
with the way I
re is very active
mess tent when
be put up, and
l have a cup of tea. Breakfast at 8.30. Lunch—commissariat bread or biscuits and coffee, with sometimes jam or marmalade, the butter is liquid, so we can hardly use that. For breakfast we have the same with potted meat, potted kippered herrings, or sardines. Afternoon tea about 5.30, and dinner at 6.30 (when we can get it) soup, stew and potatoes, and bread, with coffee or water, or a little beer if we are hard worked. There are a fearful lot of flies, and when I first came I was horribly bitten, one hand swelled to nearly double its proper size. My cup, plate, knife, fork, and spoon, are hard at work for each meal. I am very jolly, eat and sleep well, and don't feel the heat much. Of course 99 in the shade, as it is to-day, is hot, but there is still a nice breeze. One day we had a dust storm, making goggles necessary.

The more I see of this business the more unsatisfactory it seems. I don't see how they can bring it to an end; I believe there is not a native in Suakin who would not turn on us at once if he could. This morning seven of them were brought into this camp as prisoners, just caught stealing ammunition, and trying to carry it off to the hills. The affair on Sunday was very awkward, as we lost nearly 300 camels with medical comforts, &c. This hospital consists of square tents with a door in each side for ventilation, and eight men in each. There are 110 sick here, in three divisions, each under a surgeon-major with a surgeon under him. We are surrounded with a wall and ditch, the wall being made of white coral and sand, as all the ground is here. I send back the small plan of Suakin that I brought out, so that you can see where I am. Also the nearest approach to flowers that I can find about here. There are lots of mimosa bushes about. I can't go out of camp as it is hardly safe. Professor Ogston, of Aberdeen, is here, attached to the National Aid. Some nurses are coming to this hospital to-morrow, I think, they will be a great comfort. We have Indian sweepers and bheestis. I have bought an earthenware water cooler. There are three cannon here to protect us. Two Krupp guns were brought up this morning by the Egyptian artillery. Professor Ogston has just brought in a scorpion which he has caught in the sand. I saw lots of flying fish—little things—in the Red Sea, and in the harbour here. The Red Sea was very enjoyable, even nearly cold at times, I hear they have had a council of war here to-day, and probably will not go out to Tamaai at present. When they do I shall join the advance.

SUAKIN, *March 29th*, 1885.

WE are now having weather here which, except for occasional dust storms, would be really enjoyable, if we were taking our holidays, but which is too warm for the continuous exertion our men are called upon to make. The hot sun is tempered by a most refreshing breeze from the north, and the nights are cool. Indeed, the men who have to sleep in the open up at McNeill's zareba find it cold during the night, They are having a hard time at this zareba, with somewhat scanty allowance of food and water, and sleep broken by alarms, while the stench from the enemy's dead round the square helps to make life there far from pleasant. While the men out in the extreme front have few comforts, those who are unfortunate enough to fall sick or get wounded find a most welcome contrast when they arrive at the Base Hospital. This is posted in the H Redoubt Camp, about three-quarters of a mile out of the town, and consists of nearly 20 square tents of the Indian pattern with a door in the centre of each side, giving free cross ventilation. Each tent holds 8 or 10 men, and the double canvas makes them cool, while their yellow lining is comfortable to the eyes, tired with the glare and the sand. The arrangements in this hospital are excellent. The men lie on Egyptian cots made of light palm sticks, with mattrasses and good linen sheets, and the usual blanket. The comfortable look of the bed with its clean sheets is a most refreshing sight to the man who has had three or four nights in the zareba with little sleep and no comforts, and I have heard this expressed by both officers and men when they arrive wounded or sick. The invalids are brought down from the front in Indian dhoolies, and are at once supplied with milk and bread or beef tea, and get a good wash. The wards are divided into three divisions, each under a surgeon-major. The staff of the hospital consists of a brigade-

question as it here stands is a much
English lunacy problem *per se*, for it
social considerations which, so long as
ourselves, need not enter into the calc
the lunacy laws, as they apply to pr
been framed on stern and rigid lines,
acts with severity. A public *medical*
medical certificates, except in the case of
whose admission must be notified to *the*
twenty-four hours, when the latter mus
the circumstances of the case. The ma
a very uncertain tenure of office, and t
of the proprietor, who must be a doctc
France the legal arrangements are conce
rant and just spirit, and in several resp
to our own customs. The admission ce
necessity be signed by a public officia
doctor of the asylum in view, nor any
sign it. The Prefect must appoint one
men to examine every new case. In Pru
ration of insanity by a court *of inquiry*
the law as to licences is much the same
In the other Continental States the law
asylums—if we except Prussia and Holla
severe than Austria—is moderate and reas
the case of Spain an opposite and scandal
tained until recently. Estimating the pract
Continental countries in an *average state*
admitted that in England the lunacy laws
asylums are less stringent than the Continer
United States greater laxity prevails tha
although unequally in the different States,
independently. All things *considered, our*
at in the broadest *sense, will not suffer* se
parison, and while *agreeing* to the necessit
private asylum practice, we feel strongly ave
America or Europe for a model type of luna
and are strongly convinced that where refo
the need is already manifest, and where rec
necessary the means may easily be obtained
experience, and foreign suggestions carefully
assimilated by competent experts whose j
founded on scientific investigation, and not o
of diplomatic representatives at foreign courts.

BRIEF NOTES FROM OUR EXCI

EPILEPSY.

Dr. R. Beraud ("L'Encéphale") reports
a woman whose father had been a hard
his lifetime, and who herself had been subje
earliest youth to epileptic seizures, which
severity when she happened to become pregnan
this condition she was treated with bromide of
and of sodium, oxide of zinc, and extract of bell
the bromides she had 80 grains a day. The ox
and the belladonna were given in the form of pill
is not mentioned. Under this treatment the atta
ally decreased in number and severity, and fin
altogether. It had no unfavourable influence
course of pregnancy, and a healthy child was b
term. As epilepsy is one of those diseases wh
held in abeyance during pregnancy, but is rather
thereby in severity, the case is of especial interest
ing the effects of treatment, the latter exercising n
effect upon either mother or child.

HÆMATURIA.

The possibility of hæmorrhage from the
being due to diseased condition of the kidn

where no symptoms existed to show the presence of such disease, was well emphasised by a case of cancerous kidney disease, the post-mortem specimens of which were presented to his class by Dr. Roland G. Curtin, of the Philadelphia Hospital, with the remark, "*A man who never makes mistakes makes no post mortems.*" The symptoms during life were such as to indicate irritation at the neck of the bladder, most probably stone. Examination failed to reveal the existence of the latter, and no positive diagnosis of the case was made before death. There were no symptoms pointing to the condition of the kidney.—(*Med. and Surg. Rep.*)

THE SNOW CURE.

A clergyman, the subject of a chronic throat affection, was caught in a snow blockade when travelling between Brandon and Winnipeg. He took his full share of snow shovelling. His feet were wet through, as there was a warm wind, and he had only a thin pair of mocassins on. He never expected to see England again; but, contrary to his expectations, that one day's work effectually cured him. In the same train there were others suffering from throat and lung affections, and all were alike benefited by their sojourn amongst the snow. It has been noticed that many cases of chest delicacy are benefited by a winter's residence in Montreal, Quebec, Halifax, and Winnipeg. Care must be taken in the selection of cases for such a residence. Those which are chronic in their nature are most likely to be benefited. The atmospheric conditions of these places are much the same as those met with in Davos Platz and other "high altitude" resorts. There is a freedom from moisture and from dust. The winter amusements of skating, tobogging, sleighing, &c., &c., are also all well calculated to exert a favourable influence upon the patient's nervous system, stimulating him and driving away depression of spirits, which is one of the worst enemies to a favourable convalescence.—(*Med. and Surg. Reporter*, Feb. 7th, 1885.)

AN ANOMALOUS CASE OF SMALL-POX.

A. J. R. Lewellin, Medical Superintendent of the Melbourne Hospital, reports an interesting case of the above in the Australian *Medical Journal*. The points of interest were in connection with the stage of "invasion," and the character of the eruption. There was no satisfactory evidence that the patient had ever been vaccinated, yet the primary fever ran its course with scarcely any headache, without a trace of backache, and without actual vomiting. The patient went about town during a great part of its duration. The eruption was abundant, but the vessels were rather opaque from the first, and were never umbilicated; fresh vesicles developed amongst advanced pustules; part of the eruption, especially that on the back, dried up without reaching maturity, while elsewhere pustulation was coming to its height, and despite the abundant production of pustules there was no trace of secondary fever. From this patient the disease spread to certain of the students, patients, and attendants, and in some of them assumed a more or less typical form.

DIET IN ANGINA PECTORIS.

Dr. N. A. Randolph having under his care a patient in whom anginal attacks were induced by any slight gastric irritation, and who became so bad that the stomach was unable to retain the lightest and simplest foods, their ingestion causing not only nausea but severe cardiac distress, devised the following two food products, which he has not seen described, and which he found in practice eminently satisfactory: 1. *Pancreatised oysters.* "The oysters of an ordinary stew (containing milk) are removed and finely minced, then returned to the liquid portion of the stew. The whole is brought to the temperature of 100° F., the appropriate proportions of pancreatic extract and sodium bicarbonate are added, and the mixture maintained at the temperature mentioned for thirty minutes, with occasional stirring. It is then strained and served, and forms, not only a highly nutritious and palatable soup, but one which is retained by very irritable stomachs, and utilised with a minimum of digestive power. After boiling, to prevent the further action of the digestive ferment, gelatine may be added, and the mixture served cold as a jelly. Cooked tomato, onion, celery, or other flavouring suited to the individual taste of the patient, may be added at the beginning of the artificial digestion, and the solid residue removed in the final process of straining, at which

surrounding them
as others, animate
"place" which see
little when once t
this subject in deta

Notes o

Saturda

IT has often been
have been eye-witne
which daily, or rather
in great towns can form
to which this habit infl
all too apparent in th
doubtedly true, and in
some curious and sugge
recent meeting at Exete
of the persons visiting pu
of nine and twelve on a Sa
tive district was selected
metropolis, and the work
done chiefly by members
Myself .Society, of which
president, and Mr. George Ca
The details of the census
houses), 17,347 men, 10,665 wo
29,657; west district (49 ho
women, 1,698 children—total,
(52 houses), 11,403 men, 7,731
total, 21,092; east district (4
4,933 women, 1,718 children—
total, 200 houses, 48,805 men,
children—86,608. A census take
last revealed the fact that 1,25
public-houses in St. Pancras betw
and 12. The houses in the
most patronised, no less than 165
public-house. This is situated ne
broker's, and the women in large nu
to pass from one house to the
instructive series of figures may b
in relation to the probable physi
wholesale indulgence in stimulating
when it is reflected that the purity
indulged in is not by any means
reproach. That the custom revealed
very widespread it conclusively sho
physician can for himself draw the co
corresponding degree of bodily illness at
of alcohol, accompanied as it is amon
deprivations necessitated in order to satis
for drink. We may well wish success to t
pic efforts of those who are striving to c
great evil in our midst, for it is one
potent agents at work in the production of
misery among the poorer inhabitants of town

THE last United States Congress appropria
thousand dollars to build a hospital for the ho
at Washington.

sequence become
g aspiration after
at as well as the
We shall pursue

ypics.

cing.
only those who
at of drinking
among the poor
te of the extent
tution which is
. This is un-
th the subject
were read at a
an enumeration
ween the hours
A representa-
uarter of the
he census was
Square Help
F. Hastings is
ising secretary.
th district (50
children—total
)9 men, 7,455
north district
958 children—
), 7,249 men,
3,887. Grand
women, 7,019
nday morning
n entered 12
hours of 10
listricts were
entering one
: to a pawn-
were observed
This most
itably studied
ects of such
ks, especially
e intoxicants
ays beyond
he report is
and every
asion that a
ds the abuse
the poor by
the craving
philanthro-
e with this
f the most
disease and
as.

ated fifteen
omœopaths

The London Water Companies.

A RETURN moved for by Mr. Firth, M.P., some months ago, has just been issued to the public; it shows in the case of each of the London Water Companies for the past twelve months the amount of the capital employed, the profit made, the dividends paid, and the services rendered to the public. The number of houses supplied with water in 1872 was, it appears, a little under half a million. In eleven years this number was increased by nearly a third, to 660,000, a rate of increase which is a little startling. In view of this rapid growth it is by no means very surprising to find that with the greater demand, the quantity of water supplied to each house has greatly diminished. In 1872 the average was no less than 279 gallons a day to each house in Grand Junction district, 252 gallons in the Chelsea, and slightly varying in others to 160 for East London. This then bountiful supply has now diminished by 41 in the case of the Grand Junction; 17 in the West Middlesex; 12 in Lambeth; and 6 in Chelsea. There has been only a single instance of increase in the quantity, and that has been in the East London Company. The net result on the whole exhibits a considerable falling off; and at the same time the rental payable to the Companies, that is, the water rates, have greatly increased. While the houses have increased by not quite a third, the water rates have increased more than one-half. A portion of this is, however, due to the increase in the valuation of London, and the general rise in the value of house property. At every quinquennial valuation the Water Companies have increased their rental. This is a very important fact to bear in mind, as it represents the unearned increment which was much spoken of at the time the last Government were negotiating for the purchase of the Water Companies, and which never could have been contemplated or intended when the Companies obtained their Parliamentary powers and their monopoly. The Companies are thus presented with continual additions to their rentals without making any return to the public, not even an additional drop of water; on the contrary, with a diminished supply of several gallons a day. A more monstrously unjust arrangement, so far as the water consumers of London are concerned, and in dealing with one of the first necessities of life, it is hardly possible to have made.

Princess Christian at the London Hospital.

THE London Hospital received, last week, a visit from the Princess Christian, who spent over an hour in the building, most of the time being occupied in inspecting the children's wards and the Nursing Home. This latter department of the institution is undergoing extension, the funds for the new buildings being derived from the amount given to the hospital as compensation for interference with its foundations by the railway which runs along Whitechapel. During the proceedings in connection with the Royal visit a report of the work of the hospital for the past year was read, and from this it appears that during the twelve months no fewer than 8,015 patients were under treatment in the wards, and in the out-patient department 64,000 cases were attended to. The number of serious accidents admitted reached 2,480,

The Memo

AT a meeting
Memorial Fund, h
Mr. Durham, treas
£2,500 had been
It was resolved b
Goodhart, and Mr.
to invest and hold
Mahomed and her
to the apportionmen
trust. The handsom
the profession and ot
admirers of the sterl
homed cannot but be
mittee; and the form
memorial shall take is,
most appropriate which

The Sudden De
Ch

SIR EDWARD SULLIVAN
of Ireland, not only beca
health had given no warni
was, without doubt, the m
trusted of the Irish Gover
have been flying as to the ca
but the following we believe
matter. For several days prev
at intervals from a sense of
over the chest, especially wh
this sensation completely pass
a warm atmosphere, and did no
At the ceremony of laying the
and Art Museum he was chille
ptoms rather increased, he calle
—having made a prolonged anc
came to the conclusion that th
which the Chancellor had suffered
salicylate of soda and a pill co
cynth, acetous extract of colchic
mus, were prescribed, but it does
of them were taken. Having
treacherous nature of the gout, a
and to bed, the Chancellor left and
of driving, which he never did wh
He then lay down in his clothes for
but, being called to his study, got
stairs, where he was suddenly seized
died before anything could be done.
certified was syncope following metast

The Expected Hono

THE curiosity and prophetic wisdom
in Dublin are at white heat in conn
rumours of baronetcies and knighthoods
nuncs of the daily press have solemnly
about to be conferred on representative
surgeons in commemoration of the Prin
visit. The *Pall Mall Gazette*, which o
erudite in Government secrets, names D
Mr. Colles, Her Majesty's Physician and
Ireland, as designated for baronetcies, whil

Dr. Mahomed.

to the Mahomed
al on Thursday last,
it rather more than
ptions to the fund.
it Dr. Cayley, Dr.
appointed trustees
advantage of Mrs.
onditions relating
ing attached to the
has been made to
erested in or were
the late Dr. Ma-
ie Memorial Com-
n decided that the
circumstances, the
d.

Irish Lord

hocked the people
ious condition of
r, but because he
ial, discreet, and
l sorts of reports
untimely death,
eal facts of the
ad been suffering
n and some pain
ed the wind, but
when he got into
n serious trouble.
ie of the Science
eeling the sym-
Ir. Wheeler, who
l examination—
was gout, from
A draught of
; pil. hyd., colo-
la, and hyoscya-
pear that either
warned of the
ised to go home
d home instead
could avoid it.
t half an hour,
nd went down-
h faintness, and
cause of death
of gout.

s.

the profession
tion with the
which the *quid-*
announced as
physicians and
ice of Wales's
onsiders itself
Dr. Banks and
d Surgeon in
ile the Dublin

dailies announce a knighthood as coming to Dr. Cameron, the distinguished Superintendent Medical Officer of Health of the City. Rumour—repeated with all the usual affectation of special information—also names Sir George Porter, Dr. Robert MacDonnell, and the Presidents of the Colleges of Physicians and Surgeons, Dr. Cruise and Mr. Bennett. The truth is—we suspect—that no one outside the Government circle knows anything about the intentions—if any—which have been formed as to the bestowal of these distinctions, and probably no one will have any hint on the subject until the result is announced.

SIR THOMAS ACLAND, President of the General Medical Council, was in Dublin for a part of last week, and rumour has connected his visit—with, probably, no grounds—with the anticipated distribution of distinctions above referred to. Sir Thomas visited the Irish College of Surgeons when the Council happened to be sitting, and he was present at its deliberations for a short time, and, at the President's request, afforded the Council his information and advice upon the medical legislation which is now under debate.

Dr. Rogers and the Westminster Guardians.

THAT veteran champion of the rights of Poor-law medical officers, Dr. Joseph Rogers, must have felt highly gratified, when it reached his ears, that the Westminster Board of Guardians, at their last meeting (10th inst.), previous to the election of a new Board, had passed the following resolution:—"That the best thanks of the Board be and are hereby accorded to Dr. Joseph Rogers, the Medical Officer of the Workhouse, for the zeal and ability with which he has discharged the duties of his office during the past year, and for the confidence which the Guardians have therefore been able to repose in him, and which they trust he will continue to deserve from their successors." The case of Dr. Rogers is eminently one for the encouragement of those similarly situated. He was suspended from his post two years ago, both by the Guardians and the Local Government Board, for dereliction of duty. It was subsequently found that the charges were trumped up by interested members of the Board and their subordinate officers, and he was reinstated. Determined to avenge the insult cast on him, he got his case brought into the House of Commons, the Medical Press helped him, and the ratepayers at the next annual election turned out those members who had either assisted or connived at his suspension, and replaced them by gentlemen of another stamp. The foregoing resolution was passed by this Board on their retirement last week after the customary year of office, and Dr. Rogers has now the satisfaction of seeing also at the present election, those former objectionable members who strove to regain a place at the Board, at the bottom of the poll.

WE understand that the authorities of St. Vincent's Hospital, Dublin, are about to appoint an Assistant Physician, owing to the great increase of work in that institution. The appointment will be made soon after the 20th inst.

[FROM OUR NOR

MEDICAL GRADUATI
The "capping" ceremor
the 17th inst. Princi
received the degree
Brown, M.B., C.M.,
Campbell, M.B., C.M.,
C.M., Aberdeen; Willia
Herbert William Tolver
Carteret Gayton, M.B.,
Woking; Andrew Hosie
Asylum; Alexander Mac
General, Thurso; Willi
H.M.S. *Clyde*, Aberdeen
Stratton Cornwall. The
conferred on the follo
Bombay; John Anderson
donald Brown, Banchor
Butchart, Aberdeen; Alex
Andrew Hunter Cowan, Ab
Mauritius; Edward Greav
West Indies; John Dunc
William Godfrey, Hornchu
M'Kenzie Gunn, M.A., Re
Henderson, Sheffield; Joh
Udny; Francis Grice Jone
Marshall Lamb, M.A., Aber
Alexander Milne, Huntly;
William Vincent Morgan,
Thomas George Paterson, Ne
Rattray, M.A., Aberdeen; Ge
Simpson, M.A., Alvah, Banff
Bedale, Yorkshire; Arthur Gr
Peter Alfred Sullivan, Carlisl
received their degrees in Medi
academical honours: — John
Alexander Milne, Patrick W
Greatorex Smith. The follow
with honourable distinction:—
Stuart Davidson, Henry Will
Jones, James Black Milne, Thc
John Murray Medal and Sc
Patrick Whyte Rattray, M.A.
Mitchell Aird, Leslie Durno, Ja
John Hutton Stenhouse, were c
the examinations, but did not g

HONORARY DEGREES BY THE
The degree of LL.D. is, *inter al*
the following members of the
John Struthers, of Aberdeen
Russell, Medical Officer of Healt

THE CHAIR OF BOTANY AT THE
—Intimation has been received fr
Mr. F. O. Bower, M.A., F.L.S., L
Normal School of Science, South
pointed Professor of Botany at
fessor Bailey Balfour, now of O
student of Trinity College, Cambr
in the Natural Science Tripos in 18

UNIVERSITY OF GLASGOW.—EX
EDUCATION FOR DEGREES IN MEDI
tions just concluded, 299 candidates

DENTS.]

UNIVERSITY.—
ischal College on
The following
William Haig
ey; Alexander
ohn Collie, M.B.,
.M., Belhelvie;
ondon; Francis
ounty Asylum,
verness District
Deputy Surgeon-
t, M.B., C.M.,
t, M.B., C.M.,
and C.M. were
illiam Alcock
; David Mac-
les Alexander
an, Aberdeen;
uart Davidson,
ane, Barbadoes,
rdeen; Henry
ames William
lbert Edward
vidson Irvine,
Wales; John
arsden, Banff;
Milne, Huntly;
embrokeshire;
Patrick Whyte
rdeen; David
lmer Simpson,
Marlborough;
ng candidates
y with highest
Lamb, M.A.,
M.A., Arthur
their degrees
Alcock John
Francis Grice
aterson. The
awarded to
ime, Charles
cil Robertson,
g passed all

GLASGOW.—
conferred on
ion, viz., Dr.
d Dr. J. B.

F GLASGOW.
cretary that
tany at the
as been ap-
om of Pro-
ower was a
t first-class

F GENERAL
examina-
f these 81

passed in English, 73 in Latin, 87 in arithmetic, 95 in mathematics, 101 in mechanics, 39 in Greek, 87 in logic, 46 in French, 1 in German, 6 in higher mathematics, 38 in natural philosophy, and 6 in moral philosophy.

HEALTH OF EDINBURGH.—For the week ending with Saturday, the 11th inst., the mortality of Edinburgh was 83, and the death-rate 17 per 1,000 per annum. Diseases of the chest accounted for at least 30 deaths, and zymotic causes for 2, of which 1 was due to fever.

GLASGOW DEATH-RATE.—The mortality in Glasgow for the week ending with Saturday, the 11th inst., was at the rate of 29 per 1,000 of the population. The previous week it was 33, and in the corresponding weeks of 1884, 1883, and 1882 the rate was 29, 34, and 28 respectively.

SINGULAR ACCIDENT TO A MEDICAL MAN.—Dr. W. A. Orr, of Johnstone, Renfrewshire, has sustained serious injuries while on a visit to his father at Kilbirnie. On arriving at his father's house he found the gate closed, and in stretching forward to attempt to open it, the horse, which is a well-known leaper, attempted to leap the gate, which is upwards of five feet high. In the attempt one of his feet got caught in a spike, and the animal toppled over, and the doctor falling under it, sustained severe injury to the right clavicle and back. His face was also severely lacerated. He was conveyed to his residence in Johnstone, and continues to progress favourably.

Sanitary Department.

RECENT INVESTIGATIONS INTO OUTBREAKS OF ENTERIC FEVER.

THE medical inspectorate of the Local Government Board has lately been engaged in inquiries relating to local incidence of enteric fever in various districts of the country, and many interesting points of etiology and prophylaxis have been brought out.

Dr. Airy, in undertaking the prosecution of an inquiry at York into the outbreak of the above-named fever, found that there had been 315 attacks and 50 deaths from January to November, 1884. In making researches into the statistics of York and its districts for the preceding ten years, he is led to the conclusion that the disease has become endemic in York, and that the Walmgate district of the city has shown an increase in fatality from the fever under investigation. Mortality was greatest in October and the fourth quarter generally. The incidence of the fever in 1884 was found to be excessive upon the Micklegate and Walmgate districts, compared with the rest of York. The exact place and time of distribution are then described, and the immunity of certain parts of the affected districts pointed out. The question of water pollution is then gone into with great care, and this element exculpated as having had any determining influence in the causation or spread of the disease. Dr. Airy founds this conclusion upon an examination of the position of the Company's in-take, the localisation of the fever in a town supplied wholly by the particular water, and, lastly, actual analysis of the water. Milk and other beverages are also excluded from having had any concern in the matter. The position and construction of the privies were examined by Dr. Airy, and these, too, were held to have had no influence in causing the disease, though they may have assisted in spreading it. On examining into the condition of the drains and sewers, the inspector found marked defects (in some places absence) of flushing and ventilation, which he considers quite sufficient to account for the endemicity of enteric fever in York. The special exacerbation of the

(12 years) latte
(13 years), besid
the purpose of
propounded by E
and *Standard*, p
where he enters
proposed form
placing a patient
licenced house,"
judge, stipendiary
and I do so for all
and ably advance

No one except
which unsoundne
the utter unfitness
all the above name
deciding on the ins
and yet the propo
of determining whe
an asylum or not.

It has frequently
brought into the Ins
at large, and with th
case may be, was su
hint as to their his
have sometimes spen
insanity, which shoul
and very frequently
this trouble, on send
magistrate, the patie
dangerous to himself a
hands to the prejudic
having pulled himself
his own judgment, and
has failed to discover th
was labouring. There
and Colney Hatch, who
two and three, and in on
magistrate chose to set
to mine, after it may be
cursory investigation of
and after five months
another magistrate to san
woman is still at Han
eight years.

There is another reason
be cumbersome and injuri
that lunatics come unde
where it is obviously de
view to their lives being
delay, to an asylum for
receive in a workhouse, or
provisions of the Bill, th
days, to his great peril, 'e
seen fatal results arise,
encountered in removing s

Again, there are cases,
prompt asylum treatment
are to recover, and where
such that he is a terror t
be that he may have to be
in the limited accommoda
until these formalities
wholly unnecessary if the p
ing officer, and a resident o
but which it is proposed no

Again, there are other co
cholia. Here, from actual obse
the injury done by taking su
magistrate. They have suffic
they are, and to their disea
terror—this wholly uncalled f
before such official. *I* have s
urge in piteous tones that th
There is no doubt that to the
was due that suggestion of the
unhappily ignored, and in fut
that no lunatics, if it could b
before a police magistrate at a

There are many other points
scheme of Lunacy Law Reform
but I have occupied your spa
content myself with expressing

Union Infirmary
cases, I write for
ndorse the views
tter to the *Times*,
of the 9th inst.,
ntroduction in the
the process, for
at, in a hospital or
e a county court
ce of the peace,
ble lord so clearly

the varied phases
be at all aware of
stances) of nearly
ie difficult duty of
ght before them,
o them the power
should be sent to

lunatic has been
found wandering
he or she, as the
at with no other
, to guide me. I
the proof of the
n the certificate,
after taking all
the stipendiary
bly insane, and
returned on my
l, solely because
trate relying on
absence of tact,
which the lunatic
both in Hanwell
ent back to me
mes, because the
ent in opposition
iefest and most
ie fifth attempt,
workhouse, I got
s removal. This
en there nearly

l machinery will
quently happens
refuse to eat,
should with the
moved, without
ich they cannot
nes. Under the
be detained for
moved. I have
the difficulties
ly to an asylum.
insanity, where
essary, if they
ie individual is
and yet it may
rivate house, or
nan's dwelling,
gh—formalities
n by the reliev-
an be retained,
r I know not.
s *acute melan-*
oted frequently
before a police
discover where
an additional
ry arraignment
people cry, and
nothing wrong.
erous initiative
issioners—now
lly set aside—
ould be taken

and imperfect
l fain refer to,
and will now
at my profes-

sional brethren will exert themselves, and urge on such friends as they may chance to know in the House such modifications of the Bill in Committee as may not only make it a more workable measure, but render us more independent of this uncalled for legal control which it is the object of the Lord Chancellor's Bill to subordinate us to.

I am, Sir, yours, &c.,

JOSEPH ROGERS, M.D.

31 Montague Place, London, W.C.,
April 17th, 1885.

[The above letter of our correspondent is evoked by circumstances preceding and attending Lord Shaftesbury's resignation of the Chairmanship of the Board of Lunacy, an office which the latter has filled for many years with undoubted ability and integrity, and in the thorough confidence of all sections of the British community. Dr. Rogers is qualified from his position and long experience to speak with some authority on that particular new departure embodied in the Lord Chancellor's Bill which has given rise to Lord Shaftesbury's resignation and his letters to the *Times* and *Standard*. This particular "stumbling-block and rock of offence" of the new Bill is the introduction of the magistrate into the machinery provided for lunacy committal and care. Dr. Rogers argues the point by no means unadvisedly, and his *apropos* illustrations are begotten of knowledge and actual experience. We, however, think that he has taken alarm too quickly, and that he is disposed to magnify the ignorant criticism and officious obstructiveness of magistrates generally from his experience of some in particular who have called forth his censure. He appears to lose sight of the fact that in the course of a process for lunacy committal the dangers of delay will be obviated by the facility with which urgency orders may be obtained in cases where prompt and early treatment is desirable. There can be no doubt that in the interest of the public conscience and the lunatic himself, and as a legal safeguard to the medical certifiers, the interposition of the magistrate as a part of preliminary lunacy procedure is emphatically necessary. If lunacy cases are judicially considered before being sent to asylums, there should be fewer necessities for their reconsideration after admission therein or discharge therefrom. While granting so much, we by no means admit that the scheme of judicial intervention propounded by the Lord Chancellor is a sound one, unless *ministerial*, will in further progress of the Bill be substituted for *judicial* functions nor does this imply that we advocate the exercise of purel ministerial functions in the adhibition of judicial signatures to lunacy orders; but we agree with Dr. Rogers that if the Toms, Dicks, and Harrys of the magistracy are to decide the medical as well as the legal qualities of lunacy certificates, the old practice will be better than the new one. If a judge must in virtue of judicial resolution commit or decline to commit a lunatic to asylum care, he must be a man of legal training, with a sound knowledge of the medical jurisprudence of insanity. This will narrow the field considerably, but the urgency order will allow ample time for the reduced number of authorised legal officials to inquire into all cases of lunacy in their respective districts. We quite agree with Dr. Rogers that there are cases which will be injured rather than benefited by the formal and alarming personal investigation of the magistrate himself; but if we prune from the judicial tree the numerous small twigs of officiousness and self-sufficiency of the great unpaid we shall leave only those whose time is too valuable to be frittered away unnecessarily, and whose education, ability, and common sense are inimical to gaseous parade and obstinate stupidity.—ED.]

DR. TI

The meeting of
Society was sadly cl
Dr. Goyder, in a fe
sudden and unexpec
most prominent and
that morning. It wa
as a token of respec
the following vote c
Tibbits: —

"That the members
cal Society beg to exp
moval by death of Dr.
member for the past te
dent, and desire to record
ter and professional abi
to convey their heartfe
family in their sad bere

It appears that a we
was abroad, on accoun
somewhat impaired by h
daughter, who is sufferin
and the anxiety he exper
Tuesday, after his return,
result of exposure to the
prevailing, and he was seer
continued to attend him, D
requested by Dr. Tibbits to
case. The following day D
of a consultation with Dr
which subsequently took pl
suffering patient was also
company with Dr. Tacey. T
between these gentlemen an
that the inflammation of the
hold that the case was c
Monday afternoon Dr. Tibbit
critical condition, but delirium
and more or less prevailed
deceased was in the forty-
studied at University College,
Hospital, Dublin, qualifying M
he took the degree of M.I
where he distinguished himself
gold medallist in chemistry an
to his degree of M.D. Lond. in

The funeral of Dr. Tibbits t
which was well attended. The
influential citizens were pres
members of the profession, as a
deceased gentleman.

Medical News an

The Rabbeth Memorial.—A han
memory of the late Samuel Rabb
by the Committee of Managemen
the Royal Free Hospital. The t
inscription:—"This tablet has be
rities of the Royal Free Hospital (
medical staff to the memory of
M.R.C.S., senior resident medical of
sacrificed his own life in the ende
little child, a patient under his ca
1884; aged twenty-six years."

Cremation in France.—From a for
that cremation is gradually being
and will soon become recognised as
ing of the dead. At a recent meet
Hygiene, Prof. Brouardel, who was ch
measure, proposed to establish a
Chaise, to be employed as a commen
ration of bodies that have been used
poses. The following is a summary

ituary.

, OF BRADFORD.

Bradford Medico-Chirurgical last week, when the President, opriate words, referred to the ath of Dr. Tibbits, one of its members, which had occurred agreed to adjourn the meeting he memory of deceased, and dolence was passed to Mrs.

e Bradford Medico-Chirurgi- eir sincere regret at the re- ts, who had been an active s, and was also an ex-Presi- estimony of his high charac- t the same time they desire ıpathy with his widow and it."

ore his death Dr. Tibbits is health, which had been earied attendance on his congestion of the lungs, upon her account. On nplained of chilliness, the g north-east winds then is friend Dr. Tacey, who : having meanwhile been charge of his daughter's ey urged the advisability ord Allbutt, of Leeds, On Monday evening the by Dr. Wilmot, in ult of the consultation Rix was the conclusion ng had obtained such ed hopeless. Up to quite conscious of his n shortly afterwards, death ensued. The ear of his age. He n, and the Rotunda . in 1861. In 1862 London University, an exhibitioner and .B. He proceeded

e on Friday last, and many other upwards of fifty f respect to the

Lists.

ss tablet to the has been placed inquest-room of the following by the autho- Road) and the Tabbeth, M.B., hospital, who ave that of a October 20th,

nge we learn into France, de of dispos- Council of eport on the at Père la the incine- mical pur- Brouardel's report on the subject:—1. As regards salubrity, the establishment of a crematory apparatus in the cemetery of Père la Chaise would present no danger. 2. Three apparatus working for eight hours would be sufficient to destroy the débris of corpses. 3. It will be necessary to establish a separate mortuary room, so as to prevent any delay in the prompt disappearance of the débris,

Medical Sickness, Annuity, and Life Assurance Society.—The quarterly committee meeting of this Society was held on the 8th inst., when the following were present:—Mr. E. Noble Smith (in the chair), Mr. J. Brindley James, Mr. Major Greenwood, jun., Dr. F. De Havilland Hall, Mr. E. Bartlett, Mr. S. W. Sibley, Mr. F. Wallace, Mr. R. H. Coombes, Dr. G. Fletcher, Dr. J. Pickett, and Dr. F. S. Palmer. The principal business was the consideration of the report for the quarter ending March 31st, from which it appeared that, during the period, thirty-nine new proposals had been received, five of which had been declined, and the remainder accepted. The total number of proposals to date was 654. The total income for the quarter had been £1,654 19s. 2d., made up as follows:—Premiums, £1,591 5s. 4d.; interest, £42 9s. 4d.; entry fees, £21 4s. 6d. Against this there had been a total expenditure of £348 15s. 6d., leaving a net gain on the quarter of £1,306 3s. 8d. The total assets of the Society at the close of the quarter amounted to £5,314 18s. The gross income to the Sickness Fund alone during the quarter had been £900 14s. 3d., from which there had been an expenditure of £261 11s. for sickness pay, representing payments to twenty-four claimants on account of sixty-nine weeks three days' sickness for ailments of a varied nature, and in periods ranging from a minimum of one week to a maximum of eight weeks. After a discussion of the report, which was considered very satisfactory, and adopted, it was determined that the next quarterly meeting should be held on July 15th, for the purpose of considering the annual report, to be issued to the members previous to the general meeting, to be held at Cardiff during the last week in July. Full particulars of the Society will be furnished on application to the Secretary, Mr. C. J. Radley, 26 Wynne Road, Brixton, S.W.

The Mortality of Foreign Cities.—In the principal foreign cities the rates of mortality per week per 1,000 of the population, according to the latest official returns, were:—Calcutta 31, Bombay 29, Madras 41, Paris 26, Geneva 20, Brussels 24, Amsterdam 27, Rotterdam 26, The Hague 25, Copenhagen 29, Stockholm 42, Christiania 19, St. Petersburg 34, Berlin 23, Hamburg 29, Dresden 25, Breslau 31, Munich 32, Vienna 32, Prague 33, Buda-Pesth 31, Rome 29, Venice 31, Alexandria 36, New York 29, Brooklyn 24, Philadelphia 24, and Baltimore 19.

Vital Statistics.—The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 25·0 per 1,000 of their population, and were—Birkenhead 26, Birmingham 25, Blackburn 25, Bolton 23, Bradford 25, Brighton 20, Bristol 25, Cardiff 31, Derby 20, Dublin 32, Edinburgh 18, Glasgow. 29, Halifax 28, Huddersfield 35, Hull 22, Leeds 20, Leicester 22, Liverpool 24, London 23, Manchester 36, Newcastle-on-Tyne 41, Norwich 21, Nottingham 26, Oldham 25, Plymouth 24, Portsmouth 22, Preston 33, Salford 23, Sheffield 23, Sunderland 28, Wolverhampton 24. The highest annual death-rates from diseases of the zymotic class in these towns were—From measles, 5·4 in Sunderland, and 7·5 in Newcastle-upon-Tyne; from whooping-cough, 3·1 in Bristol; from scarlet fever, 1·7 in Sunderland, and 2·0 in Wolverhampton; and from "fever," 1·3 in Halifax, and 2·3 in Norwich. Diphtheria caused 32 deaths, including 15 in London, 4 in Cardiff, 3 in Birmingham, and 2 in Dublin. Small-pox caused 69 deaths in London and its outer ring of suburban districts, and but 4 in the other provincial towns.

Bequests to Medical Charities.—A bequest of £10,000 has been made to the Durham Infirmary by the late Mr. J. Eden, of Beamish Park, near Durham.. The late Captain Perry, of the Wergs Hall, has left £5,000 to the Wolverhampton and Staffordshire General Hospital, and £250 to the Wolverhampton Eye Infirmary.

Apothecaries' Hall.—The following gentlemen have passed their examination in the Science and Practice of Medicine, and received certificates to practise:—

Cockerill, J. W., St. Bartholomew's
Carless, Albert, King's College
Crowdy, F. D., St. Thomas's
Rattray, A., Edinburgh University
Warner, F. A., St. George's.

The Medic

"

WEI

CONTENTS.

ORIGINAL COMMUNICATIONS.

Address on Cremation. By Sir Spencer Wells, Bart., M.D., F.K.Q.C.P., F.R.C.S., Surgeon to the Household of *Her Majesty* the Queen, Consulting Surgeon to the Samaritan Hospital for Women and Children 367

Redness of the Skin of the Palms of the Hands and Soles of the Feet. By William O'Neil, M.D., M.R.C.P.Lond., Physician to the Lincoln *Lunatic Asylum* 369

Epilepsy. By William S. Porter, M.D., Physician to the Sheffield Public Hospital and Dispensary 370

CLINICAL RECORDS.

Westminster Hospital—Case of Ulceration of the Vermiform Appendix. Under Dr. Donkin. Reported by Alfred S. Gubb, M.R.C.S., L.R.C.P.(*Lond.*) .. 372

TRANSACTIONS OF SOCIETIES.

CLINICAL SOCIETY OF LONDON—

A Case of Sporadic Cretinism 373

Address

ON CREMATION

BY

SIR SPENCER WELLS, BA
F.K.Q.C.P., F.R.C.S.,

Surgeon to the Household of Her Majesty
Consulting Surgeon to the Samaritan Hospital f
Children.

MR. PRESIDENT AND GENTLEMEN,—F two years ago—in May, 1883—I stood and moved a vote of thanks to a R Duke of Albany, then President of this I day of its reopening. It was then said th the Museum was to encourage the study lating to health and the diffusion of among the public, and the Duke replying of the conditions which are necessary to l been familiar to the few, and that on Parkes Museum was to make them famili

Parkes was one of my oldest profe and during the Crimean War I was a him and his work, and I know I am his wishes in making it known how the affected by the present mode of disposin He laboured to make known that branch o hygiene or sanitary science—which, in hi aimed at rendering "growth more perf rapid, life more vigorous, and death r Parkes had made known many of the ev traceable to burial of the dead, especia burial places were near large cities.

Now Parkes, though dead, still speaks and he says, "in densely populated coun posal of the dead is always a question of the dead are buried the accumulation ultim so great that the suburbs are gradually co

(a) Delivered on Thursday, April 22rd, at the Pari Hygiene.

Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 29, 1885.

NTS.

fUNICATIONS.

By Sir Spencer).C.P., F.R.C.S., l of Her Majesty Surgeon to the Women and 367

Palms of the he Feet. By R.C.P.Lond., natic Asylum 369

orter, M.D., ublic Hospi- 370

)RDS.

of Ulcera- Appendix. l by Alfred (Lond.) .. 372

)CIETIES.

..... 373

PAGE

A Case of Inguinal Aneurism—Ligature of the External Iliac Artery with two Kangaroo-tail Tendon Ligatures, and Division of the Artery between them—Suppuration of the Sac—Ultimate Recovery 373

Case of Renal Lithotomy 374

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY—

Modification of Smith's Modified Hodge's Pessary 375

Portions of the Femoral and Radial Arteries perfectly Rigid from Atheromatous Change 375

A Darning-Needle in the Mesentery .. 375

Splenic Leukæmia 376

Case of Aortic Stenosis 376

Epilepsy 376

LEADING ARTICLES.

THE ROYAL COLLEGE OF SURGEONS OF ENGLAND AND ITS REFORM 376

DR. BRADLEY'S CASE 377

NOTES ON CURRENT TOPICS.

Sir Spencer Wells on Cremation 379

Anti-Vaccination 379

Overcrowding in a London Workhouse .. 380

A London Fever Nest 380

PAGE

The Prospect before the College of Surgeons of England 380

Death by Poison 381

Professional Condemnation of Disloyalty 381

The Chancellorship of Dublin University 381

Admission of Candidates to the Army Medical Service 381

The Election of Examiners in the Irish College of Surgeons 382

Horse Ambulance in connection with Hospitals 382

SCOTLAND.

University of Edinburgh 383

University of Edinburgh.—Graduation Ceremony 383

Royal Edinburgh Hospital for Sick Children, &c. 383

CORRESPONDENCE.

Duggan on Cholera 383

The Lord Chancellor's Lunacy Law Amendment Bill 384

Literature 384

LITERARY NOTES AND GOSSIP 386

Medical News 389

NOTICES TO CORRESPONDENTS 390

ress

'ATION. (a)

ELLS, BART., M.D., F.R.C.S.,

Her Majesty the Queen; tan Hospital for Women and on.

LEMEN,—Rather less than —I stood in this place, to a Royal Prince, the t of this Museum, on the en said that the object of the study of matters re- sion of this knowledge replying, said that most sary to health have long that one object of the m familiar to the many. t professional friends, was associated with I am carrying out w the public health is lisposing of the dead. ranch of knowledge— , in his own words, e perfect, decay less eath more remote." the evils which were especially when the

peaks by his book, countries the dis- on of difficulty. If ultimately becomes ly converted into a vast cemetery. After death the buried body returns to its elements—if instead of being buried it is burned, the same process occurs, only more rapidly. The community must always dispose of its dead by burial in land or water, by burning or chemical destruction, or by embalming and preservation—the eventual dispersion ultimately occurs in every case, and no religious prejudices can possibly be shocked by a mere difference of time in such dispersion.

The question should be placed purely on sanitary grounds—burying in the ground certainly appears to be a most unsanitary plan." When he wrote, Parkes did not know how perfectly and cheaply cremation may be effected, and so he advocated burying in the sea; but if buried in the earth, then it should be as far as possible away from any inhabited place, and as deep as may be under the surface.

In the year 1843, Mr. Chadwick drew up a report which was presented to both Houses of Parliament on the subject of burial in towns, and in that report there is an enormous amount of evidence as to the propagation of acute diseases from putrid emanations, and as to certain specific diseases such as fevers, which are communicated from human remains—positive instances of this are given. Then there is a chapter upon the distinct effects which are produced by bodies in a state of decay and putrefaction, and there is a summary showing that the emanations are essentially injurious to the living. The tainting of wells by adjacent burial grounds, proves that interments in churches and towns are essentially dangerous to the population. He shows that removal to the suburbs is only of temporary utility, because they tend to become in their turn the centres of popular districts, and on their side entitled to protection. Then he gives a quantity of information with respect to the sites of burial places, in order that the danger of these places should be reduced to the smallest possible amount. The existence of our cemeteries as they are now, though they have very much improved, still shows that the old system is kept up in many parts of the country, and that the evil is simply from the town into the suburbs. Only a month ago, in the *Medical Press and Circular* is an account of a meeting of the Board of Guardians at Carrick, in Ire-

(a) Parkes's Museum of

seconded by Dr. Farquharson, and foll
from Sir Lyon Playfair, and what wa
think that everyone must have beer
Government was against the Bill, th
by Sir R. Cross was against the
was a strong feeling outside· agai
seventy-nine independent Members
voted for the second reading, and they
say certainly, the most distinguished
House. The Bill was only to have be
regards cremation, there was to have be
only that everyone would be free to
which pleased him best.

Now the Cremation Society, after a g
sideration of the public charge of Sir Jam
Dr. Price was tried for cremating a chil
no longer object to make use of their
Woking, but they made a very stringent
so that if there was the slightest doub
the mode of death they should not be
read you a note from Lord Bramwell wh
cautions are quite sufficient. He sa
sorry that I cannot be present at your l
tion, but I most heartily wish you succ
tion. I think it is right and what is v
drawback. It is the cheapest, most wh
my mind the least repulsive way of dispo
That it is lawful there is not a doubt. Th
that murders may go undetected is, I bel
with precautions. I have heard it s
murders escape detection for want of pro
that will not be the case with bodies crem
regulations of your Society."

Now, I think when Lord Bramwell s
rules are followed they will never burn a
ceal a murder, the regulations may be ta
factory. I may tell you indeed, that in c
ditional inquiries and certificates which w
our regulations led to the discovery of a ca
poisoning in a child. *Now it is quite ce*
murderer wished *to be found out then*
a crematorium, *and* he would not resort
lax system of death certificates, so that if
more than to insist upon stricter certificat
we shall have done a great service to socie

I will not detain you longer, but on
or two about what I think would be the
of the subject here. We have an incr
of members, who are signing the sc
which we require before they join the
effect that they disapprove of burial and pr
It may be remarked in passing that out of
taken at hazard, there are about 300 pr
50 women, 50 doctors and medical men,
and naval men. The practice is spreadi
the world I may say, in France, Italy, an
There is on the table the Transactions
giving the number of cremations in diffe
I may add that only last week it is said t
Minister of Brunswick had expressed his
disposed of, as also did Professor Gross, of

Just now they are arranging a large cr
Stockholm, and there is a society numbe
members in Denmark. Sir Joseph Fayre
to tell you something about India where ove
of people burn their dead. There is very gr
the City of London may take the lead a
ample in their cemetery at Ilford, where
bodies are buried every year. The project
mitted to the Sanitary Committee and
sioners of Sewers, who have to decide on it,
has always secured a majority of enlighten
favour. At present they are waiting, I believ
plans and estimates to be drawn up. I trus
may lead, certainly, to an improvement in
mode of burial in our cemeteries, and gradua
opinion becomes familiar with the idea of c

Farquharson, and followed by a speech
layfair, and what was the result? I
me must have been astonished, the
against the Bill, the opposition led
was against the Bill, and there
ling outside against it, and yet
pendent Members of Parliament
d reading, and they comprise, I may
nost distinguished Members of the
as only to have been permissive as
iere was to have been no compulsion,
would be free to select the mode
st.

Society, after a good deal of con-
charge of Sir James Stephens when
r cremating a child, felt they could
ake use of their crematorium at
a very stringent set of regulations
ie slightest doubt in reference to
should not be cremated. I will
ord Bramwell who thinks our pre-
ficient. He says—"I am very
resent at your lecture on crema-
y wish you success in its promo-
and what is very rare, with no
eapest, most wholesome, and to
ive way of disposing of the dead.
ot a doubt. The only objection
etected is, I believe, unfounded
ve heard it said that many
or want of proper inquiry, but
ith bodies cremated under the
y."

d Bramwell says that if our
never burn a body and con-
ns may be taken to be satis-
leed, that in one case the ad-
cates which we require under
covery of a case of accidental
it is quite certain that, if a
d out then he would go to
d not resort to the present
s, so that if we did nothing
ter certificates before burial
vice to society.

ger, but only say a word
uld be the future progress
ve an increasing number
ng the sort of pledge
join the society to the
rial and prefer cremation.
hat out of 1,000 members
ut 300 professional men,
al men, and 50 military
is spreading throughout
Italy, and America, &c.
actions of the society
in different countries,
is said that the Prime
ssed his desire to be so
Gross, of Philadelphia.
large crematorium at
numbering some 800
h Fayrer will be able
here over 100 millions
very great hope that
lead and set the ex-
, where about 9,000
roject has been sub-
and the Commis-
e on it, and hitherto
lightened men in its
believe, for definite
I trust the subject
nt in the present
gradually, as public
a of cremation, to

more reverence for the remains of the dead, to a more impressive religious service, and at greatly reduced expenditure to the provision of beautiful open public spaces where permanent monuments might be erected which would exert a good influence upon the health and morals of the people.

An animated discussion followed this address, in which Sir Lyon Playfair, Sir Joseph Fayrer, Mr. Seymour Haden, Dr. Poore, and others took part.

REDNESS OF THE SKIN OF THE PALMS OF THE HANDS AND SOLES OF THE FEET.

By WILLIAM O'NEILL, M.D., M.R.C.P.Lond.,
Physician to the Lincoln Lunatic Asylum.

DOUBTLESS most medical men in practice have occasionally seen redness of the skin of the palms of the hands and soles of the feet either as a concomitant or as an unusual symptom of various affections. For some years past I have, from time to time, met with cases of illness which presented redness of the palms and also of the soles of the feet, but till lately I have not kept any record of the diseases in which this particular appearance exhibited itself.

About ten o'clock one evening not long ago I saw a lady, forty years of age, who, when she sat down to supper with several friends an hour previously, was in the enjoyment of good health. At supper she ate one or two small mushrooms, but not many minutes after eating them she was attacked with severe pain in the stomach, and with nausea, vomiting, and great discomfort. At ten o'clock the pain and vomiting had somewhat subsided, but the patient was restless and feverish, and complained of tingling and prickling sensations in the palms of the hands and soles of the feet. On examination the palms of the hands and soles of the feet were found to be a little swollen, and the skin appeared as red as if it had been dipped in concentrated beetroot juice. Next morning the redness had partly faded, and in two or three days had disappeared. The redness was confined to the skin of the palms of the hands and soles of the feet, and no wheals of nettle rash were visible on any part of the body.

The symptoms so suddenly manifested in this lady were probably the result of idiosyncrasy or some peculiarity of constitution, for all the people at the supper partook of the mushrooms, but none of them felt the slightest inconvenience. Only once before has this lady when a girl of sixteen years of age eaten mushrooms, and she distinctly remembers having suffered in a similar way. The severe symptoms caused by the mushrooms in this case verify the old adage that "one man's meat may be another man's poison."

But redness of the skin of the palms of the hands and soles of the feet may occur under circumstances very different from those attending the case of this lady.

On the 26th of March, of last year, I had under treatment a patient sixty years of age, who for several nights had been sitting up late entertaining a few friends, and enjoying himself with them, and who in the process of showing his good fellowship managed to catch a severe cold. The cold was attended with a sore throat, a rise of temperature, a quick pulse, and inability to sleep. The symptoms, as far as I could see, were the ordinary symptoms of an ordinary complaint, and would hardly be worth mentioning were it not that the unusual appearance in colds of redness of the skin of the palms of the hands and of the soles of the feet accompanied them. The redness, which was without any marked swelling, extended between the fingers and for a little way on the wrists, but it was so confined to the palmar portions of the hands that when the patient turned the palms downwards hardly any of the redness was discernible. The

tain tracts of white matter in the nei
corpus striatum, even after the rem
the hemispheres.

Those attacks which are preceded
special senses, or one involving intell
certainly seem justified in attributing
the succeeding phenomena of the fit
downward extension to the group of
and medulla; and this seems a reasor
those attacks of petit mal in which
occur owing to the arrest of this
those cases in which the ligature of
mance of some action learnt, by exp
the aura in its progress and averted
breaking the chain, as it were, by a r
do not appear, however, to be justi
the other hand, that all epileptic sei
hemispheres. We have all the nec
the fit in the pons and medulla, an
that the aura indicates the starting
those seizures which are ushered in
able to irritation at the root of the
spiratory centre, classified by Go
aurae, might originate in the medull

Loss of consciousness is no argum
vaso motor theory, for, though an
known to produce it, pathology
accompany slight cerebral lesions i
tion; and if vaso motor spasm is t
explanation of both the loss of c
convulsions, how is it they are diss
in attacks of petit mal? The pall
noticed at the commencement of
cases also of the fundus oculi by me
scope, has been advanced in proof
theory; but this symptom is by no
when present would appear to be du
vagus on the heart, as Magnan from
found these phenomena invariably
of both vagi. The theory that th
characteristic features of the secon
by carbonic acid poisoning is also
does not account for the occasiona
spasms before the tonic, or those
clonic spasms are present throughou
that the clonic stage is only the int
cular tetanus which precedes it, t
transition from one condition to th

Epilepsy is said to occur in 6
individuals, or 1 in about 167;
patients, distinct cases, who came
at the hospital last year, there we
including those only who furnishe
epileptic *fits*. In one case no n
consequently twenty were availabl
eleven were males and nine female
not attach much value to such a s
some interesting facts were elicit
with the view of obtaining further
tunity offered.

The important part played by h
nation of epilepsy has been prov
figures, and has also received curi
the result of experiment; the pro
whom epilepsy had been artificia
many instances exhibited epileptif
birth. The existence of a neuroti
epilepsy itself of some allied neur
at 36 per cent. in cases of this dis
I obtained a family history of epil
and in four of other nervous disor
nine cases, out of twenty, in whic
tary tendency to brain affections.
matter to get reliable facts out of

(a) Niemeyer.
(b) Paper by Messrs. Leech and Fox, Vo
Surg. Reports," p. 198.

e matter in the neighbourhood of the
ven after the removal of portions of

ich are preceded by an aura of the
ie involving intellectual processes, we
fied in attributing to the hemispheres,
omena of the fit being produced by a
to the group of centres in the pons
is seems a reasonable explanation of
t mal in which convulsions do not
arrest of this extension, as also of
the ligature of a limb or the perfor-
learnt, by experience, has arrested
s and averted the fit; such actions
it were, by a reflex inhibition. We
r, to be justified in assuming, on
l epileptic seizures originate in the
all the necessary mechanism of
medulla, and, on the supposition
the starting point of the attack,
ushered in by symptoms refer-
root of the vagus or at the re-
ied by Gowers under visceral
the medulla.

no argument for or against the
hough anæmia of the brain is
athology shows that it may
lesions in almost any situa-
oasm is to be accepted as the
oss of consciousness and the
are dissociated so frequently
The pallor of the face often
ient of the fit, and in some
li by means of the opthalmo-
n proof of the vaso motor
s by no means constant, and
o be due to the action of the
an from experiments on dogs
ariably absent after section
hat the clonic spasms and
second stage are produced
also much disputed, as it
sional occurrence of clonic
hose cases in which only
ghout. Dr. Gowers argues
o interruption of the mus-
t, there being no abrupt
o the other.

6 out of every 1,000 (a)
'; and out of 841 out
ie under my treatment
vere 21 cases of epilepsy,
ied a distinct history of
notes had been taken;
le for analysis, of whom
es. Although one can-
mall collection of cases
ed which I tabulated
information as oppor-

redity in the determi-
d by experience and
is confirmation from
ay of guinea-pigs, in
induced, having in
n seizures from their
nheritance, if not of
has been estimated
. (b) In three cases
, in two of insanity,
making a total of
ere was a heredi-
is a very difficult
ital patients as to

details of family history, and although I mention these figures they must be taken only for what they are worth.

Dr. Russell Reynolds, late Physician to the National Hospital for the Paralysed and Epileptic, in reference to the period at which the first occurrence of fits takes place, states that this is most frequently between the ages of 10 and 20, at or about the period of puberty; that from 20 to 30 the tendency very much diminishes, increasing again at about 40. In four out of my twenty cases the fits commenced between the ages of 2 and 10; between the ages of 10 and 20 in seven cases; between 20 and 30 in two cases only; the number increasing again after 30 years of age to seven; in one instance the first occurrence of fits took place at the age of 49.

As to the exciting cause: two cases were attributed to head injuries, four to sudden shock or mental trouble, one to onanism. In one case the fits commenced just before, and in another directly after, confinement; in another case at the menopause, exhibiting a periodical tendency to recur every month after the cessation of menstruation; while in a fourth case they began with the first establishment of menstruation and generally, though not invariably, occurred at about the menstrual period.

Although there would appear to be no special sexual predisposition to epilepsy, the disease occurring in about an equal number of males and females, the relative frequency with which it occurs for the first time, in women, either at the commencement or close of the generative period, the tendency of the fits to recur with greater frequency and severity at the time of menstruation, and the not unfrequent connection between epilepsy and uterine or ovarian disturbance, have excited a good deal of attention.

The events of puberty, pregnancy, and the menopause exercise a greater influence on the whole female organism, through the nervous system, than any change connected with development in the opposite sex; and in a subject otherwise predisposed to epilepsy such disturbance would be calculated to induce this, previously latent disease; but Professor Charcot has attempted to establish a closer relationship between epilepsy and uterine neurosis under the term hystero-epilepsy. This form of the disease he divides into two classes. In the first he puts those cases in which the epileptic and hysterical paroxsyms occur separately, each one exhibiting its characteristic peculiarities. Hysteria and epilepsy are allied neuroses, and that they occur in the same subject is a matter of not unfrequent observation, and therefore the term hystero-epilepsy, if used at all, does not seem inapplicable to such cases. But in the second class Professor Charcot includes cases of combined hysterical and epileptic phenomena, in which the epileptic characters would appear to be more simulated than real, the following being the distinctions which he himself draws between these convulsions and those of the uncomplicated epileptic seizure.

1. There is *invariably* a warning sufficiently in advance of the fit to enable the patient to place herself out of danger.

2. There are no symptoms in these cases allied to "petit mal" and epileptic vertigo.

3. The attack may be modified, or even cut short, by compression of one or both ovaries, and Charcot has, I believe, introduced a special form of belt for this purpose.

4. No matter how frequent or intense the convulsions, there is no ultimate impairment of intellect or dementia, and the prognosis is that of intense hysteria only.

To such cases, therefore, it would seem misleading to apply the term hystero-epilepsy; more so than it would be to call uræmic convulsions renal epilepsy, or those met with in connection with lead poisoning saturnine epilepsy, since both the latter conditions resemble much more closely the true epileptic seizure; and, if the term epilepsy is to be imported at all into the nomenclature of affections of this character, the name epileptiform

Manchester Med. and

unchanged with two or three small scy
cuation the abdomen became resona
before, but was more distended, and
somewhat more marked to the left and
Pulse 108, temp. 97·8° F., fomentation

On the third day patient's vomit w
colour with a decidedly stercorac
noon this was still more marked.
times during rest of day, and after
Macnamara operative proceedings we

Patient was removed to theatre a
Mr. Macnamara proceeded under
to open the abdomen by means of an i
in length in mesial line immediately
opening peritoneal cavity some pus
fæcal odour, and the large intestin
congested. On digital examinati
bound down to back of abdomen, a
was felt to give way just to th
nothing further could be discovered
by deep and superficial sutures, a
applied. Patient was taken back
hour afterwards he vomited agai
stercoraceous, and by midnight the
redoubled violence. The patient
at 12 o'clock the following day, the
death being 103·6 F.

Autopsy.—Evidence of general
the intestine being matted tog
thick layers of yellow lymph, the
distended, whilst the lower was
Five feet six inches above the
was found to be contracted, and a
only measured an inch in circ
mucous membrane was of a brigh
of the peritonitis was found to be
the vermiform appendix produce
a fæcal concretion somewhat
measuring 7-10th inch in leng
breadth, and of a slate colour.
organs.

Transactions of

CLINICAL SOCIETY

FRIDAY, APRIL

The Vice-President, Mr. ARTHU

DR. SIDNEY PHILLIPS, on

A CASE OF SPORAD

The patient, who was exhib
who had come under observat
The parents were healthy, an
syphilis, or tubercle, or rickets
previous to the birth of the ch
a severe fright from a fall of
was natural, and no forceps we
nothing unnatural till nine mo
7lbs. in weight, 2 ft. 7½ in. hig
of fatty tissue above the clavi
the voice croaking, the hair sc
anterior fontanelle unclosed.
and the child, though able t
legs. She was childish in int
her mental condition was
extreme torpidity and hebetu
the limbs and face were œden
very firm pressure, but the pit
than in cases of dropsy. T
feet short and square, the li
tongue was also enlarged.
besides other signs of creti
a condition much allied t
disease known as myxœdema
was somewhat different fr
adults was accounted for by t
on, before the mind had ha
It was pointed out that ten
now been recorded, two of

ro or three small scybala. After its eva-
ıen became resonant to percussion as
ore distended, and tenderness appeared
rked to the left and above the umbilicus.
8° F., fomentations discontinued.
patient's vomit was of a light brown
cidedly stercoraceous odour, and at
more marked. Patient vomited three
day, and after consultation with Mr.
e proceedings were decided upon.
ed to theatre and anæsthetised, and
ceeded under antiseptic precautions
y means of an incision about 4½ inches
ıe immediately below umbilicus. On
city some pus exuded with distinctly
large intestine was distended and
al examination some gut was felt
f abdomen, and a band of adhesions
y just to the left of wound. As
ıe discovered the wound was closed
l sutures, and antiseptic dressings
taken back to ward, and half an
nited again, the vomit being still
dnight the pains had returned with
e patient gradually sank and died
ıg day, the temperature just before

general peritonitis, the coils of
tted together and covered with
mph, the upper part of gut was
wer was flaccid and contracted.
ıe the ileo-cæcal valve the gut
l, and at the seat of constriction
n circumference, below it the
a bright red colour. The cause
d to be due to the ulceration of
roduced by the impaction of a
what resembling a calculus,
length, and about 1-4th in
ır. Nothing abnormal in other

of Societies.

Y OF LONDON.

, 24TH, 1885.

UR DURHAM, in the chair.

IC CRETINISM.

ted, was a child, æt. 10½,
ın at St. Mary's Hospital.
there was no history of
the family. Two months
the mother had received
hild into a well. Labour
sed. The child exhibited
old. The child was 2 st.
There were large masses
the thyroid was absent,
the head very large, the
re was marked lordosis,
k, was unsteady on the
but good tempered, and
y remarkable for the
sides these symptoms
out firm, they pitted on
appeared more quickly
s were spade-like, the
y much enlarged, the
ips pointed out that
re was here present
identical with, the
he mental condition
in myxœdematous
ge at which it came
become developed.
similar nature had
Ir. Curling, four by

the late Dr. Hilton Fagg, and one each by Dr. Fletcher Beach, by Dr. Langdon Down, and Dr. Routh. On examining the records of these it appeared that six of the ten cases presented signs, more or less marked, of an œdematous state, and Dr. Phillips pointed out that it was not therefore an exceptional occurrence in association with myxœdema, but must be looked on as part and parcel of the disease. Foden's opinion, quoted by the Sardinian Commission, that cretinous infants mostly become œdematous bears this out. Experimental removal of the thyroid had been shown by Kocher to produce cretinism in human beings. In monkeys Mr. Horsely had produced myxœdema by ablation of the gland, it was therefore to be expected that myxœdema would occur with other cretin symptoms where the thyroid was deficient. There was no evidence as to what caused this deficiency of thyroid in the present case, but this was the third out of the ten cases in which there was a history of fright during pregnancy. The cause, whatever it might be, must have been transient and accidental rather than due to the locality inhabited, or the parent's health, since all the eight children born of the marriage were perfectly healthy.

No discussion followed the reading of this paper.

Mr. W. J. WALSHAM on

A CASE OF INGUINAL ANEURISM—LIGATURE OF THE EXTERNAL ILIAC ARTERY WITH TWO KANGAROO-TAIL TENDON LIGATURES, AND DIVISION OF THE ARTERY BETWEEN THEM.—SUPPURATION OF THE SAC.—ULTIMATE RECOVERY.

W. F., æt. 33, a strong and muscular man, came under Mr. Walsham's care on February 4th, 1884, for an aneurism, the size of a small cocoa nut, in the right groin. The patient had been in the army, and had had syphilis. He had only noticed the aneurism two months, and attributed it to a fall whilst carrying a sack of coals on his back. He had followed his employment of a dock labourer till within a week of his admission to the hospital, when he had to give it up on account of pain and swelling of his leg. The aneurism, which presented all the characteristics of that disease, measured 5½ inches in its longitudinal diameter, 7 inches in its transverse, and projected 2 inches above the level of the thigh. It extended about an inch above Poupart's ligament. The right lower limb and the penis were swelled and œdematous. Pulsation could be stopped with difficulty by pressure on the external iliac. The patient was placed in bed, and the limb bandaged and raised, but the aneurism increasing in size, Mr. Walsham tied the external iliac on February 8th. The vessel was readily exposed in the usual way, and two strong kangaroo-tail ligatures having been applied ⅜ of an inch apart, the vessel was divided between them with scissors. The ligatures were then cut short, a drainage tube inserted, and the wound closed with stout catgut sutures. The steam spray apparatus failed in the middle of the operation. The wound was dressed with carbolic gauze. On the second day after the operation the wound was found united by the first intention, except at its lower part. From this time he progressed favourably in every way, except that a sinus remained where the drainage tube had been inserted, and the aneurism, which ceased to pulsate on the application of the ligature, remained soft, and did not diminish in size. On March 27th his temperature rose to 101, and on the 28th to 103; whilst the pulse was 132. The wound was then dressed, and appeared healthy. Nothing fresh was noticed about the aneurism. On the 29th, temperature had fallen to 96·6, and the pulse to 120. The patient complained that the bandage felt tight, and it was loosened by the house surgeon. On the 31st Mr. Walsham found on his visit that the aneurism had given way at one spot, where the cuticle was raised into a blister by fluid black blood, which was oozing from a pin-prick aperture in the sac. The parts around were red and swollen; the sinus where the operation wound had been was healthy. The aperture in the aneurism was closed by lint soaked in collodion, and a nurse placed on guard. On April 1st the aperture in the sac increased to the size of a penny piece, and a black clot the size of a walnut was projecting. A probe soaked in a strong solution of perchloride of iron was thrust into the sac, through the clot in 6 or 7 places, and the clot covered with collodonised lint. On April 2nd this was repeated. On the 3rd the aneurism was evidently sloughing, and a poultice was applied. On the 10th it was level with the thigh, and freely

matoid swellings
wrist, and knee,
while the knee c
Quinine and stim
adverse symptom
while had been
16th of July was
27th of October,
himself. He wa
resume his worl
exhibited.

Mr. DURHAM sa
the operation. H
was read by Mr.
it must be very gra
had been so eagerl
failed in operatin
however, that imp
tion would no dou
certain means of di
possessed. He ho
congratulated Mr.
the reading of his

Mr. SMITH said
remarks of Mr. Dur
of performing the
difficulty of ascerta
was not only before
it was presented to
with such severe ind
a dangerous state tha
had removed the kid
perfectly healthy. O
a detached stone in t
of phosphate *débris*
preserve its normal c
experience and less
was is it better to rem
to extract only the sto
would prove the more

Mr. WALSHAM ref
removed a stone. Th
blood was passed at
pus. There was a larg
He came to the con
stone impacted in the
made a lateral incision
By the aspirator a lar
The stone was so very l
more harm to clear out
the whole kidney. N
patient has every prosp

Dr. BENHAM said i
which had been so nea
old days for the treatme
calomel had been giver
in Dr. Dickinson's case
the wound, and that thi
which had been present,
beneficial.

Mr. SYMONDS said it
far we were justified in
the wound or removing
was no blood and no pu

Mr. HAWARD said ex
performed with very li
discover a stone we ha
symptoms arose. In on
in about twenty places
there had been retracti
in the loins, and all the
stone in the kidney.
occurred at intervals. H
was better to simply r
both stone and kidney.
none, and suppose the
stone, how remote would
one case he had removed

Mr. GODLEE said the
usually a dangerous operat
ney was large than where
merely take the stone out.
have died for certain if the

several joints, notably of the left elbow, of which were red, painful, and tender, ained an appreciable amount of fluid. its were freely given, under which the appeared. The wound in the mean- ing *without* interruption, and on the ed. The patient was last seen on the he returned to the hospital to show perfect health, and was about to a blacksmith. The stones were

his case was an excellent instance of embered that many years ago a paper Smith advocating this operation, and g *to him* to find that his suggestions owed up. His own first attempts had stone in the kidney. He thought, ents *in our* diagnosis of the condi- l to greater successes. Some more is were required than we at present hat *he* was not going too far if he on the results that had followed o many years ago.

t express his thanks for the kind He had never had an opportunity tion until two months ago; the he presence of stone in the kidney gan was exposed, but even when Two months ago he saw a lady s of renal calculus, and in such ation was inevitable. When he l held it in his hand it looked ing *into* it, however, he found is surrounded by half an ounce had allowed the kidney to *He* thought we needed more The great question to decide h the kidney and the stone, or e was not quite certain which tory operation.

a case in which he had of the patient was 45. No d, but the urine was full of g in the right lumbar region. that the case was one of He cut down on the kidney, me down on the swelling. ity of pus was drawn off. he concluded it would do culus only, so he removed mptoms resulted, and the king a good recovery.

ry remarkable that cases had been cured. In the condition large doses of y. Was it possible that l had been absorbed by onsible for the diarrhœa night possibly have been

r for consideration how e kidney before closing e in cases where there

n the needle would be and if we failed to it until more urgent punctured the organ ing any stone. Here sticle, vomiting, pain oms usually denoting oms, however, only y of opinion that it one than to extract ney was better than became the seat of chances of life. In pus by the needle. e entire kidney is nore so if the kid- It was far safer to the woman would een removed. He thought we ought to resort to the easier operation first, and further he could not help thinking that it was possible to keep the wound antiseptically as long as was desired.

Dr. DICKINSON in reply said he was astonished to hear his old friend Mr. Smith expressing an opinion as to the advisability of extracting the kidney as well as the stone. Speaking most humbly, and as in reality an outsider, he thought it a very serious matter to take out the organ if it could be avoided. He quite agreed with Mr. Haward on the question of antiseptics. He regretted that his colleague Mr. Rouse was not at the meeting. He thought that the reason why antiseptics were not used on this occasion was because Mr. Rouse had considered this method of treatment was not practicable, under the circumstances. With regard to calomel, he thought we could hardly claim that it did very much good.

The living specimens exhibited were—

Mr. J. R. Lunn.—Four cases of osteitis deformans.

Mr. R. W. Parker.—A case of thyrotomy, with preservation of the voice.

Dr. Stephen Mackenzie.—1. A case of osteitis deformans. 2. A case of hereditary multiple tumours.

Mr. Rushton Parker.—A case of ununited fracture of olecranon, wired antiseptically; close union.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

MARCH 12TH, 1885.

WM. A. GARRARD, Esq., President, in the chair.

MODIFICATION OF SMITH'S MODIFIED HODGE'S PESSARY.

DR. MARTIN showed the above. The instrument-maker from whom he obtained it said that it was a German adaptation of Hodge's pessary. Its peculiarity consists in unyielding sides, being hinged before and behind by means of soft rubber joinings, of the same calibre as the hard part, allowing collapse from side to side, but unyielding in the antero-posterior direction. Dr. Martin, in treating a bad case of retroflexion lately, failed to get any of the ordinary forms of pessary—Hodge's or the modification of Hodge's—to remain *in situ*, those retained in the vagina being quickly displaced, and giving rise to great pain and discomfort, passage of water and movement of the bowels being interfered with. With the form of pessary under notice Dr. Martin was completely successful in securing relief. Proper position of the womb has been maintained: there is perfect freedom from all sense of pain and discomfort; the bowels act regularly and freely, and there is no interference with the passage of the water. The act of coition is perfectly comfortable. Owing to its being collapsible from side to side, it is easy of introduction, and Dr. Martin thinks that the want of interference with the action of the bowel is due to the same cause.

Mr. ARTHUR JACKSON commented upon it most favourably.

PORTIONS OF THE FEMORAL AND RADIAL ARTERIES PERFECTLY RIGID FROM ATHEROMATOUS CHANGE.

Mr. ARTHUR JACKSON showed these most interesting specimens, taken from a patient, æt. 78, March 10th, 1885. The calcareous degeneration was extreme. The specimens were taken from the arteries on the left side. The patient was the subject of senile gangrene in the right foot. For two years there had been no pulse in the left radial artery; it must, however, have been pervious, as the parts were well nourished, and presented no loss of heat to the observer. The artery could be felt, cord-like and unyielding under the finger. Both arteries were rigid and incompressible tubes.

A DARNING-NEEDLE IN THE MESENTERY.

Mr. C. ATKIN showed a portion of mesentery in which there was a large darning-needle firmly embedded. The specimen was secured when making a post-mortem for the coroner. There was no history as to the manner in which the needle had got there.

Dr. BANHAM mentioned the removal of a needle from the neighbourhood of the knee-joint, but there was no history of how it got there. It was thought that it had not entered near the place where it was found.

Mr. GARRARD had removed a needle from the arm, which; he was informed, had entered towards the end of one of the fingers.

who accepted, the duty of carrying o
reform within the sacred chamber.
nominal defenders of justice have in
forgotten their pledges, shuffled off t
apparently without compunction o
themselves with their senior colleag
design to keep all the good th
for themselves, at the expense c
vow, spoken or implied, to work the
tuents specifically charged them to i
urge.

It is not strange, therefore, that
aroused respecting the force that
time to change a determination to
pledges given before election into fl
causes which secured it; nor is it
ment is excited by the spectacle i
who are unable to see why a decla
be binding simply because it ap
regard it as still claiming fulfilmen
tion, however, may suffice to clear

It needs but a small acquaintan
the Council of the College to
operandi of the conversion of a ne
ciples that actuate the body in q
well be—and indeed we really beli
in some instances—that candid
Council have entered on their du
stood intention of doing their ut
cedure. It is very probably true
council chamber for the first tim
men who were returned by the e
tion of Fellows, and who underto
of the Association in Council,
spirit of their engagements.
influence inseparable from the
direct their views, and we know
to convert them from support
opponents of the scheme by
secured a majority of votes
is that works thus poten
explain in words. Probably
in firm possession of comfo
they have fallen under the
system, excites in the freshma
visions of himself in a similar
brief space before we find hin
tion of the comforts of office
attain them. Have we not
members of council returne
out the Association program
examiner in surgery; notwit
prime objects of the Associati
able practice of making the C
to richly-paid examinerships
but the thought is irresistil
perhaps be honest in inten
councillors soon become all t
of the advantages of mainta
thus to accept existing evils
The glitter of reward in ear
too real a temptation appar

luty of carrying out a programme of sacred chamber. But these same if justice have in the briefest space lges, shuffled off their allegiance, and compunction of conscience, allied ir senior colleagues in an avowed l *the* good things in possession the expense of neglecting every d, *to* work the changes their consti- rged them to initiate, or at least to

herefore, that curiosity should be force that is able in so short a nination to honourably fulfil the ction into flagrant neglect of the ; nor is it wonderful that amaze- spectacle in the breast of those *by* a declared promise ceases to use it appears inconvenient to fulfilment. A little considera- to clear up the mystery.

quaintance with the routine of ge to understand the *modus* of a new member to the prin- dy in question. It may very lly believe that it has occurred candidates for seats in the eir duties with a well under- *ir* utmost to reform its pro- true, that on entering the t time last year, the gentle- ie exertions of the Associa- rtook to support the claims il, meant to be true to the . But quickly a subtle e Council, commenced to v how short a time sufficed ters into most energetic advocating which they . What the influence ly it is difficult to the presence of those able posts into which nutual accommodation uncillor's mind pleasant ation ; and it is but a assing from contempla- ie act of struggling to a already one of the er pledge of carrying plying for the post of ling that one of the break the objection- mere stepping-stone unpleasant to think, though they may first, newly-fledged g to be convinced gs as they are, and ppointed blessings. r yielding spirits is t to be foregone, merely that a character for honesty of purpose may be earned; and added to this there is the distant prospect of such distinction as may convey presidential dignity, provided that, by hook or by crook, the question of re-election only can be settled satisfactorily.

Indeed, the more we study this matter in the light of the teachings of experience, the more must we blush for the weakness that men have exhibited who should be strong. One good and most important lesson, however, the past twelve months has taught, and it is one that the Association of Fellows will not be slow to profit by. It is that henceforth the Association must be careful in its choice of candidates, to select those who will pay something better than lip homage to the principles they will be sent in to the Council to uphold. The Association, moreover, will require a guarantee for the performance of the duty its nominees will undertake in its name. We have unfortunately had too practical an illustration of the worthlessness of simple promises. In the future steps will be taken to ensure that practice shall follow.

DR. BRADLEY'S CASE.

In spite of the earnest, widely supported, and strongly worded petition, presented by the members of the medical profession to the Home Secretary in favour of this unfortunate gentleman, as yet there seems no sign that his case has been taken into careful consideration. One would think that some show of respect should be shown towards the members of a profession which does so much for suffering humanity, and under whose hands all alike must come, from the highest to the lowest in the land. In the discharge of their duties they are daily called upon to place themselves in positions of the greatest delicacy, and, in fact, to place themselves at the mercy of such as seek their services, and who, if unprincipled or designing, may wreck their professional honour and good name by foul and reckless charges. It is simply impossible for medical men, at all times, to protect themselves in their interviews with patients by the presence of third parties. This being so, charges against them should be received with the utmost caution, and should require the clearest possible evidence in corroboration, where such charges are made. That the evidence put forward in Dr. Bradley's case was not of such a nature is evident to all who have read it. So much was this the case that the jury, unable to convict him of the crime with which he was charged, and to which the woman prosecuting positively swore, *i.e.*, of having *twice* raped her, would have discharged him but for the influence of the presiding judge, who was the means of having a verdict brought in of his having attempted rape, in the face of the most unsatisfactory evidence that could be possibly imagined. The medical history of the woman was clearly in favour of such hallucinations on her part; erotic delusions at the close of an epileptic fit. The character of the man charged, the place, time, and surrounding circumstances, all clearly negative the possibility of such a crime. It is an outrage to common sense to think that a man in the middle of the day, with his way to make in the neighbourhood, happily married, bearing throughout the

regret to fi
generous ar
is content t
on account
far better tr
the function
rogatives of
members of t
practical man
that a fund ah
fresh opening
a close. What
that let us do
not be lost sigh
wronged memb
solace in receiv
substantial mark
terrible trials, a
we appeal to our
and the member
allow so great a w
pass into the shad
press to give us t
Home Secretary t
permits to go unrig
to keep the torch
man, and we warn
dangerous thing to
smirched with the sus
motives, are the guid
for the continuance o
wrong, inflicted upon
the strongly held con
from the very nature o
to weigh evidence and
on a question, such as
Bradley's case, must k
to be found, far better
in the land. As medic
the evidence given at t
the members of our p
hesitation in saying tha
in the charge made agai
he has been so unjustly
The medical history of
position in the case, but
real facts of the case, a
ability and absurdity of
that the presiding judge,
jurors may be some time
and then see how they wou
then think that they had
required of them for a ma
hardly dealt with, as Dr.
not the tone we would
indifference of officialism
gross injustice, deeply embi
as unworthy of respectful
tative and unanimous exp
part of an honourable pro
inspire confidence or respect
the members of the judges

Home Secretary has not taken a more
urable course in the case, and that he
an innocent man to suffer so severely
official etiquette, which would be
upon than allowed to interfere with
e justice, and the honourable pre-
ffice. We would urge that the
ession should at once mark in a
r sense of Dr. Bradley's case, and
once be started to help him to a
when his imprisonment comes to
uld wish others to do to ourselves
We trust the suggestion will
d that an innocent and deeply
our profession may find some
m his professional brethren a
eir sympathy with him in his
erited sufferings. Once more
poraries of the medical press,
e profession at large, not to
one to one of our members, to
blivion; and we beg the lay
werful aid in waking up the
se of the gross injustice he
We at least will do our best
in defence of an innocent
in authority that it is a
he ermine of justice to be
hat prejudice, and unworthy
ciples of those answerable
ss a piece of injustice, and
nocent man. Such is now
of a class of men, who,
profession, are accustomed
e probabilities, and who,
which is involved in Dr.
which side truth is likely
y judge, lawyer, or juror
after a careful review of
we have not, nor have
generally, the slightest
not one word of truth
Bradley, and for which
and severely punished.
an explains clearly her
idence given, and the
rly the utter improb-
We can only wish
ne Secretary, and the
her similarly placed,
They might possibly
all that humanity
fully placed, and so
has been. This is
write in, but the
the face of such
elings. To ignore,
tion, the represen-
f opinion on the
not the way to
partial justice of
or the equally

impartial exercise of the prerogatives of the Home Secretary's office. It is a bad thing to allow such confidence and respect to be shaken amongst a class of men, who are, to a large extent, leaders in the formation of public opinion. The want of faith so felt will surely spread in the circles in which their influence is felt.

Notes on Current Topics.

Sir Spencer Wells on Cremation.

THE address on Cremation which Sir Spencer Wells delivered on Thursday last at the Parkes Museum, and which has been specially reported for this journal, comes at a most opportune moment. Just now the fate of the practice in this country is almost trembling in the balance, and every responsible confirmation of its advantages will assist the final decision as to its legalisation. Sir Spencer Wells very clearly demonstrates the increased certainty of detection under which poisoners and murderers would labour if cremation were substituted for burial, inasmuch as the most searching certificates are required before the process can be resorted to, On this, the only tangible objection to cremation, Dr. Vivian Poore, we see, still insists, but with the precautions referred to it is difficult to see how an undetected crime could occur. Mr. Seymour Haden also took part in the discussion on Sir Spencer Wells' paper, advocating the open basket coffin system with which his name is associated. Mr. Haden, however, does not secure supporters to anything like the same extent as does the Cremation Society, for the reason that his mode of disposing of the dead is less efficacious than the process of burning.

Anti-Vaccination.

A MEETING of the London Anti-Vaccination Society was held last week, at which the whole few of the Association was present to listen to an address from their principal political supporter, Mr. Hopwood, M.P. This gentleman is described by the *Echo* as having delivered an "interesting" speech; and the fulmination so named is indeed eminently "interesting," and in addition instructive. We gather from it that Mr. Hopwood is as determined as even to maintain the preposterous position he has assumed as the platform of obstruction to scientific protection against disease; and all the old exploded doctrines were dished up once more, redressed for the occasion, and as transparently delusive as ever. It is pathetic to learn that all anti-vaccinators demanded was "freedom for themselves, and if those who believed in vaccination chose, they might have the operation carried out every day in the week." It does not seem to strike Mr. Hopwood and his followers that it is just this very exercise of freedom that is mainly the cause of much of the prevalent destruction wrought among the unvaccinated, and that the latter classes intensify a hundred fold the dangers to which the community is exposed from small-pox. It is, however, hopeless work contending against the wilful blindness of agitators, and nothing proves the determined ignorance under which the anti-vaccination fraternity labour more than the resolutions they so complacently pass among themselves. That

Two inque
determining
poison. In t
a certain amo
how the pois
was the subst
doubt. The th
explanation of
opens up specu
the active ag
procured. So
enjoy such facil
of destructive
oftentimes the a
persons who are w
evil. Nothing less
hensive act forbid
unauthorised agents
complained of; but
recent efforts at legi
of a kind to produce
case referred to abo
inquiry respecting the
who, subsequently to
found among the ruins
Rowney, artists' colour
The deceased, after play
seized with vomiting, an
Hospital, expired in that
the signs of arsenical pois
of course, this death w
history of the case is str
dangers attending the in
arts for indiscriminate use
that greens for colouring
contain poisonous ingredie
the employment, or at le
innocuous paints; and sho
is absolutely essential to th
special precautions should b
stances containing it from g
any but authorised users of

Professional Condem

WE noted last week the
upon the passing of the Pri
through the Dublin streets, a
from the house of a Dublin
window blinds were all pulled d
accepted the responsibility for
guests, for he has not offered eith
for the occurrence, but the Colle
have wisely declined to advertise h
censure or in any other way tak
ceeding. Private individuals are
the same considerations as public
members of the surgical professio
been slow to record their emphat
the proceeding, and their determina
fessional association with the gentlem
ble for it, until it is amply explain

eath by Poison.

e held last week for the purpose of
se of death which had resulted from
case, inquired into by Mr. Langham,
mystery surrounds the question of
administered, but that strychnine
ployed has been proved beyond all
f suicide appears the most probable
urrence, and the history of the case
concerning the manner in which
mployed to cause death was
as the public is permitted to
as now exist for the purchase
ns accidents will occur; and
nce of suspicion will rest on
innocent of the intention to do
a well considered and compre-
the sale of poisonous drugs to
suffice to remove the difficulty
cannot flatter ourselves that
n in this direction have been
desired result. In the second
Dr. Danford Thomas held an
th of a child two years of age,
xplosion in Rathbone Place,
he establishment of Messrs.
a number of colour tablets.
vith them for some time, was
ing taken to the Middlesex
titution after exhibiting all
g. From one point of view,
purely accidental, but the
y suggestive of the great
uction of arsenic into the
; is so confidently asserted
ses, need not necessarily
hat public safety demands
sufficient trial, of these
it be proved that arsenic
oductions of artists, then
en to prevent the sub-
g into the possession of
things.

on of Disloyalty.

ettable incident" that
nd Princess of Wales
k flag was displayed
ital surgeon, and the
This gentleman has
insult to the Royal
planation or apology
o which he belongs
y putting him under
notice of the pro-
however, ruled by
titutions, and the
Dublin have not
disapprobation of
not to hold pro-
who is responsi-
or apologised for.

At the meeting of the Surgical Section of the Academy of Medicine of Ireland, on Friday last, this gentleman was announced to make a communication, but the moment he was called up to read his paper the members rose, *en masse*, and left the room, leaving the speaker to submit his communication to the chairman, the secretary, and two or three other officials of the Section. We should suppose that this demonstration must have satisfied the hospital surgeon in question that, however he may have achieved the desired popularity in other places and with other people, his conduct is regarded with nothing less than disgust by the great majority of his professional brethren. He must perceive now that, whatever his political views may be, the opinion of his own profession is dead against his insulting the Princess as a means of displaying them, and he ought therefore to be ready to express regret for having been so misguided as to do so. The profession in Dublin feels that such an act by even one of its members compromises its good taste and the chivalry of its hospitality, and it is therefore apparently determined to disavow any sympathy with such a proceeding as that by which this gentleman has acquired notoriety.

The Chancellorship of Dublin University.

WE understand that the Board of Trinity College has agreed to recommend to the Senate of the University the names of the Earl of Rosse, the Earl of Miltown, and the Marquis of Waterford, from which to select a Chancellor of the University, in room of the late Earl Cairns. The Marquis of Waterford is not, we believe, likely to attract much support; the Earl of Rosse, as a noted astronomer and mathematician, will probably be generally supported by the scientists; while Lord Miltown, who served the University well in the recent campaign against medical reform, will secure the votes of the politicians and most of the medical members of the Senate.

Admission of Candidates to the Army Medical Service.

AT the present time, and with the conditional prospects before us of an increase becoming necessary in the Medical Department of the army, it may be convenient if we briefly summarise the terms on which candidates may be admitted to examination under the revised scheme, with a copy of which we were favoured by the War Office on Friday last. They should, in the first place, apply to the Director-General at the War Office for the preliminary "forms" and instructions. Having obtained these documents, the candidate will find that he must be "recommended" to the Director-General by some person of position or standing; that both his parents must be of unmixed European blood; he himself 21, and not over 28, years of age, and in good health. He must forward a certificate of registration under the Medical Act, and be prepared to be examined as to his physical fitness for service by a Medical Board.

Candidates will be examined by the Examining Board in the following compulsory subjects, namely, anatomy and physiology, surgery, medicine, including therapeutics and the diseases of women and children, chemistry and

DR. COLLINGRIDGE, Medical Off
London, expresses his strong convic
re-appear on the Continent "in
counsels the utmost vigilance.

A DEPUTATION of the Parliament
Medico-Psychological Association
Secretary of the Lord Chancellor a
on the 21st inst., to express their v
Lunacy Law Amendment Bill.

WE are asked to announce that
liver the second annual Cavendish
founded last year in connection w
Medico-Chirurgical Society, on Fri
West London Hospital, the subject
its counterfeit Presentments."

Scotland.

[FROM OUR NORTHERN CORR

UNIVERSITY OF EDINBURGH.—A
monial, on the 22nd April, the degree
in the department of Public Health w
Bryden Hill, M.D., and John M'Lachla

UNIVERSITY OF EDINBURGH.—GR
—The graduation ceremonial connec
the winter session of the University c
on the 22nd inst., in the United Presb
presence of a large attendance of th
Chancellor, Lord President Inglis, pr
to graduates was delivered by Profe
present time the University dove-cot
the clamant question of University
Chrystal's speech, which, on accoun
unfortunately unable to publish, clea
existing under this head from the U

ROYAL EDINBURGH HOSPITAL F
The directors of the Royal Edinb
Children, at their meeting on the 2
Dundas Helm, M.B., C.M., to be res
W. J. Smith assistant to the extra p

GLASGOW.—CASES OF POISONI
SIDE.—It was reported at the South
22nd inst. that a married woman
Street, had taken seriously ill o
with symptoms of poisoning. A chi
having the same symptoms. Dr. I
Street, who was called in, found th
from an irritant poison. Remedies
tered, and thus both mother and
of danger. Oddly enough, currant s
sources of poisoning, and the followi
of a family named Keenan, residing
were taken ill with the same sympto
currant scones purchased at another
the matter has been reported to the
investigation.

PROFESSOR OGSTON OF ABERDE
fessor of Surgery in the University
been attached to the Government M

, Medical Officer of the Port of strong conviction that cholera will itinent "in the spring," and he gilance.

Parliamentary Committee of the Association waited on the Chief Chancellor at the House of Lords ress their views on the proposed t Bill.

ince that Dr. Bristowe will de- Cavendish Lecture, which was nection with the West London y, on Friday, June 6th, at the ie subject being "Hysteria and ita."

tland.

N CORRESPONDENTS.]

GH.—At the graduation cere- degree of Bachelor of Science ealth was conferred on Robert Lachlan, M.B., C.M.

.—GRADUATION CEREMONY. connected with the close of rsity of Edinburgh took place Presbyterian Synod Hall, in of the general public. The s, presided, and the address Professor Chrystal. At the -cots are much agitated by sity Reform, and Professor ount of its length, we are learly indicates the feeling University point of view.

FOR SICK CHILDREN.— burgh Hospital for Sick 21st inst, elected Dr. R. ident physician, and Mr. hysicians.

NG ON THE SOUTH arn Police Office, on the residing at 128 Centre Monday, the 20th, l, aged 11, also took ill, bert Chalmers, Centre ; both were suffering ere at once adminis- ild were placed out ies are the supposed day several members 56 Mathieson Street after partaking of op. In both cases ocurator-Fiscal for

-Dr. Ogston, Pro- berdeen, who has l Staff at Suakin for the past six weeks, is expected to return to Aberdeen on the 4th proximo.

MORTALITY IN GLASGOW.—The deaths in Glasgow during the week ending with Saturday, the 18th inst., were at the rate of 27 per 1,000 per annum of the population, as compared with 29 in the previous week, and 25, 34, and 27 in the corresponding periods of 1884, 1883, and 1882 respectively.

HEALTH OF EDINBURGH.—The mortality in Edinburgh for the week ending with Saturday, the 18th inst., was 82, and the death-rate 17 per 1,000. Diseases of the chest accounted for at least 35 deaths, and zymotic causes for 9, of which 1 was due to fever. The intimations for the week comprised—fever 7, diphtheria 1, scarlatina 22, and measles 27.

Correspondence.

DUGGAN ON CHOLERA,

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—It seems strange that when our highest medical authorities are of opinion that the *causa causorum* of cholera is still unknown, Mr. Duggan should attempt, in your issue of the 15th instant, to base a system of treatment upon what Koch has found amongst cholera dejecta.

Koch's theory of the cause of the disease, not having been proved, it cannot be taken as a guide in treatment. It remains for us to treat symptoms and known pathological conditions. It is well known that the blood of a patient who has died of cholera is viscid and almost devoid of coagula. The state of the blood, therefore, during life is one of over-liquidity, due to deficiency of the fibrin-forming elements, fibrinogen and globulin. Here let me theorise as to the cause of cholera, before passing on to a consideration of the method of treatment I have formulated.

I begin to think then, that in this condition of over-liquidity of the blood in cholera, lies the key to the solution of the problem of its cause. There are other diseases in which such a condition exists, notably the class styled septicæmic. In puerperal septicæmia for instance, it is an established fact that "the blood is dark coloured and imperfectly coagulated" (Jones and Sieveking).

The explanation of this is, I think, to be found in the absorption in this class of diseases, of putrefactive products from sources of infection, and the consequent development of sulphuretted hydrogen and other decomposition products in the blood, this development resulting in the diminution or destruction of the fibrin-forming elements of that fluid, their potency in that direction being well-known. The only difference between diseases of the septicæmic class and cholera, besides that of the actual chemical composition of each of the poisons is this—in the former the absorption is by the lymphatics, and therefore so slow or gradual, that tolerance of the circulatory system is established; in the latter the absorption of the poison takes place by the capillaries of either the intestine or the lung, or both, and is consequently so rapid that the process of osmosis is reversed by the presence of the over-liquid blood in the intestines, with the result of effusion of the liquid portion of that fluid into the intestinal tract. The poison of cholera is probably a compound of some putrefactive or abnormally fermentative product with ammonia, and capable of existing both in the liquid and the gaseous state. Upon some such theory as this I think, is the possibility of infection by the two processes of respiration and digestion only to be explained.

In septicæmia the absorption of the liquefying poison is continuous (though gradual) until the infecting source is purified, and is seconded by direct absorption through the blood, after the destruction by putrefaction, of the coagula in the infective vicinity; whilst in cholera one breath of the infected air; one glass of the poisoned water; or the absorption after abnormal digestive fermentation of one mouthful of food, may be sufficient to induce fatal consequences, because of the rapidity of absorption through the lacteal capillaries of the intestine and of chemical changes

element, it has preserved the scient
with so much strictness that, while it
pecunious student to acquire a d
equivalent in value to that of the ser
never been permitted to indolent, hal
pecunious, and of inferior social grade
the use of titles to which they had
Not so, unhappily, in other so-called
students who were by the character o
ing totally unfitted to associate wit
not acquired even the semblance of c
residence, who had not given any pro
the general education suitable for a g
save the passing of a farcical prelimi
who had obtained a medico-chirurgical
if anything, lower than those imposed
ing bodies. Students of this class, I s
of the principle which the Universi
happily established, have acquired th
ate in Medicine, and have utilised th
ness to the surgeries and *dispensing*
afford their chief source of income.

Now, Sir, I am not surprised that
titioners who are not willing *to work u*
London University should wish to dr
sity to the same level as the *soi-disant*
I have referred, but I cannot *refrain fr*
gret that such persons should find an e
of the *Medical Press and Circular*. In
15th you say: "During the *initial sta*
now in progress we were somewhat dou
ency of offering the title of Doctor to
careful consideration of all the *circum*
the hour has tended to the conviction th
this can now provide an efficient remedy

Again, your contemporary the *Medica*
says: "We think that *anyone who is*
at all, *i.e.*, everyone who has received
implied in a competent medical *trainin*
himself M.D." Might I ask what æsthe
draw between the practitioner who, to
my professional trade mark and *the ma*
increase his sales, purloins the trade m
business?

One would reasonably suppose *that the*
officer of the medical army would see t
all captains and colonels—at least, with
way to that rank. But no! they *must all*
they have not been willing to fight their
pay for it in brains, money, labour, or tim
these gentlemen that what *they seek to*
as it is immoral. They can, possibly, seiz
M.D., and, for a brief period, pass as U
they cannot prevent those whose *indust*
monetary position enable them to take a g
Doctorate from ear-marking that doctor
to make the public aware that the new
are only veneered. The first step towar
was taken on the part of the older Uni
Courtown when he moved—in Committe
Reform Bill—to have full Arts degrees
Medical Register, and the promoters of
little scheme for the wholesale annexation
may rest assured that, if they succeed, th
few years be displaced by some better mea
ing the real from the sham M.D., and tha
to seize on the new title will then become

I am, Sir, yours, &c.,

AN M.D. AND M.A.

[In the above letter our correspondent en
hends the spirit of our remarks in the le
refers. In that article we claimed, not the
any qualified men to use the title "Dr," but
who pass a particular examination conduc
English Colleges should be so entitled apa
sity graduates. If our correspondent will
our leader he will find this specifically laid
ask him to believe that we are very far fr
any licentiate shall be so decorated. Our co

served the scientific level of its degrees
ıess that, while it is quite open to any im-
to acquire a doctorate approximately
to that of the senior Universities, it has
d to indolent, half-educated persons, im-
erior social grade, to attract practice by
which they had no legitimate claim.
ı other so-called Universities, in which
r the character of their youthful train-
to associate with gentlemen, who had
semblance of culture by a University
t given any proof that they possessed
ıitable for a gentleman's profession,
arcical preliminary examination, and
lico-chirurgical qualification on terms,
ı those imposed by any of the licens-
f this class, I say, by the degradation
the University of London had un-
e acquired the flourish of a Doctor-
e utilised the same to attract busi-
l dispensing establishments which
of income.
prised that a certain class of prac-
ng to work up to the standard of the
l wish to drag down that Univer-
he *soi-disant* Universities to which
ıot refrain from expressing my re-
ıld find an exponent in the editor
Circular. In your issue of April
ıe initial stages of the discussion
mewhat doubtful of the expedi-
f Doctor to all comers (*sic*), but
the circumstances and needs of
onviction that nothing less than
ient remedy."
the *Medical Times and Gazette*
one who is competent to practise
s received the liberal culture
ical training, *is entitled to sign*
that æsthetical distinction you
r who, to gain fees, purloins
nd the manufacturer who, to
ıe trade mark of his rival in

e that the non-commissioned
uld see that they cannot be
east, without fighting their
must all be M.D.'s, though
ht their way to the M.D. or
r, or time. But let me tell
seek to do is as impossible
ɔly, seize upon the letters
ss as University men, but
industry, ambition, and
take a genuine University
doctorate in such way as
he newly-dubbed M.D.'s
towards this movement
ɔr Universities by Lord
mmittee on the Medical
egrees registered in the
ers of this convenient
xation of a higher title
ed, the M.D. will in a
r means of distinguish-
d that a new agitation
ıome necessary.

.,
M.A., DUB. UNIV.

ot entirely misappre-
e leader to which he
the right of all and
but only that those
ducted by the two
apart from Univer-
vill again refer to
aid down, and we
from urging that
correspondent is

also wholly misinformed when he assumes that all Universities demand the sacrifices necessitated by residence for medical degrees. London for instance does not; nor the the new Royal University; nor, save in name, does Durham, since the year exacted at the latter place may be passed in attendance at the hospital at Newcastle-on-Tyne, and reckons as one of the years engaged in medical study as required by the General Medical Council. Again, the sacrifice in relation to Arts studies exists only in imagination, save, as we pointed out, in the cases of Oxford and Dublin. Nothing of the kind is required at Durham; and even at Cambridge a medical student need not take an Arts degree unless he chooses; while the matriculation of London University is the only Arts preliminary to a medical degree. As regards expense, further, the comparison is still more glaring. The cost of the L.R.C.P.Lond. and M.R.C.S.Eng. is now fixed at thirty guineas, a sum considerably more than is the total cost of a Durham M.D., and as the expenses of living, lectures, &c., are practically the same everywhere, it follows that the M.B. is the cheaper qualification to obtain. In Scotch Universities this is even more strikingly the case, as is evidenced by the very large percentage of English students who resort to them. We cannot conceive that our correspondent intends to imply inferiority on the part of the L.R.C.P.Lond. and M.R.C.S.Eng. as compared with the average M.B. examinations: should this be the case, however, the attitude of the Universities themselves toward the combined examinations is a sufficient reply to the insinuation. We repeat, finally, that our contention is that men who pass the L.R.C.P.Lond. and M.R.C.S.Eng. examinations are in every respect as highly educated to practise medicine as an ordinary graduate at the Universities named (except Oxford and Dublin), and that to place them at a disadvantage with the latter is both unjust and impolitic—ED.]

Literature.

INTESTINAL DISEASE AND OBSTRUCTIONS. (*a*)

THIS work, which claims to be a contribution to medicine and surgery rather than a book for reference, is an interesting historical survey of the past and present treatment of intestinal obstruction, while at the same time it opens up many points in the etiology and pathology of those lesions which have hitherto remained unsolved.

The author has based his views upon the teaching of Sydenham, though the advance of physiological science has enabled him to explain reasons for the advocacy of those doctrines which were as yet unknown to the great writer himself. As might be expected the errors in Sydenham's teaching, which have had to be eradicated, were signs of the times in which he lived; for instance, excessive venesection and the too free exhibition of sedatives. Mr. Thomas has eliminated these errors, and shown, that while the forms of treatment which they cover were admitted as unessential, the principle upon which Sydenham insisted was absolute rest to the bowel, including, of course, a strict prohibition against any mechanical interference whatever; and inasmuch as Mr. Thomas has been the first to point out the necessity of *strictly* observing this principle in treatment, which at the present day is violated on all sides, so far at least are we indebted to him for the revival of a very old and much neglected doctrine.

Whether the line of treatment which it inculcates will recommend itself universally or not is another question. If it fails to do so it will not be the fault of its enthusiastic pleader. The reader cannot help being struck with Mr. Thomas's peculiarity of style. He is unsparing to the last degree to those who are opposed to his creed, while he

(*a*) "Intestinal Disease and Obstructions." By Hugh Owen Thomas, M.R.C.S. London: H. K. Lewis.

information from
derstood, and accepted

THE importance of ea
ases of croup necessitat
ontended in an admirabl
Winters, M.D., Clinical Pr
lew York University.
uestions as to the non-su
nd very clearly points
atients it should be unde
n the subject of recent
actical than this; and i
gested for the many impo

THE Council of the Hospi
der the title of "Journa
report of all the pape
e Society during 1884.
llected together, as bearin
ative reform, is very consid
volume shape will probabl
on of the measures they
rious suggestions emanating
om time to time noticed
elivered, and we are glad to
ppearance in the shape
ublished at the offices of the
delphi, London, W.C.

* * *

THE present number of the *Ol*
s a very readable and useful o
liscussed is the unexhausted an
rrepressible Vomiting of Pregn
which much can be said, but not
ime new and true. We learn i
here are many physicians in An
neddlesome midwifery is not bad,
njections in puerpery are so gene
. B. Adams, of Framingham, Ma
aise his voice against them. A ye
by Dr. William Goodell, communic
Society of Philadelphia, is another i

* * *

ONE hardly expects lectures whic
all the journals to speedily reach a
they are separately published. I
Lettsomian Lectures on "Bronchial
this honour. As we reported them
need scarcely say that they treat of
very practical and useful manner.
taken the opportunity in his second e
lecture which he delivered last yea
Hospital, to which he is now the sen
points are repeated in this lectur
Asthma," but they will bear repetitio
have in so small a compass the impre
and experienced a physician.

* * *

WE congratulate the British Gynæco
appearance of the first number of
every way a credit to its managers an
contains a full and carefully prepared r
meetings well up to date. It is attracti
on tinted hand-made paper, and the
nothing to be desired. Good papers are
Bell and Aveling, the former gentlema
menorrhœa, and the latter British Gy
present. The Summary of Gynæcology is
put in a first number some shortcom
excusable. We may be permitted to exp
less space will be occupied by review matt
to this comparatively valueless departme
Journals.

* * *

"THE Apothecary, Ancient and Modern,
brochure just issued by the Master of th
Society, Dr. Corfe. In an epitomised form
with many interesting facts concerning
progress of the "body styled apothecaries,"
various names, has flourished for seven cen
The most important event in the history of the
Society was that of its acquisition in 1815 of

eign sources will be readily
some atonement for omissions.

* *
*

performance of tracheotomy in
resort to this proceeding is ably
ssay on the subject by Joseph E.
ssor of Diseases of Children in
ie author fully discusses the
es that attends the operation,
in what class of cases and
ken. Among the many essays
ite, none is more useful and
ught to be widely read and
nt lessons it teaches.

*

Asssociation have published,
the Hospitals Association,"
read at the meetings of
value of the essays thus
n the question of adminis-
ble, and their reappearance
ad to increased considera-
ocate being given to the
om the writers. We have
ie papers as they were
ect attention to their re-
itioned. The Journal is
sociation, 1 Adam Street,

tric Gazette, Cincinnati,

Amongst the subjects
pparently inexhaustible
icy. It is a subject on
ch that is at the same
the same number that
ica who consider that
d that *routine* vaginal
lly employed that Dr.
, finds it necessary to
s work in laparotomy,
ed to the Obstetrical
resting item.

ave been reported in
econd edition when
Dr. Thorowgood's
hma" have attained
lly at the time, we
nchial asthma in a
. Thorowgood has
on to add a clinical
the Victoria Park
physician. A few
n "Remedies for
d we are glad to
ns of so judicious

cal Society on the
ournal. It is in
the Society. It
t of the Society's
got up, printed
ography leaves
ributed by Drs.
iscussing Dys-
logy Past and
very complete,
are perhaps
the hope that
ian is devoted
a many other

the title of
pothecaries'
re presented
e rise and
hich, under
es. By far
othecaries'
Act which

gave it the power of examining and licensing to practise throughout England and Wales. It cannot be denied that it has, on the whole, exercised this right to the great benefit of the public, and in the interest of the profession. To much curious information is appended a description of the fine old Hall in Blackfriars, together with a Chronological Glossary of the most important events in connection with the past history of the Society.

* *
*

THE "Inhalation Treatment of Diseases of Respiration, including Consumption," by A. H. Hassall, M.D. (Longmans), is a well got-up volume of more than 300 pp. Dr. Hassall has pointed out the inefficiency of various popular modes of inhalation and devised others. He has made many experiments as to the rate at which inhalants are vapourised, and otherwise done good service. We almost wish he had confined his book to the points concerned in his own researches instead of being tempted to compile an account of the medicaments used in the form of inhalations and the diseases in which they may be tried. He might thus have reduced the size of his book more than half, and made it more interesting as an original work. We have not the time in these days to run over compilations when we want to find the original work, and hope another time for the pure grain rather than the chaff. Dr. Hassall's investigations are interesting, and do not want supplementing by notes from common text-books. The latter are, after all, incomplete.

* *
*

THE American medical journals appear to have come sadly to grief over the nature of the disease from which General Grant is suffering. One of the most influential of these organs of professional opinion has, to quote from the contradictory statements of its leaders on the matter, been utterly astray respecting it, affirming one week that the distinguished patient is hopelessly afflicted, only in its next issue to contradict its own diagnosis. To readers on this side of the Atlantic the only solution of the puzzle is to be found in the supposition that our American *confrères* are too slightly experienced in the clinical features of cancer to be able to recognise its presence; and certainly the pathological gymnastics with which they have lately been edifying the world, deserve to rank among the finest curiosities of medical journalism. Delighted though we are to find how completely deceived our brethren abroad have been in this particular case, we cannot but feel how desirable it is that they should study the nature of cancerous processes and phenomena before attempting again to theorise on the limited grounds which apparently serve them at the present time.

* *
*

IN that treasure house of gems medical to which its accomplished author, Dr. B. W. Richardson, has assigned the title of the *Asclepiad*, there have, since its first periodical issue, been published a series of articles which none can peruse without feeling the indebtedness which the profession must ever be under to one who has rendered it such signal service as a teacher. The latest issue of the work, however, is, if possible, more deeply interesting than any of its predecessors, for it renews to us a series of observations conducted long ago by Dr. Richardson, and throwing an important light on subjects that are absorbing thought in the present time in relation to transfusion as a means of resuscitation. In the same number, also, is printed a paper such as none other than the author of the *Asclepiad* could write, and which offers to us a study of the great anatomist, Vesalius, that is worthy of the highest terms of praise. The article is enriched with a facsimile of the signature of Vesalius, and with a portrait reproduced from the vellum edition of "Epitome de Humani Corporis Fabricia." Dr. Richardson also devotes an article to that extraordinary "case of Sweating to Death," by Dr. Myrtle, which was originally published in the *Medical Press and Circular* of February 25th.

* *
*

NEW BOOKS AND NEW EDITIONS.—The following have been received for review since the publication of our last list, March 18:—Bacillary Phthisis of the Lungs, by Germain Sée, translated by W. H. Weddell, M.R.C.S. The Harveian Lectures for 1884 on, Death from Intestinal Strangulation and Obstruction, by Thos. Bryant, F.R.C.S. Cocaine and its Uses in Ophthalmic Surgery, by H. Knapp, M.D. The Prevention and Rational Treatment of Lateral Spinal Curvature, by M. Roth, M.D. Pharmacopœia of the London Hospital,

impossible as by reas
long of course as th
of all Lunacy Laws,
treatment of those
those who by early
disease.

After some remark
Viscount CRANBROC
perfunctory way in
execution of the Act d
The Bill was then re

THE CONSOLIDA

At the same sitting
CHANCELLOR introduce
the Laws relating to Lu

The Mortality of Foreig cities the rates of mortalit lation, according to the Calcutta 26, Bombay 33, Brussels 21, Amsterdam 2 Copenhagen 26, Stockholm 31, Berlin 23, Hamburg 25, 32, Vienna 32, Prague 36, Bu Venice 28, Alexandria 38, N delphia 23, and Baltimore 21

Vital Statistics.—The deat principal large towns of the to an annual rate of 23·2 per were—Birkenhead 17, Birmin 21, Bradford 24, Brighton 23, 16, Dublin 33, Edinburgh Huddersfield 20, Hull 16, Lee 23, London 21, Manchester Norwich 21, Nottingham 17, Portsmouth 19, Preston 28, Sunderland 32, Wolverhampto death-rates from diseases of t towns were—From measles, 5·4 in Cardiff, and 7·9 in Sunderla 2·1 in Preston, and 3·4 in Plymou 1·3 in Halifax, and 1·7 in Sunde derland included 19 from measl been referred to this disease wit beginning of this year. Diph throughout the United Kingdo deaths in London and its outer r 2 in Liverpool, 2 in Manchester, an

Central London Throat and E meeting of the committee and s was held on Friday last, Captai committee, presiding. The repor year 5,075 new out-patients had 5,014 in the preceding year, with the income of £1,573, £781 had b tary contributions of the patients. to be out of debt, but an earnest committee for funds to enable the the building, so as to give increas tion, a day room for the patients, a for the reception of cases of infecti

Royal Colleges of Physicians and and Faculty of Physicians and S The following candidates passed the the triple qualification granted by t at the April examinations held in G nation: H. S. Belcombe, W. B. Bean Henry Buxton, Frank Cooper, G. E Geo. Roy Fortune, W. J. France, W. Thos. C. Jones, J. R. L. Jones, Job Leitch, Alfred J. M'Lean, N. P. Mu John Steele, Jonathan Steele, J. Th Winter. Second examination: David Alex. C. Milne, J. Thompson Winter. Geo. A. S. Gordon, M.A., of the Andrew Hill and J. B. Laing, of th Fred. G. Spittel, Ceylon Medical Colleg South London School of Pharmac

…nable regulation could be done, so …y did not sacrifice the great object …hich was the proper and careful …who are lunatics, and especially …eatment might be cured of their

…by Lord STANLEY of ALDERLEY.
…said that the real evil was the …hich those entrusted with the …charged their duty.
…l a second time.

…ON OF THE LUNACY LAWS.
… the House of Lords the LORD …a Bill for the Consolidation of …acy, which was read a first time.

…Cities.—In the principal foreign …per week per 1,000 of the popu…test official returns, were:— …adras 40, Paris 30, Geneva 24, …Rotterdam 24, The Hague 24, …, Christiania 23, St. Petersburg …resden 24, Breslau 31, Munich …-Pesth 31, Rome 24, Turin 26, …York 26, Brooklyn 23, Phila…

…registered last week in the …ited Kingdom corresponded …00 of their population, and …m 24, Blackburn 22, Bolton …istol 26, Cardiff 33, Derby …Glasgow 27, Halifax 20, …23, Leicester 22, Liverpool …, Newcastle-on-Tyne 32, …ldham 23, Plymouth 35, …lford 20, Sheffield 25, …23. The highest annual …zymotic class in these …Newcastle-upon-Tyne, 5·9 …from whooping-cough, …and from scarlet fever, …id. The deaths in Sun…making 339 that have …the borough since the …ia caused 32 deaths …Small-pox caused 67 …of suburban districts, …n Sunderland.

…spital.—The annual …bers of this hospital …on, chairman of the …ved that in the past …treated, as against …patients. Towards …eived by the volun…ospital was stated …was made by the …ld another floor to …sing accommoda… an isolation ward …ease.

…s of Edinburgh, … of Glasgow.—**…xaminations for …e-named bodies …:—First exami…gall Buchanan, …. E. Fellowes, …rett, J. Hoyle, …edy, Wm. J. …Vm. J. Ryan, …Wilson, J. G. …ames Mason, …xamination: …rgh School; …ow School;**

following

prizes for the winter session were presented to the successful competitors on Wednesday last, April 22nd:—Senior Chemistry: Medal, David Kingan; certificate, John G. Rowell. Junior Chemistry: Medal, Thos. C. Barkas; certificate, Ernest A. Long. Botany: Medal, David Kingan; certificate, Ernest Daintree. Materia Medica: Medal, Ernest Daintree; certificate, Thomas C. Barkas. Pharmacy and Practical Dispensing: Medal, Ernest A. Long; certificate, Jeremiah Burgess. Extra Certificates of Merit: Messrs. Carr, Fulcher, Moore, Pyle, Reedman, Robinson, Tirrell.

Fever and Small-pox in London.—**The returns as to fever and small-pox were read at the ordinary meeting of the managers of the Metropolitan Asylums Board on Saturday last, and the returns as to the latter disease showed a very serious increase. The fever returns showed that 127 patients had been admitted, 20 had died, 166 had been discharged, 234 remained under treatment, and there were 702 beds available. These figures showed a decrease in the total number remaining under treatment of 59, as compared with the figures of the preceding fortnight. The small-pox returns, on the other hand, gave an increase of cases under treatment of 187 during the fortnight, the total figures being 874 cases admitted, 123 deaths, 540 discharged recovered, 714 transferred, and 1,039 remaining under treatment.**

Association of Members of the Royal College of Surgeons.—The annual general meeting of this Association will be held on Tuesday, May 5th, at 4 p.m., in the Westminster Town Hall, Dr. Danford Thomas in the chair. All members of the College are invited to attend.

King and Queen's College of Physicians.—At the meetings of the Court of Examiners, held this month, the following candidates were admitted Fellows: A. H. Horne, F. X. MacCabe, James Pollock. The following obtained the licences in Medicine and Midwifery after the necessary examinations:—

MEDICINE.—Robert Blackwell, Thomas J. Dillon, William Dillon, Andrew A. Doyle, Richard Herbert Joseph Fetherston, James Heffernan, Samuel Horneck, John Lowney, David Charles Morgan Lunt, John McFadden, Joseph Daniel McFeely, Edmond Ryan MacMahon, Septimus Palmer, Paul A. Piel, Joseph Robinson, Herbert Shackleton, Henry Barlow Strong, Hamilton James Thornbury, Richard Henry Tallour, Everard Woods.

MIDWIFERY.—Robert Blackwell, William Dillon, Richard Herbert Joseph Fetherston, David Morgan Lunt, John McFadden, Joseph Daniel McFeely, Paul A. Piel, Joseph Robinson, Hamilton James Thornbury, Everard Woods.

University of Glasgow.—Degrees of M.B. and C.M.—Pass lists, April, 1885:—

First Professional Examination.—Henry N. Bird, Thomas Cameron, Arch. Campbell, Daniel Craig, John Crawford, John Dewar, Richard G. Dick, William Dinsmore, Robert J. Freebairn, Robert Halliday, Wm. T. Hannah, Thomas W. Hay, Thomas W. Jenkins, M.A.; John W. Jordan, Thomas Laird, George Lowson, John R. Marshall, John Melville, Alex. C. Morrison, Wm. H. Murray, James M'I. M'Call, J. S. M'Conville, M.A.; John M'Corkindale, John M'Kendrick, Alex. Park, Thomas L. Patterson, Wm. F. Paton, M.A.; David J. Penney, John W. W. Pennev, David Pryde, Dugald Revie, William Russell, Alexander Shanks, Hugh R. Sloan, J. Mitchell Stewart, David Stone, Andrew Tannahill, George Thomson, Joseph B. Wallace, William Wallace, M.A.; James D. Wilson, Richard J. Wylie.

Second Professional Examination.—James Bruce, Alexander Butler, James G. Connal, Saxon S. Dale, Thomas T. Downie, Jas. K. Duff, M.A.; Alex. Duncan, David Elliot, Arch. G. Faulds, Wm R. Forrester, Andrew Gray, Harry Gray, R. C. Highet, G. F. Hilliard, Robert Higgs, Arthur D. Hughes, John A. Jackson, Josias Jago, Hugh W. Kilpatrick, Thomas Kirkland, John Love, James Marshall, William Millar, Robert C. Miller, John K. Morton, James Muirhead, Charles M'Bryde, James M'Donald, Thos. L. Macfarlane, Thomas M'Gooch, Alex. H. M'Lean, Wm. T. Nicholson, Hugh Rhodes, Harry W. Robinson, Wm. P. Sandilands, Charles E. Scanlan, Aurung Shah, Wm. Snodgrass, M.A.; J. Barclay Stewart, J Stewart, Lochgilphead; Robert Stirling, Edward B. Tant, James A. Ure, Thomas Watt, M.A.; Evan Williams, George Wills, Donald Wingate.

Third Professional Examination.—Basil J. Adam, Alex. W. Aird, W. M. Alexander, M.A., B.Sc.; Robert M'G. Beattie, James A. Brown, Walter F. Brown, Arch. T. Campbell, Alex. Carmichael, Robert K. B. Crawfurd, John R. F. Cullen, John Currie, James F. Davidson, George W. Davie, Daniel M'K. Dewar, Jas. K. Duff, M.A.; Wm. Henry Fergus, R. Irvin Gardner, Bruce E. Goff, R. W. T. Haddow, Robert Hamilton, Walter Hay, Robert Henry, Herbert Hickin, Wm. H. Manners, John Marshall, William Marshall, Alex. L. Mathieson, Alfred E. Miller, Henry W. B. Monteagle, Donald S. MacColl, James M'Conechy, Hugh M. M'Houl, C. A. MacKechnie, Alex. A. MacKeith, John MacKeith, James M'Lachlan, David T. MacLeod, John A. Macquarie, William Pyle, Robert Ramsay, John Ritchie, Robert Robertson, William Robertson, John Rowat, Alex. Roxburgh, H. W. Sinclair, John Stewart (Renfrew), James W. H. Steil, John Thorburn, Wm. Wallace (Glasgow), Wm. Wallace (Greenock), James Watson, James Wyllie.

The Medic

"

W

CONTENTS.

ORIGINAL COMMUNICATIONS.

Lumleian Lectures on Some Points in the Natural History of Primitive Dry Pleurisies. Delivered before the Royal College of Physicians. By Sir Andrew Clark, Bart., M.D., LL.D., F.R.C.P. Lond. 39

The Nature and Treatment of Gout. By Dr. W. Ebstein, Professor of Medicine and Director of the Medical Clinic at the University of Göttingen 39

Antipyrin in Puerperal Pyrexia. By Ellis T. Davies, M.D. Edin., &c. 9

A SUMMARY OF NEW REMEDIES (Specially arranged and compiled for the Medical Press). 3

CLINICAL RECORDS.

The London Hospital—A case of Acute Peritonitis treated by Abdominal Section. Under the care of Mr. Frederick Treves 3

SPECIAL CORRESPONDENCE 3

TRANSACTIONS OF SOCIETIES

LIVERPOOL MEDICAL INSTITUTION—

Ruptured Bladder 4

Double Facial Paralysis 4

Lumleian Lec

ON

SOME POINTS IN THE NA

OF

PRIMITIVE DRY PL

Delivered before the Royal Coll

BY SIR ANDREW CLARK,

Fellow of the College; Physician to

LECTURE I

MR. PRESIDENT AND GENTLEME

I arranged, for the sake of conven changes in the lung resulting from under four heads, and I intimated there was to be found a corresp autonomy. I proceed now to cons to describe their chief characteri in what manner they may be d states resembling them, but hav and importance. The former, fo shall name the neoplastic pleu fibroid lung state, the bronc phthisical fibroid lung state.

And first of all, concerning membrane state. The patient health, and experience no subj presence of disease. If any exi uneasiness or pain in the affecte cough, feverishness, and general sions the patient may be consc pleural friction. The physical s with some irregularity, of the t affected side, some diminution tus, (*a*) just notable but unequ a shifting, rubbing, or grating

(*a*) I do not forget that Dr. Walshe only after careful investigations, oft differ from one of the most accomplish

Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 6, 1885.

NTS.

UNICATIONS.

Points in the rimitive Dry re the Royal r Sir Andrew R.C.P. Lond. 391 of Gout. By of Medicine al Clinic at ..... 394 a. By Ellis ..... 395 (Specially ie Medical 397

DS.

of Acute nal Sec- Frederick 398 399

IETIES.

..... 400 400

PAGE

Operative Interference in Eye Accidents and Diseases 400
Examination of Lunatics and Lunacy Certificates 401

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY—

Old Disease of Knee 401
Cases of Splenic Enlargement 401
Hermaphrodism 401
Malformations in Women 402
Pneumo-Thorax independently of External Injury 402
Implication of the Mastoid Process in Ear Disease 402

FRANCE

The Depopulation of France 403

LEADING ARTICLES.

UNIVERSITY REFORM 404
DEGREES FOR LONDON STUDENTS 405
THE BROWN INSTITUTION 405

NOTES ON CURRENT TOPICS.

Certificate Schedules 406
The Terrors of School 406
Skating to Death 407
Small-pox in London 407

PAGE

The Summer Session 407
Small-pox in Manchester 407
Vital Statistics in India 407
The Comma Bacillus 408
The Irish Academy of Medicine 408
Notification of Infectious Diseases 408
Munificence of Professor Hyrtl 408
Medicine in British Burmah 408
The Army Medical Competitive 408
Branch Association of Members of the Royal College of Surgeons of England 409
Sad Death of an Exeter Surgeon 409
A Teaching University for London 409

SCOTLAND.

Glasgow University General Council 409
The Proposed Chair of Pathology at Glasgow University 410

Royal College of Physicians of London 410

CORRESPONDENCE.

Dr. Bradley's Case 411
Medical News 411
Pass Lists 411
NOTICES TO CORRESPONDENTS 412

Lectures

NATURAL HISTORY

PLEURISIES.

ollege of Physicians.

BART., M.D., LL.D.,

the London Hospital.

III.

y,—In the last lecture ence, the pathological rimitive dry pleurisies hat for each of these ding clinical state or these clinical states, signs, and to show guished from other a different meaning criptive purposes, I embrane state, the state, and the

neogenetic pleural ave the aspect of ndications of the will be limited to an occasional dry . On rare occa- he existence of slight decrease, vements of the ile vocal fremi- on percussion, feebled breath sounds, and an altered vocal resonance. In some cases, instead of pleural friction there may be heard crepitation, crackling, or clicking; and we shall know from the superficial characters of these sounds, from their resistance to respiratory efforts, and from their association with gratings or rubbings that they are of pleural origin. Having thus before us a dry pleurisy, we have to determine if it is a primitive or secondary affection. If there are signs of disease in the corresponding or in the opposite lung, it is probable that the pleurisy is secondary; and if without such signs there is grave constitutional disorder, it is equally probable that the pleural inflammation has arisen out of some pre-existing malady; and this pre-existing malady may exercise its casual influence either through some local growth, such as tubercle, lying beyond the range of physical detection or through some constitutional state, such as adenoma or syphilis. On the other hand, if there exist no signs of local disease, and no serious symptoms of constitutional disturbance, it is presumable that the case is one of primitive dry pleurisy. This affection may arise from mechanical injury, or from cold, and it may be a local expression of such non-malignant constitutional disorders as rheumatism and gout.

The future course of a case of primitive dry pleurisy depends upon causes seldom visible or calculable, and is therefore absolutely uncertain. The signs of the malady may subside in a few weeks, or they may continue for months, or they may come and go for two or three years, and then either entirely disappear or invade the lung. Sometimes after a variable duration the dry stage issues in serous effusion, which pursues its ordinary course, and ends eventually in a thickened pleura and a contracted lung. In one case seen with Dr. Sedgwick, and in another seen with Dr. Warrington, it appeared as if the structural elements of an old adventitious pleural membrane developed through metaplastic processes into malignant fibrous growths. This result, however, must be infinitely rare; and when the health of the patient is good, and he can be placed under the conditions most favourable to the organism, clinical experience will warrant the expectation of complete recovery

erwise; and it is at I venture to of our time.

months before t
shivered, felt ab
had a little cou
sweats some tim
The digestive o
abundant, sedim
considerable am
chest is flattened
the lower part
posterior base.
diately under th
panied by murm

Examination
percussion note i
base, except near
which nowhere pa
of the axillary reg
the scapula, to the
increasing dulness
the upper part of
the supra-spinous f
of the scapula, the
elsewhere it is in
demolished. Upon
elicited. In the sup
vesicular breathing,
the close of inspirati
From the clavicle t
rustling; the expira
tween the second rib
bronchial and the
increased. From the
respiratory sounds a
pressed; only a faint
heard. In the upper
pleural creaking, bro
bonchophony; in the
pressed. In the supr
sounds are loud, harsh
which, on coughing, b
increase of vocal reso
scapula, where they are
sounds become fainter
wholly suppressed. In
sign of disease be disco
reported to be in the sa
has not been seen.

Dr. Douglas Powell's
Clark on Jan. 7th, 1886
florid, healthy-looking
complaint, except that h
that he gets a little coug
damp weather. He has
strength for the last six
had some serious trouble
seven weeks. In 1866 h
n his left side, and "a fe
n his lung when he took
n November, 1867, by Dr
the case to be one of chro
fibroid induration of the
for six months an inmat
where he was repeatedly ex
The left side of the thora
retracted, rises imperfectly
and measures on the level
and a half, being one inc
measurement of the oppo
The left shoulder is depr
nipple corresponds to the
the axillary region is prot
tracted. The inferior angle
from the ribs. The impulse
the left nipple, and its actio
pulse is full, soft, and compre
slightly tubular in the n
normal just below the clavicl

mination, the patient caught cold, n in the *left side*, became feverish, was confined to bed; had night larch; in April or May as well. re in fair condition; the urine is of low density, and contains a *albumen*. The left side of the he clavicle to near the nipple, in axillary region, and about the *pulse of* the heart is felt imme- ipple, and its action, unaccom- ormal; the pulse is about 80. *ide.—Above* the clavicle the l; from second rib to anterior num, there is absolute dulness, median *line*. In the lower half posteriorly from the spine of *the lung*, there is marked and t, from summit to nipple, in ary region, and posteriorly in *for a little way* below the spine vocal fremitus is increased; t degrees at different parts *ition) the* following signs are ular region .there is normal ocasional wheeze is heard at *the expiration* is prolonged. cond rib the inspiration is longed and blowing. Be- nipple the respiration is sonance is altered and to the anterior base the ocal resonance are sup- crackling, or rumbling is *the* axilla there are heard eathing, and a modified art all sounds are sup- s *fossa* the respiratory mpanied by crepitation, crackle. There is no rom the spine of the hollow, the respiratory the base, and are there the right lung can any 1878 the patient was on; but since then he

ned with Sir Andrew tient is a dark, stout, fty-four, and has no less on exertion, and storation in cold and ly gaining flesh and 1863 or 1864 patient side, and was ill for h illness with pains here were two holes s." Was first seen lark, who reported sy, with secondary t this time he was ompton Hospital, r. Douglas Powell. l and irregularly ly on inspiration, e sixteen inches f less than the the same place. gular; the left e lower part of the upper re- s juts outwards t is felt under d normal; the rcussion note, r space, and reasingly dull

to the base, where the dulness is absolute. In the axillary region there is dulness throughout, slight above, moderate in the middle, absolute at the base. Posteriorly dulness begins below the spine of the scapula, and increases to the base. The tactile vocal fremitus, normal at the summit and increased at the middle of the axillary region, is everywhere else either greatly diminished or entirely suppressed. About the summit of the lung the respiratory sounds are harsh, but of the vesicular type, and the expiration is prolonged; there are, however, no râlef. About the middle of the axilla there are heard superficial creaking or rubbing, with occasional coarse crepitation and dry rhonchi, elsewhere the respiratory sounds are feeble, hollow, distant. The vocal resonance, loud in the supra-clavicular region and just below the clavicle, is bronchophonic in the middle and upper part of the axilla; at the base it is suppressed, and in other parts diminished. The right side of the thorax, full and rounded, rises fully on inspiration, and yields to examition no evidence of disease. The digestive organs are in excellent order. The urine, with less than an average discharge, has a specific gravity of 1014, is acid, clear, and contains no trace of albumen or of sugar. (*a*)

From these two cases, average specimens of their class, a tolerably complete account may be obtained of the physical signs characteristic of the fibroid lung, and from the records of Dr. Douglas Powell's case one will now see how one may reasonably demur to the propriety of designating by the term chronic interstitial pneumonia a state of lung which has been quiescent for years, develops no general symptoms, and is compatible with more than average health. In these circumstances the terms sclerosis or fibroid ought, I think, to be preferred, inasmuch as they indicate with sufficient accuracy the physical characters of the pathological change, involve no hypothesis, and may, whilst hypotheses change, remain unchanged.

The local physical signs of pulmonary fibroid induration of moderate extent may be now formally enumerated, and they are as follows. The disease is commonly unilateral, the affected side is irregularly flattened or retracted; the shoulder is depressed, the lower angle of the scapula is tilted outwards, the spine is sometimes a little twisted, and the respiratory movements, especially the movement of expansion, are defective and irregular. The tactile vocal fremitus is diminished; there is more or less dulness on percussion; pleural rustlings, crepitations, cracklings, creakings or frictions are always at some time audible; the respiratory sounds are usually feeble, hollow, distant; from time to time there are crepitations which are often of a metallic quality, with moist or dry mucous rhonchi.

Such are the physical signs in favourable cases of fibroid lung, where the elasticity of the parenchyma is but moderately diminished, and its nutritive conditions are not seriously disturbed. When, however, the base of the lung, surrounded and invaded by indurated lymph, has lost a great part of its elasticity, and by the bronchial mucosa, stimulated by undue supplies of altered blood, secretes a more or less viscid mucus which cannot be expelled, bubbling rhonchi of metallic quality are heard in the affected region, and there arise recurring paroxysms of cough, which succeed, only by the help of retching, in emptying the bronchial tubes. Although this condition invades the comfort of the patient, it does not, unless greatly aggravated, seriously injure the health or obviously limit the duration of life. But when the lung becomes more and more rigid, and the bronchial tubes fill more easily with secretion, which is with increasing difficulty expectorated, the patient begins to suffer, and through secondary congestions, consolidations, emphysemas, and perhaps bronchial dilatations, both health and life are placed in peril. The constitutional symptoms

(a) Since the delivery of this lecture Dr. Douglas Powell has reminded me that on more than one occasion the urine of this patient has been slightly albuminous.

of the facts th
periments that
accumulation of
classes the urin
acid for the stu
without signific
changes in arth
have described tl
it results from
produced experin
analogies with h
are found in vari
I have of the ty
uritica of the hu
planations of the
should concede th
produce experimen
proved relation to
thus not only post
able to produce dep
and organs of the
that necrosis of tiss
crystalline deposits
bourhood of these ex
and indeed as a cons
tended reactive inflam

Starting from this
tions have been instit
All the birds, with th
which I shall especia
for experiment as soo
first for several days fe

I may omit the cor
ports of the investiga
comprehensive descrip
ments, the number of
accidents. The order
double one. (1) The u
Galvani's method, part
league Marmé has, at
carry out all the ligatu
express to him in this
ture of both ureters, w
antiseptic precautions,
four hours. The ligatu
serious symptoms, only d
bird somewhat depressed
rectum took place. Whe
fifteen days later death fo
afterwards. Section shov
of the kidney, the ureter
which for fifteen days ha
This was enlarged to q
kidney the ureter of wh
days no stasis of urine co
salts (neutral chromate
fowls with the view eithe
kidney substance by meau
of uric acid through the
kidney, or of completely
producing accumulation
The expected effect took
order to attain this to suc
later on it is desirable to
effect slowly and gradually
doses of 0·06 grm. of the
cutaneously, they can some
with doses of 0·02 gmm., es
rest for some days as soo
the injection is only repeat
recovered. I have thus k
during which period 21 injec
each of neutral chromate
takes place with comatose s
typical are the organic chan
The fowls always died while
in progress. Mortar-like ac

have resulted from the numerous ex-
re undertaken to bring about the
acid in the organisms of those brute
which consists principally of uric
f gout. All these experiments are
for the study of the anatomical
uritica of the human subject as I
n the second chapter. For even if
that the symptoms of the disease
ly in birds, &c., have so far certain
gout, that depositions of urates
uctures, with the conception that
anatomical changes of arthritis
ubject, I should set up other ex-
ts of the investigations before I
ertain classes of animals we could
eases that had anatomically any
of the human subject. I would
hat we by experiment—1, are
of uric acid salts in the tissues
experimented on; but also, 2,
e proved in the places where the
id; and 3, that in the neigh-
tally produced gouty patches,
of them, a more or less ex-
is developed.
of view, a series of investiga-
nd all on the domestic fowl.
ption of one, the history of
rn to, were not made use of
hey were bought, but were
urley.
ation of the complete re-
nd may limit myself to a
the results of the experi-
s large enough to exclude
riment was essentially a
ere ligatured partly after
the abdomen. My col-
st, had the goodness to
the ureters. For this I
best thanks. The liga-
always performed with
up for at most twenty-
ne ureter produced no
first ten hours was the
and no evacuation per
r ureter was ligatured
out twenty-four hours
mentary hypertrophy
was last ligatured and
d its function alone.
e the size. In the
een ligatured fifteen
n. (2) Chromic acid
were injected into
ing by injuring the
ison, the separation
arenchyma of the
and in this way of
the various organs.
urked manner. In
s I shall describe
nic acid salt take
wls die quickly if
alt be given sub-
ut alive for weeks
birds are left at
me drowsy, and
have somewhat
live five weeks,
de of 0·02 gmm.
he later death
nuch the more
ribed later on.
n of urine was
vere found in

the cloaca, which gave the characteristic murexide reaction, and in the ureters and urinary tubules uric acid in the form of the familiar urinary granules could be demonstrated in greater or lesser quantity. Whether the uric acid salts act in any other way upon the accumulation of uric acid in the systems of the birds experimented on than by damaging the activity of the excreting organs of it, the kidneys, possibly through an increase taking place along with it, of the uric acid production, I am not at present able to say. The fowls emaciate rapidly with these injections, apparently more than corresponds to the diminished ingestion of food. Lessened appetite is noticeable tolerably early. At any rate, this can be determined, that in the domestic fowl, independent of the poisonous action of the chromic acid salts upon the kidneys and the associated excretion of crystalline deposits of urates in these glands—by means of subcutaneous incorporation of small doses of neutral chromate of potash exactly similar changes are produced as after ligature of both ureters. The greater degree of pathological change in the fowls treated in the way described with chromate of potash appears to be only attributable to the longer duration of life in these than in those in which the ureters are ligatured. In particular I have seen the deposition of urates in the joints, even in the smaller ones as well as in the sheaths of tendons, appear in surprising quantities after administering chromic acid salts. After ligature of the ureters I only noticed this in the larger joints, and here only to a relatively smaller extent in comparison with the effect produced after the subcutaneous employment of chromic acid salts.

I have no need to linger longer on the description of the coarse anatomical condition revealed by my investigations. There is scarcely anything new to be added to the description already given by Galvani of the results of ligature of the ureters, and which have been complemented by Zalesky and others in some particulars. The essential point is that deposits of urates appear in varying quantities and in various tissues and organs of the animals operated on in one or other manner. On the other hand, more minute examination of the organs in which deposition of urates was found afforded results which were quite different from those of Zalesky. It is remarkable that Zalesky in his experiments could only find the deposits of urates in a crystalline form in the serous membrane. I observed that these, even where the individual crystals did not come out distinctly, partly on account of their thicker massing together, partly because apparently punctiform accumulations were also present, everywhere refracted light doubly. I shall again return to this point. Besides this, however, in the parenchyma of the organs, as we shall soon see, the crystalline urates, in the more delicate development and arrangement, could be demonstrated without any trouble.

(To be continued.)

ANTIPYRIN IN PUERPERAL PYREXIA.

By ELLIS T. DAVIES, M.D.Edin.,

Hon. Assistant Surgeon to the Hospital for Women, Liverpool.

PERHAPS the successful treatment of puerperal pyrexia by the new drug antipyrin may be worth recording.

On November 22nd, 1884, I was called to attend Mrs. M. in her second confinement. On my arrival I found the membranes already ruptured, and labour far advanced in the second stage, the head bearing down upon the perinæum. A few pains completed the labour, and the placenta came away without the least difficulty by expression. The uterus contracted firmly, but as a precaution against subsequent relaxation one drachm of the liquid extract of ergot was given by the mouth in a little water. The progress of the case was quite favourable until the evening of the third day when the breasts began to fill, and the patient felt chilly, and complained of pain in the back and abdomen. I

can afford to d
tion of antisept
noted that ever
discharges by sv
cretions by simu
secreting surface

NE

(Specially arrange

(

RESORCIN.

One of the Benz
and hydroc
the action o
pure occur
aromatic od

Therapeutical u
It is said th
composition
been given
remittent an
been used as
wounds.

Preparations and
grammes to 6
10 per cent.

RHAMNUS FRANGULA.

The bark of Rhamn
commonly call
Rhamnaceæ.

Therapeutical uses.-
some of the old
the old remedi
been largely u
of syrup of buc
dose need not b
action is gentle
indicated in hæ
States Pharmaco

Preparation and do
drachms.

RHUS AROMATICA.

A plant growing in U

Therapeutical uses.—
properties. It h
eases, as diabete
cystitis, and diar

Preparations and do
20 drops.

2. Tinct., 4 ozs. bark t
20 to 60 minims.

RUBUS VILLOSUS.

The bark of the root
blackberry.

Therapeutical uses.—
the United State
domestic remedy
popular favour ha
medical use. It i
in cases of diarrhœ
of the bowels, whet

Preparation and dose.
Valoid. Dose 20 to

It is the *Ecorce de Ronce*

RUMEX.

The root of Rumex crispu

Therapeutical uses.—It p
anti-scorbutic proper
affections of the sto
congested liver. It c
termed Rumicin.

Preparations and doses.—
2. Tincture, one part to 1(
10 minims.

se with the most sedulous applica-
pically. In my own case it will be
rt was made to get rid of all putrid
louche, &c., and to modify the sec-
ous application of antiseptics to the

Summary
OF
REMEDIES.

compiled for the *Medical Press.*)
ued from page 283.)

ies, standing between pyrocatechin
. It is obtained from resins by
ing alkalies, and when chemically
white, shiny needles, having an
d bitter taste.
It is a very powerful antiseptic.
1 per cent. solution prevents de-
ncreas, blood, urine, &c. It has
benefit in infantile diarrhœa,
larial fevers, erysipelas, and has
h in purulent discharges from

e.—Resorcin—10 to 30 centi-
mmes of water. Lotion—1 to

ngulæ, imported from Holland,
ck alder or buckthorn. N.O.

medicine was largely used by
l, and may be reckoned among
of fashion. It has, however,
veterinarians under the form
It is a tonic laxative. The
ased if taken habitually. Its
ut griping. It is especially
ids. It is officinal in United

uid extract. Dose ½ to 2

tates. N.O. Anacardiaceæ.
esses valuable astringent
employed in various dis-
sis, hæmorrhages, chronic

Fluid extract. Dose 5 to

of rectified spirit. Dose

is villosus, the common

ic and astringent. In
long been a favourite
l affections, and from
lly passed into regular
d with great advantage
her forms of relaxation
ildren or adults.
st preparation is the
is, diluted.
the French writers.

ly called yellow dock.
astringent, tonic, and
has been employed in
endent on torpid or
extractive principle

n. Dose 1 to 4 grs.
spirit. Dose 1 to

SANGUINARIA.

The rhizome of Sanguinaria Canadensis, or Blood root. Grows abundantly in all parts of the United States, it being one of the earliest and most beautiful of spring flowers. It contains an alkaloid—sanguinarine, a white, pearly substance of an acrid taste, forming soluble salts with acids.

Therapeutical uses.—In large doses the alkaloid is an active emetic, producing nausea and accelerating the action of the heart. It is very irritating to the mucous membranes. In medicinal doses it is a valuable remedy in atonic dyspepsia, and is much used in the treatment of catarrh of the duodenum attended with jaundice. Chronic nasal catarrh is successfully treated by this remedy. It possesses decided aphrodisiac properties, and is indicated in cases of relaxation of the genital organs, with inaptitude for social intercourse. As an alterative, it is useful in chronic syphilis and in strumous affections.

Preparations and dose.—The best preparation is the valoid of sanguinaria, equivalent fluid extract, the dose of which is from 5 to 10 minims, three times a day. Tincture, syrup, infusion, and decoction can be readily prepared from the valoid, which represents the standard drug, weight for weight.

SAXIFRAGE.

An herbaceous perennial plant.

Therapeutical uses.—It has been recommended as an injection in inflammatory conditions of the urethra, and is said to possess alterative properties.

Preparation and doses.—Infusion—1 part leaf to 10 ounces of water, used as an injection.

SCUTELLERIA.

The perennial herb Scutellaria lateriflora, growing in United States. It is officinal in U.S. Pharmacopœia.

Therapeutical uses.—It is a nervine tonic, and has been largely employed in nervous affections, as chorea, epilepsy, delirium tremens, hydrocephalus, and as a remedy for hydrophobia, its value in the latter affection being *nil.*

Preparations and doses.—1. Fluid extract. Dose 1 to ℥ij.

2. Decoction, 2oz. to 8 of water. Dose 1 to ℥ij.

STIGMATA MAIDIS.

The green pistils of the corn silk. N.O. Graminese.

Therapeutical uses.—In Mexico it has long been used by the natives in nephritic colic, vesical catarrh, and in affections of mucous membranes. Prof. Cartar (Montpelier) has employed the infusion in the same class of case, and testimony as to its diuretic properties has been furnished by many American and French practitioners.

Preparations and doses.—1. Fluid extract. Dose 20 to 40 minims.

2. Syrup. Dose two to three teaspoonfuls three times a day.

STILLINGIA.

The root of Stillingia sylvatica—Queen's root, Queen's delight. Grows freely from Virginia to Florida, flowering in May and June. The root is the part used in medicine.

Therapeutical uses.—In large doses Stillingia is emetic and cathartic, and in small doses alterative. It is useful in habitual constipation, due to deficient secretion of the intestinal mucous membrane, torpidity of the liver, jaundice, and also renders important service in the first stage of cirrhosis, and in ascites due to hepatic changes. Hæmorrhoids may be relieved permanently by the timely administration of the drug. It is serviceable for children with enlarged cervical glands, and most satisfactory results have been obtained from the use of this remedy in syphilitic affections. It enters into composition of McDade's formula.

Preparation and dose.—Valoid of Stillingia. Dose 1 to 2 teaspoonfuls.

SYZYGIUM GAMBOLANUM.

The tree Syzygium gambolanum. N.O. Myrtaceæ, growing in India.

joints. It has l
applied in the tr
ing the pleura.
of treatment in
peritonitis, espe
formed. The au
ciple in treatme
forms of peritoni

ST. BA

A Case of Abdo

Under the care of .

J. R., a medical
Bartholomew's Hos
December 18th, 188
constipation he had
when he took some
by severe griping p
tinued till his admiss
and tender. There
abnormal could be fe
left of the umbilicus
inches square which w
painful, and obscurely
slightly raised and pre
constant, and the pati
It was therefore determ
was believed to depend
peritoneal cavity. Mr. E
about two inches long
nearly three pints of
careful digital examina
beyond distended coils
abscess-cavity was wash
a drainage-tube introduc
of the wound were brough
collapsed, but four hours
rallied. His pulse was
normal. He made a goo
week after the operation l
exhaustion. He had, howe
very soon after the operat
was profuse, and the absc
out with a 1 in 1,000 solut
introduced through a red
healed slowly, and was r
1885.

Remarks.—The cause of
it was the bursting inte
formed around tubercular
the peritonitis involved at l
minal cavity. The relief aff
marked, and a signal chan
place in the condition of th
nation was made after the a
this would have involved no
adhesions that were acting
tension of the mischief, but
softened intestines. Mr. Ho
rative interference for the e
pus that could be detected in
anticipated, however, that su
tonitis would be limited oc
serous membrane involved, ar
in the free discharge of pus f
cavity and the deep part of t
the possibility that by the ext
between the intestinal coils pe
fered with that obstruction
case, though at first two or thr
day, latterly the bowels never
tion was given.

A CLERICAL lunatic of t
declared not long ago that "
knew more than the entire Bri
temporary humorously congrat
man on his evidently intimat
subject.

adually and with increasing freedom
t of inflammatory conditions involv-
finally become a recognised means
n forms of localised and chronic
when purulent collections have
ould urge the adoption of this prin-
connection with acute and diffused

LOMEW'S HOSPITAL.

Section for Acute Circumscribed
itis.—Recovery.

DREW and Mr. HOWARD MARSH.

t, æt. 19, was admitted into St.
nder the care of Dr. Andrew, on
tient said that though subject to
n good health till December 8th,
it medicine. This was followed
id by sickness, which had con-
His abdomen was now tympanitic
o external hernia, and nothing
mum. A little below and to the
was found an area about eight
n, resistant, dull on percussion,
uating. Here the surface was
l a faint blush. Sickness was
as rapidly becoming collapsed.
to explore this swelling, which
large collection of pus in the
l Marsh then made an incision
gh the abdominal wall when
fœtid pus streamed out. A
ras now made, but nothing
ntestine could be felt. The
with carbolic lotion, 1 in 60,
nd the upper and lower ends
ether. Though at first much
he operation the patient had
gular, and his temperature
overy, though for about a
in a critical condition from
o fever, and sickness ceased
For several days discharge
ity was frequently washed
tincture of iodine in water
er catheter. The wound
lly closed till March 7th,

ack was obscure. Possibly
ritoneum of an abscess
Though circumscribed,
hird of the whole abdo-
y the operation was very
the better at once took
t. No complete exami-
l cavity was opened, as
e risk of breaking down
rier to the further ex-
danger of rupturing the
rsh strongly urged ope-
n of any collection of
acute peritonitis. He
cases of general peri-
r the large extent of
ficulty there would be
ack of the abdominal
He also referred to
rmation of adhesions
night be so far inter-
ur. In the present
tions occurred every
cept when an injec-

-vivisection genus
nest devil in hell
ociation." A con-
e reverend gentle-
intance with his

Special Correspondence.

PROGRESS OF MEDICINE IN BRITISH BURMAH.

[FROM A RANGOON CORRESPONDENT.]

SINCE the appointment of a medical man as health officer at Rangoon, and the introduction of the Vaccination Act in several municipal towns, the unsatisfactory position of the medical profession in Burmah has become the subject of local criticism. A variety of police acts punish all sorts of offences against sanitation, and it has been urged that the local police spend too much time over such cases, thousands of people being annually prosecuted for petty matters, while gangs of brigands roam about wherever they choose. The local government have, much to their credit, attacked the *fons et origo* of this abundant insanitation by ordering that the elements of physiology shall be taught in the schools. The Board of Education have also included this subject in the middle-school examination, and a primer has been printed in Burmese. One qualified medical officer in the service of Government has obtained a seat on the Educational Board. So far the profession is represented, but no more, and we should be thankful for small mercies. But while several native lawyers have seats, there is no native doctor at the Board. The reason is that there *are* no native doctors in the etymological sense of the word, except one gentleman, who, remarkable enough, was educated in America under the auspices of the Baptist Mission, and he practises in Moulmain. The Burmese have not yet been at all trained as apothecaries, nor even as compounders of medicine. The present Bishop of Rangoon, the Rev. J. Strachan, M.D. of Edinburgh, has lately pointed out that the hospital assistants, the compounders, and other subordinates, are brought from India.

Several remedies for this state of things have been proposed. The President of the Educational Syndicate has noticed it in connection with the fact that the Burmans possess hardly any learning of any kind. Only one Burman has ever yet taken the degree of B.A. The population of British Burmah is nearly four millions. The Bishop has joined in Mr. Jardine's advocacy of academical studies, arguing that no progress in the teaching of medicine can be expected until a sound elementary education is the rule rather than the exception. At present there are neither endowments nor medical scholarships—not even a medical college or school. It has been urged, therefore, that a local University should be established where in due time both medicine and surgery would receive recognition and encouragement.

On the other hand, it is to be remarked that the present law deals more liberally with the qualified legal practitioner than with his medical brother. The legal profession is a close profession: none but qualified persons are admitted, and with the avowed object of encouraging well qualified candidates the Judicial Commissioner lately ordered that the examination in law should be conducted in English: it is held by barristers appointed and supervised by the Educational Syndicate. The few who succeed in passing have a secured career: any unqualified person who presumes to practise may be fined 500 rupees. These restrictions have already given an impulse to education and made the profession respectable and remunerative.

A qualified medical man has no such protection. The profession is free to all: no sort of qualification nor even registration is obligatory. The most distinguished graduate of London or Edinburgh would, on finding himself at Rangoon, be exposed to the competition among an ignorant and superstitious people of every quack, impostor, or charlatan who chooses to set up as a doctor. The more unscrupulous would of course have the best chance of getting a good living.

The Burmese word for "doctor" includes all but the educated and qualified medical practitioner; it is applied to enchanters, magicians, and fortune-tellers. The Tsaya is sometimes a vagabond Shan who pretends to make people invulnerable to bullet-wounds and sword-cuts. In a case that was tried some years ago at Rangoon, it was proved that a rustic allowed himself to be bound hand and foot and thrown into the deep part of the river, believing that the picture of a bird tattooed on his thigh would be the means of saving him from drowning. The experiment was of course a fatal one, and the doctor was very properly convicted of manslaughter.

Much information on Burmese medicine of old is found in a book just reprinted at the Government Press, Rangoon,

the bottom of
hyaloid.

Dr. GROSSM
resorted to in t
was an old stai
if recent he di
was of opinion
lens was dislocs
any circumstan
escape. In cas
freeing had oft
it was risky.

Mr. WALKER,
truding at the or
that the vitreous
down in front of

Dr. STANLEY A

EXAMINATION

in which the fol
Scientific distinct
and illusions. 2nd
indirect and direct
tion with relatives,
The latter by conve
tion of supposed lu
to be borne in mind
and how these shou
lunacy laws is consid
vides for the safety
also provide for the
fession. For instanc
properly certified as
asylum, should, before
apply to a superior
After hearing upon wh
if the judge thought th
leave. The action sho
after leaving the asyl
study of mental disea
medical education.

The PRESIDENT thou
loth to sign lunacy certi
Mental diseases certain
notice of students.

Dr. BAILEY congratul
way in which he had
subject of lunacy was t
had recently been broug
a member. The statem
might be fallacious, and
them.

Dr. CARTER hoped the
come from the paper.
prosecution for doing the
a change in the lunacy
were more in the interest
In Hungary no private pe
set the law in motion.
authorities, and then on
the person who was the
either set free or incarce
protected. He suggested
be forwarded from the
suggestion of Dr. Gill's to
he was found insane, was

Dr. BARR thought that
were not the most import
examining a supposed luna
less one, this should not de
Much reliance should not
friends. The laws with reg
required altering.

Dr. JOHN CAMERON was
certifying lunatics had so li
There was not a single sc
taught, and medical men ha
person might be partially ins
fine him. Delusions with al
of the greatest importance.
never knew the day when this
act. If an asylum was only a l
matter, but it was a serious

vitreous chamber without rupturing the

N would like to know why operation was case of dislocation of the lens, if the case g one, it might have been left alone, and ot see what would be gained by it. He t the hyaloid must be ruptured if the l into the vitreous. He did not know of under which the vitreous would not of synechia, if small, the operation of been done with success, but if large

reply, said that the bead of vitreous pro- ce of puncture at the operation showed as not ruptured. The lens simply fell e hyaloid.

GILL next read a paper entitled the

LUNATICS AND LUNACY CERTIFICATES

wing points were discussed:—1st. ns between delusions, hallucinations, Examination of supposed lunatics by ethods, the former being by conversa- riends, attendants, &c., of the patient. ation, inspection, and physical examina- natic. 3rd. Legal points which have n connection with lunacy certificates, ld be filled in. 4th. Reform of the ered, showing that, whilst the law pro- nd protection of the insane, it should roper protection of the medical pro- e, a person who has been duly and being insane and who has been in an e he brings an action, be compelled to court for leave to bring such action. at grounds the action is to be brought, ey were reasonable he could then grant uld be brought within three months nm. Lastly, the paper says that the se should be a compulsory part of

ght most members would be very ificates until the laws were altered. nly ought to be brought under the

lated the writer of the paper on the brought the subject forward. The roubling the minds of laymen and ht before a society of which he was nent of friends, perhaps interested, l the medical men could not test

ere would be some practical out- . At present all were liable to eir duty. There was a prospect of laws, but the changes proposed ts of patients than of medical men. ersons related to the lunatic could This could only be done by the the certificate of a medical man subject of the inquiry would be rated, and the medical man was that some form of petition should Institution to Government. The treat every person as sane until a very important one. ; delusions, although important, ant things to be considered in tic. If the delusion was a harm- eprive a man of his civil rights. be placed on the statements of gard to pauper lunatics certainly

often surprised that the mode of ittle interest for the profession. hool in which psychology was ad to learn it in after life. A sane, but not enough so to con- ll due respect to Dr. Barr were If a man had a delusion you is would lead to some criminal hospital it would be a different thing to brand a person with having been confined in a mad-house. We ought to be protected in doing our duty, there was no doubt about that, but we ought to be careful and not incarcerate people who should not be sent to asylums. Under the present laws there was no security for the public, and none for the profession. The visits of commissioners were a perfect farce, how could the small number of these possibly superintend the great number of lunatics there were in the country?

Dr. BERNSTEIN said there were facilities in Edinburgh for students to become acquainted with the subject.

After some remarks by Mr. Bickerton, Dr. ALEXANDER said that if the ophthalmoscope was really necessary to show whether a person was insane or not, he or she should have the benefit of the doubt. Before certifying, the lunacy should be so plain that there could be no doubt about it. He did not think medical men should be irresponsible, but that if they were prosecuted and acquitted the Government should pay the expenses.

Dr. J. H. WILSON said that, in county asylums there was no inducement to keep patients in longer than was necessary. Interest was rather on the other side. They were worked efficiently as he knew from personal observation.

Dr. GILL then replied.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

MARCH 26TH.

WM. A. GARRARD, Esq., President, in the chair.

OLD DISEASE OF KNEE.

MR. GARRARD exhibited the knee-joint of a patient whose thigh he had amputated the previous week. The cartilages were almost gone from extension of articular ostitis; the joint was disorganised. The stump had healed by primary union. The disease was of twenty years' standing.

CASES OF SPLENIC ENLARGEMENT.

Dr. PORTER exhibited two cases of enlarged spleen. In one the child, a year and ten months old, had a large hydrocephalic head, with wide fontanelles, and all the symptoms of rickets. The spleen was of enormous size, occupying the greater part of the abdominal cavity, but placed obliquely, so that the lower end extended into the right iliac region. In the other case the diagnosis was less obvious. The history was one of rapid enlargement since last Christmas, the spleen, at the time the patient was shown, extending downwards as low as the level of the left anterior superior iliac spine, and forwards as far as the umbilicus, close to which the sharp, free anterior border and notch of the hilus could be felt most distinctly. When the patient was admitted into the Sheffield Public Hospital and Dispensary under Dr. Porter a month before, very distinct friction fremitus could be felt, and friction sounds heard over the tumour, there being then considerable pain and tenderness on manipulation. These symptoms had since disappeared. The surface of the tumour was smooth, firm, and uniform. The patient, a forgeman, æt. 24, had suffered from caries of the spine since he was eight or nine years old, but had never been incapacitated from work in consequence, having followed his employment to within a week or so of his admission into hospital. He had marked angular curvature, and was suffering from chronic bronchitis of three years' standing. He had never had any abscess or prolonged discharge of any kind: there was no history of syphilis, inherited or acquired. There was no cachexia; nothing abnormal in the blood, which had been submitted to a microscopic examination. There was no enlargement of the liver, or kidney symptoms. With the exception of the bronchitis, the patient's health had been fairly good, and he was fairly well nourished. Dr. Porter concluded that, though of such rapid development, the splenic enlargement was probably of an amyloid nature, the sequel of the bone disease from which the patient had suffered.

HERMAPHRODISM.

Mr. G. K. THORPE gave the details of a very curious case of this malformation. The child, æt. 14, was admitted into the Sheffield Public Hospital and Dispensary on the 10th of January, 1885, for swelling of the left labia majora, and great pain. To all appearance the child seemed a girl. Careful examination, however, discovered the absence of a uterus, and gave rise to the suspicion that the swelling in the labia was due to the presence of a testicle. Mr. Thorpe

the operatio
albumen, and
the cyst wall
Mr. THOMA
had removed
The tumour h
hard, smooth,
removed and
On examinatio
also another tu
was said to hav
the inner side o
irregular on sur
operation it w
connected on it
It proved to be
Dr. ASHBY e
cerebellum from
lasted nearly tw
the back of his h
the back of head,
the last few mont
retracted; the low
the abdomen; the
right lobe of the c
covered by a layer
board. There was
of a case of chronic
2½. The symptoms
There was distention
muffled resonance.
the post-mortem the
all the abdominal org
were present between
(3) Gangrene of the
pneumonia in a boy, a
time with emphysem
breath, an attack of
the lung became gang
the small intestine fr
æt. 9. The girl was
but came in incubatin
fairly severe, diarrhœa,
and death within 36 ho
liquid fæces were found
hypochondriac region.
an ulcer within a few in
Mr. A. A. YOUNG ga
forms of sarcomatous tu

[FROM OUR

THE DEPOPULATION
of last week contained a l
of France which is worth t
on the moral condition o
Médecine has just devote
of one of the gravest socia
cal men, economists, and
tions the speakers who to
careful to bring out in reli
the feeble increase of the F
that of her neighbours (2·
1,000), and England (13 per
disappear in the midst of t
clared M. Rochard, "we mus
to cover our frontiers with a
must be taken to prevent the
This *savant* has shown that Fr
in Europe the second rank, has
rank as regards the figure of
ago she constituted the third o
tion. She represents to-day b

s pellucid fluid contained only a trace of erwards the microscopical examination of ted up the case.

NES showed (1) a fibroid tumour which he. ı the inguinal region of a woman, æt. 35. een noticed for some nine months, it was ımscribed and movable. It was readily ırently sprung from Poupart's ligament. proved to consist of fibroid tissue. (2) r removed from a woman, æt. 25, which ısted 14 years. It was first noticed on ıe knee below the patella, was movable, , feeling like an adipose tumour. At the found situated beneath the vasti, and nter side with the synovial membrane. ıro myxo-sarcoma.

ıited (1) a tubercular tumour of the ɔoy, æt. 6½. There was a history which ears, the symptoms following a fall on d. The symptoms consisted of pain at nint, optic neuritis, uncertain gait; for of life he was bedridden; the head was limbs flexed so that the knees touched ırms rigid, and hands clenched. The ɔbellum was occupied by a cheesy mass, grey matter of the thickness of card- ıarked hydrocephalus. (2) The organs ıubercular peritonitis from a child, æt. had been present for three months. of the abdomen, with a more or less Not much pain, marked wasting. At re was fibroid matting together of *ns*, tubercles, and small cheesy masses he coils of intestine and elsewhere. ıg from a case of double croupous t. 12. The boy had suffered for some , dilated bronchial tubes, and foul roupous pneumonia supervened, and *renous* in patches. (4) Perforation of m a case of typhoid fever in a girl, dmitted to hospital with bronchitis, *from* typhoid. The symptoms were pneumonia, collapse on the 16th day, ırs. At the post-mortem, lymph and *in the* peritoneal cavity in the right There was very little ulceration, but ches of the cæcum had given way. ve a demonstration of the various mours.

France.

ɔWN CORRESPONDENT]

ɔF FRANCE.—The *Progrès Medical* ading article on the depopulation ranslating, as it throws much light f the country. The Académie de l several *séances* to the discussion problems that can interest medi- *statesmen*. With but two excep- ɔk part in this great debate were ıf the unhappy consequences of rench population in contrast with 12 per 1,000), Germany (10 per 1,000). "If we do not wish to ıe conflicts in preparation," de- rt be ready in the hour of danger nillion of men, and for that care ɜ French blood from drying up." rance, which occupied formerly ıs now come down to the fourth its population. Two centuries ɔf the whole European popula- but the tenth part, and in fifty years hence, if the decline continues at the same rate, she will fall to the seventh rank, amongst the little States which are no longer counted. Now what is the cause of this state of things, so greatly to be deplored? We will leave to others to examine the social and political sides of the question, and will not seek to discover why the natality has lowered in France in certain classes of society and in certain departments, but we wish to touch upon one of the causes of this depopulation, and which is doubtless the excessive mortality amongst infants. According to the late Dr. Bertillon, the infant mortality has increased steadily since the reign of Louis Philippe. In 1840 there were 160 deaths amongst children under a year old in every 1,000 births. In 1850 the number reached 172; in 1860, 175; in 1870, 178. M. Rochard, in considering these numbers, affirmed that at the present time 130,000 children were wantonly sacrificed yearly. The number is frightful to contemplate, for it is by tens of thousands that we must count the children that French society allows to perish when it might save them! We will pass in review the several causes of this terrible mortality, which we will class under the following heads:—Illegitimate Unions, Baby Farming, Artificial Feeding, Syphilis, &c. *Mortality amongst Illegitimate Children under a year old.*—Whilst 1,000 legitimate births give an average of 175 deaths under a year old, 1,000 illegitimate births give 337, that is, nearly double. If the number of illegitimate births were small, as it is in London, where it is only 5 per cent., the above figures would not be so alarming; but let us consider for a moment the state of the Department of the Seine in this respect, and it will be seen that we have cause to be alarmed. In 1882 there were in the Department of the Seine 18,136 illegitimate births out of a total of 77,213. The mortality amongst the illegitimate children was 6,100 before they reached a year, which is 3,000 too much when compared with that of the legitimate births; consequently illegitimacy kills in one department alone 3,000 children yearly before having attained twelve months. If we add to this number, in order to understand clearly the ravages that illegitimate unions make in the Parisian population, the proportion of still-born children as a result of these irregular unions, if we were able to reckon the enormous number of provoked abortions that must be put down to illegitimate unions, and if we add that these unions are very often voluntarily sterile, we will have given an idea of the deplorable consequences of illegitimate unions in Paris. Illegitimate births give a higher mortality in the country than in the town. This fact, which appears contradictory, can be attributed to the provincial prejudices which renders a *fille-mère* an object of horror; but misery also adds considerably to the same result, for it encourages the mother to do away with a child which prevents her from earning her bread. In 1882, out of 3,900 accouchements in the Paris hospitals, 2,950 were of *filles-mères*, 862 married women, and 88 widows. Thus there were 2,950 poor girls abandoned by their seducers, thrown on the street with a child to nurse. What will they do? They will give the child to the care of a more or less unscrupulous woman, and death speedily puts an end to an existence undesired. *Mortality amongst Children put out to nurse.*—The frightful mortality of children sent out to nurse in the country was fully exposed by a member of the Académie de Médecine, who stated that of 20,000 children sent out of Paris annually, 75 per cent. died before attaining a year. The rich families do not send off their children, but engage nurses to keep them in the house, and of course little risk is incurred. But the children of those same nurses left behind in the *country* fall victims to the mercenary motives of their mothers. In certain departments around Paris a

true difficu
a rule, mea
own pet th
in the class
purposes, ap
control so fa
tainly meet
nothing mor
idea, spirit, a
sible under s
with his "luc
tion becomes
numerous assi

Another seri
is the metho
students should
no matter at wh
to be examined
them (or more f
didate should, in
be a number, not
tent carried out i
often broken in p
in the oral exami
you belong?" T
candidature, or th
tific opponent at t
aminer's mind, and
probably suffer. U
are not unknown, a
how great the plea
date. To such an
we would say, "Ho
ness"!

DEGREES F

ON Wednesday las
Metropolitan Count
Association attended
had an interview wit
sided over by Sir Jam
the Senate had care
posals laid down in
Metropolitan Counti
requested the deputa
on that report. As
namara explained the
ciation, and demanded
a promise to bring
average students of
Macnamara suggested
by diminishing the ex
tific, while retaining th
portions of the examin
relaxations in respect to
granted. Dr. Bristowe,
sought in general terms
receive degrees on giving
general education, and
theory and practice of m
advocated the plan first
giving the M.D. after a la

) Certainly not! The assistants are, as
) are specially well up in the professor's
, and have consequently come out first
ninations; they are, to all intents and
ed by the professor, and are under his
teaching is concerned. It would cer-
difficulty of overgrown classes, but
could not improve the teaching, as the
actice of competition is clearly impos-
onditions. The professor is thus left
trade," and not only so, but in addi-
mployer of labour in the form of

efect, and one that calls for reform,
examinations. In examinations
r as possible, be placed on one level,
ol they have studied. They ought
n who have no interest in passing
tly in *not* passing them); the can-
for the time being, like a convict,
ne. This plan is to a certain ex-
ry in our Royal Colleges; but is
because the first question asked
usually is—"To what school do
rhaps a vision of disappointed
more successful rival or scien-
ol in question, crosses the ex-
nocent candidate will not im-
ately, occurrences of this kind
ave heard it boastfully stated
to puzzle this or that candi-
ed in a little brief authority,
t thou in thine infinite little-

VDON STUDENTS.

rous deputation from the
n of the British Medical
University of London, and
ate, which body was pre-
The Chairman said that
ered the facts and pro-
of the Council of the
of the Association, and
ke any remarks desired
the Branch, Mr. Mac-
d in view by the Asso-
nate of the University
gree within reach of
he Metropolis. Mr.
ght be accomplished
ements of the scien-
f the purely medical
ie claimed also that
tion test should be
d Mr. Macnamara,
edical students to
ng had a tolerable
nowledge of the
Lauder Brunton
hese columns, of
nination than at

present, and that a new title of "Doctor of Medical Science" should be conferred on all who passed a standard of examination equivalent to that now imposed. How far the application of the deputation is likely to be acceded to by the Senate may perhaps be estimated from the tenour of the speech with which Sir James Paget replied to the various speakers. A full amount of consideration for the views put forward was promised unhesitatingly, but it is decidedly ominous to be told that the Senate would seek how best to conform to the demands made to it, and at the same time retain the character of the degree of M.D. as representing a higher degree of attainment than that expressed by the M.D. of any other University. With all submission to Sir James Paget, we must insist that the M.D. Lond. has never yet held the position he would assign to it, unless in the minds of its holders. It does, however, involve a higher degree of special cramming than any other equivalent degree, and if the Senate propose to maintain its superiority in this respect, but little improvement can be expected from any lesser alteration. Except that the views proposed by the deputation will receive "careful attention," the Senate is scarcely likely to be guided towards accepting them as a result of the deputation's interview; and those who are satisfied with the concessions already made in respect to the London M.B., by separating the subjects of the intermediate examination, and holding it twice a year, are the only ones anxious for change likely not to be disappointed.

THE BROWN INSTITUTION.

To the general public the Brown Institution is little more than a name, the principal ideas entertained in connection with it in the popular mind being aroused by the rancorous onslaughts the anti-vivisection party is in the habit of making upon its reputation. The medical profession, however, is better informed, and its members do not need to be told of the valuable, painstaking, and frequently productive researches which are conducted in the building in question. In the past some of our most eminent pathologists and experimenters have availed themselves of the facilities offered by the Brown Institution, and it is gratifying to find from the annual report of the Professor Superintendent that the year 1884, no less than preceding years, has been marked by the accomplishment of several important labours of research under different observers. It will very probably be generally felt that the investigations in which the Professor Superintendent himself, Mr. Victor Horsley, has been busy, rank first in importance in the list he gives; and already the results obtained by him have given definite direction to theorisings which, without the light thrown by Mr. Horsley's experiments on monkeys, would have been far from possessing the probability now attaching to them. These experiments have had for their object to determine the influence and functions of the thyroid gland, and have been, as before mentioned, carried out upon monkeys. The result has been to convince Mr. Horsley that the obscure disease known as myxœdema is caused through loss of function of the thyroid body; and he further concludes from the same research that the

their fist
the recip
enviable
informati
bullied in
received, a
the punishr
perhaps be
case of any
dissociate fr
amusement t
would be deve
passed amid
surroundings o
heart of Londo
young boys to
hoped that the
injury arising fr
School in a positi
to its being early t

Sk

A SHORT time sinc
held at Madison Sq
number of young men
what is denominated
the world." The wi
skated 1,000 miles in
extremely exhausted by
While in this unfavoura
he was attacked by pneum
pericarditis. Nor is this
honours who has paid the
of his protracted efforts to
competitors in the same c
this country trials of endur
fined to walking, runni
encounters; but it would n
in store for us a new inflic
skating contests, the conseq
sacrifice of life in the attemp
an element has not so far con
the dangers attending our ex
knowing now how essentially
"championship" exercise, wem
to interdict roller-skating conte
ing introduction to this country

Small-pox in

THE sudden increase in the n
tients received into the hospita
Metropolitan Asylums Board, ha
latterly, a renewed outbreak of th
reported at the last meeting of
weeks the number of fresh cases ac
the number of deaths 129. At the
made up 1,039 patients remained un
tributed as follows: At Darenth Can
pital ships 340, and in the six district a
133. The number of fever cases un
the same date were 234, these being
five district hospitals employed to recei

owever inspiriting for the active agents, f their attentions is in anything but an on; and there is nothing surprising in the ast a boy aged about twelve years, and n fashion, succumbed to the injuries he ne symptoms of myelitis having followed t to which he was submitted. It would air to accuse the guilty scholars in this ention to do harm, but it is impossible to the wanton cruelty of their favourite idea that a more healthy moral nature pped in them were their hours of play but the more congenial and appropriate f pure air and country scenery. The n is the very last place for a school for be situated, and it is very much to be pitiful proof just afforded of the vast rom the retention of King's College ition so extremely unsuitable will lead y transferred to a healthy country site.

Skating to Death.

since a grand skating competition was a Square Garden, New York, when a men engaged in a six days' match for ated the "roller-skate championship of ne winner of the coveted distinction les in the six days, and was naturally sted by the exertion he had undergone. avourable condition for resisting disease y pneumonia, and soon after he died from r is this the only candidate for skating paid the penalty of death as the result efforts to cover ground, another of the e same contest having since died. In of endurance have hitherto been con- g, running, and "go-as-you-please" it would now seem that there is possibly new infliction in the shape of roller- the consequences of which include the the attempt to win renown. So grim t so far constituted a necessary part of ding our exhibitions of athleticism, and r essentially related it is to the new xercise, we may perhaps be in a position skating contests on their first threaten- this country.

all-pox in London.

rease in the number of small-pox pa- to the hospitals controlled by the nms Board, has been very marked outbreak of the disease having been st meeting of the Board. In four of fresh cases admitted was 874, and hs 123. At the time the report was ents remained under treatment, dis- At Darenth Camp 566, at the hos- n the six district asylums in London of fever cases under treatment at 234, these being distributed in the employed to receive fever patients. At the same meeting of the Board memorials were pre sented against the continuance of the Hampstead Hospi tal as a small-pox asylum, and from the Darenth distric rural authorities against the presence of the Camp on it present site. The Board, having in view the large sprea of small-pox in London, decided not to close the Nortl Western and Western Hospitals against small-pox Some discussion ensued subsequently on a proposal by Sir E. H. Currie, on behalf of the General Purposes Com mittee, to vote a gratuity of £600 to Dr. Bernard on hi being superseded as Medical Superintendent of Stockwel Small-pox Hospital. Eventually the Managers agreed t recommend that a sum of £400 should be given to Dr Bernard.

The Summer Session.

THE indications afforded by the entry of new student at the various hospital schools points so far to a likeli hood that the next winter will not see any great in crease of new entries over those of last year. Of th provincial schools, that situated at Newcastle-on-Tyn has received a good many fresh students, and in most o the London hospitals accession to the student rank have taken place with the commencement of the summe session. The arrangement of the examinations for most medical qualifications is such now that advantage arise to the student who joins his hospital in May instead o October, since he can at once proceed with the lectur study of all the subjects of the first examination, includ ing materia medica. That this fact is receiving wide recognition is shown by the increasing number of entrie at this period of the hospital year.

Small-pox in Manchester.

AT the monthly meeting of the Board of Management of the Manchester Royal Infirmary on the 27th ult., it was stated that there had been a very considerable in crease of small-pox in the city during the past month and in order to meet it the Monsall Hospital Committe had been obliged to erect at once an emergency building to accommodate twenty-four patients. As many as forty cases had been received during the preceding seven days and there were at the time of the meeting 119 cases in the hospital.

Vital Statistics in India.

THE Report of a Census of Bengal, taken in 1881, ha recently appeared. The previous census was taken in 1872, so that an interval of nine years had elapse between the two. In that interval the machinery fo conducting such investigations obtains various improve ments, the result being that in several respects we ar enabled to compare the conditions of the people in tha Province with those of the general population of England For example, the average density of the population o Bengal in 1881 was 371 per square mile, against 445 i England and Wales. This population was, however, ver differently distributed from that of our own country; i Bengal proper the urban population constituted only 5·26 per cent. of the whole, against 66·6 for England The mean duration of life appears to be in Bengal 52, 8 years, against 40, 86 in England—a circumstance whic we commend to the special notice of sanitarians. Specia

finally determine
has obtained in t
jects." The evi
though a candid
maximum necessa
his knowledge of
into a high positio
to a commission, y
those selected wher
the meritorious list.
tronage nomination,
it should not be re
would be more ingen
rities to say at once t
distributed on a syst
mination, and medica
themselves whether or
pete on the chance of g

Branch Associatio Royal College of

A MEETING of Membe
geons residing in Liverpo
stitution of that city, u
Manifold, on Thursday, th
forming a local Branch of
the Royal College of Sur
attended, and an influentia
Dr. Carter was elected a
Association. The general f
we are informed, one of the
objects aimed at by the Asso
able distance of attainment.
unanimously passed—(1) pro
of the Council of the R.C.S. in
of its *Members* (Licentiates?)
sentation on the Council; (3)
the Privy Council against the
Charter of the R.C.S. until the
shall have been ceded.

A Teaching Univers

AN important conference
Committee of the Association f
University for London and repre
Medical Schools was held on M
of the Society of Arts. Sir Ge
was in the chair, opened the proce
explaining the objects and metho
A protracted and interesting discus
no formal resolutions were submitt
yet those present appeared to be
thinking that the Teaching Uni
should be founded on Faculties, as
on Boards of Studies, representing t
single Governing Body; and further,
Faculty of Medicine should in the fir
posed of, teachers and examiners
branches of medical education. The
schools sent as representatives to the
Thomas's Hospital, Dr. Bristowe, Dr. I
Sydney Jones; Middlesex Hospital, Dr

d by the total number of marks each both the compulsory and voluntary subdent sense of this paragraph is that, late may answer up to the two-thirds ary to qualify, and though he may, by f the voluntary subjects, work himself on on the list of those entitled by merit , yet he will not necessarily be one of ıen the vacancies are "filled up" from st. This may be a discreet sort of paon, but it is *not* open competition, and ı represented to the public as such. It genious for the Whitehall Yard authoıce that army medical appointments are system of patronage tempered by exaedical students could then judge for er or not it is worth their while to come of getting a place.

ciations of Members of the ge of Surgeons of England.

Members of the Royal College of Sur-Liverpool was held in the Medical Incity, under the chairmanship of Mr. sday, the 30th ult, for the purpose of anch of the Association of Members of s of Surgeons. The meeting was well influential committee was appointed. ected a Vice-President of the parent general feeling at the meeting was, as ne of the utmost confidence that the y the Association were within measurainment. A series of resolutions were d—(1) protesting against the action ıe R.C.S. in rejecting the just demands entiates?); (2) praying for due repreouncil; (3) in favour of a petition to gainst the proposed alteration of the .S. until the rights of the Members ed.

University for London.

conference between the Executive Association for Promoting a Teaching on and representatives of the London s held on Monday last, at the rooms Arts. Sir George Young, Bart., who ened the proceedings with an address ts and methods of the Association. eresting discussion ensued. Although s were submitted to the conference, appeared to be generally agreed in Teaching University for London n Faculties, as constituent bodies; s, representing the Faculties; and a dy; and further, that the proposed should in the first instance be com- and examiners in the various education. The following medical esentatives to the conference:—St. Dr. Bristowe, Dr. Bernays, and Mr. Ilesex Hospital, Dr. Cayley and Dr. Coupland; St. Bartholomew's Hospital, Dr. Norman Moore, Dr. Dyce Duckworth, Dr. Russell, and Mr. Willet; University College Hospital, Dr. Barlow, Professor Schäfer, and Professor Berkeley Hill; King's College Hospital, Dr. Curnow, Professor Bentley, and Professor Gerald Yeo; St. Mary's Hospital, Dr. Sieveking; Westminster Hospital, Dr. De Havilland Hall and Mr. George Cowell; Guy's Hospital, Dr. Taylor, Dr. Stevenson, and Mr. Howse; London Hospital, Dr. Down and Mr. Treves. The conference was adjourned to Monday, May 18th.

Sad Death of an Exeter Surgeon.

A SINGULAR and at the same time a very melancholy death is reported from Devonshire. On Friday last Mr. F. P. Phelps, of Exeter, was walking along the rocks at Teignmouth, his family being in advance of him. On arriving home his wife began to be anxious that he had not by this time overtaken them, and search was instituted. On Saturday the body of the unfortunate gentleman was found jammed in a cavity in the rocks, into which he had evidently fallen, and the water coming in while he lay there helpless, had drowned him. The deceased was an M.A. Oxon., M.R.C.S. Eng. and was in possession of a leading practice in Exeter, where he was much respected. He also held the post of Honorary Consulting Surgeon to the Exeter Hospital.

THE annual conversazione of the Medical Society of London was held on Monday last, and attracted a large assemblage.

A LADY has just endowed for a specified period an adult bed in the London Homœopathic Hospital, in memory of the late General Gordon.

WE regret to announce the death, on Sunday last, of Dr. Pantaleoni, of Rome, a physician of great repute in that city, and well known to the profession in this country as one of the leading representatives of Italy at the International Medical Congress held in London three years since. Dr. Pantaleoni was also a frequent contributor to and Italian correspondent of the *Medical Press and Circular*.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

GLASGOW UNIVERSITY GENERAL COUNCIL.—The academic serenity of Gilmorehill was rudely disturbed last week. There is no question which more violently agitates the professional mind in Scotland than one involving many considerations; and when any such is touched, academic calm disappears, and the Scotch professor is found to exhibit as sensitive a consideration for money as the proverbial tradesman. There are indications that a pernicious monopoly which Scotch professors have too long retained is about to be inquired into, and, we hope, modified in conformity with the spirit of the age, the education necessities of the time, and the ultimate benefit of the public. At a meeting of the Glasgow University Council, held on Wednesday, the 29th ult., on the motion of Dr. MacVail, the following resolution

Surgeons on the te
ie Royal College of
rtended to the diplo

CI

DR. B

TO THE EDITOR OF THI

SIR,—On reading you
rticle on the above case
What action has the med
nd has the British Me
r aid to give, an innocent
ember of their body? T
orps among the members
er se a reason why individ
false charge may be trum
innocent as I believe a
radley to be. The bias, no
having him tried and sent
was not indicted is so tran
Court of Criminal Appea
ould be a free man long ag
Members of Parliament is
ough often an unknown quan
a premier ou dernier ressort.
emands upon the time and
revent not unnaturally the
fferings of a country practition
o unless a volume of public
uickly created, a dissolution an
oken of respectively in the past
me Dr. Bradley's release occurs
innocent man has served an un
ears' hard labour.

I am, Sir,

2nd May, 1885.

PASS LIS

Royal College of Physicians of
ndidates, having passed the necess
dmitted Members on April 30th:—

Ball, James Barry, M.D. Lond., 29 Belg
Batten, Rayner Winterbotham, M.D. Lon
Davies, Arthur Temple, M.B. Camb., 23
Gamgee Arthur, M.D. Edin., Manch-ster.
Griffiths, Herbert Tyrrell, M.D. Camb., 5
Martin, Sydney Harris Cox, M.D. Lond.,
Phillips, John, M.B. Camb., 125 Harley S
Rockwood, William Gabriel, M.D. Madras
Stewart, Edward, M.D. Brussels, 16 Harl

he following were admitted Licentiat
pril 30th:—

nderson, James, M.D. Toronto
rmstrong, Hugh
arber, Halford Vaughan
ssendt, Frank Hugh
ssest, Walter
erkley, Ernest James Gibson
ird, Henry
light, John Henry
ooth, William Henry
rown, John Quinton
rowse, Harold Elliott
ıley, Guthrie Neville
ılde, Charles Plumley
arke, Fincastle George Barlow
ift, Samuel Leonard
leman, William Edward
ooper, Charles Bolingbroke
easy, Rolf
rnett, Richard
rwler, Charles Owen
eeland, Ernest Harding
ntle, Thomas Lawrie
ren, Charles Robert Mortimer
owse, William
rcourt, Vincent Ximenes
ward, Herbert
grill, George Frederick
kson, Herbert Francis
kson, Percy Vaughan
sop, Edward
shaw, James Edward

Kidd, Hug
Lamb, Hu
Lee, Will
Lipscomb,
Lysaght, W
Mathew, Ch
Mathews, Fr
Maynard, Fr
Meeson, Alfr
Morris, Herb
Norris, Edwi
Nutting, Phil
Pigg, Harry M
Phillips, Law
Pietersen, Jam
Pinhorn, Richa
Plowman, Alex
Rhys, Watkin L
Roberts, Henry
Smith, Frederick
Southern, Franci
Soutter, James
Steer, Adam Will
Talver, Herbert
Underwood, John
Walsh, Charles Le
Whitshaw, Reginald
Williams, John Fr
Willis, Arthur Kelt
Willoughby, Alfred
Wunderlich, Otto Fr

ms mentioned, it be recommended to hysicians that a similar recognition be a in question by that College.

(Signed)

J. COOPER FORSTER, Chairman.

respondence.

ADLEY'S CASE.

MEDICAL PRESS AND CIRCULAR.

r pertinent, able, and exhaustive in the current issue, the idea arises, ical profession taken in this case? dical Association no sympathy for, brother, even though he be not a The non-existence of an *esprit de* of the profession of medicine is lual doctors are nobody, and why nped up against any man, really and the profession believes Dr. ot to any illegality, of his Judge tenced for a charge upon which nsparent that if the long-talked- al had existence Dr. Bradley go. The charity and sympathy is no doubt a very good thing, antity, and it may be tried as *rt*. But the late and present d attention of our legislators trifling question as to the ioner engaging their thoughts. c and professional opinion be and a new Parliament will be ast and future tenses by the urs by effluxion of time, and unmerited sentence of two

Sir, yours, &c.,

A WHILOM VICTIM.

ISTS.

f London.—The following *cessary* examinations, were :—

Belgrave Road, S.W.
. *Lond.*, Gloucester.
, 23 Finsbury Square, E.C.
ster.
b., 57 Brook Street, W.
rd., 135 Gower Street, W.C.
ey Street, W.
dras, Colombo, Ceylon:
Harley Street, W.

tiates of the College on

Hugh Cameron
Hugh
Will am John
mb, Edgar Richard Senhouse
t, William Conner
r, Charles Pynsent
s, Frank Edward
l, Frederick Pinsent
Alfred
Herbert Mackinlay
Edwin John
Philip Henry
rry Marmaduke
Lawrence W. Kinglake
, James
Richard
Sidney
kin Llewellyn
Henry
derick John
Francis Gerald
mes
n William Thorburn
rbert
, John Charles
les Lawrence
eginald Robert
ohn Frederick
ur Keith
Alfred Harvey
Otto Frederick

Royal College of Surgeons of England.—At the April examinations for the membership of this College, the following candidates passed, and received the diploma :—

On Thursday, April 23rd :—

Arnold, William, L.S.A.
Armstrong, Leonard H., L.S.A.
Barendt, Frank H., L.R.C.P. Lond.
Brown, Thomas Alex., M.B. Ed.
Barwise, Sidney, L.S.A.
Collins, Geo. F., L.K.Q.C.P.I.
Carrington, George H., L.S.A.
Crosby, Robert, L.S.A.
Cooper, Chas. B., L.R.C.P. Lond.
Fowler, Thomas Webb, L.S.A.
Hayes, Julian P. S., L.K.Q.C.P.I.
Hughes, Samuel, L.S.A.
Hubbersty, Robert S., M.B. Ed.
MacLaren, Murray, M.B. Ed.
Robson, Herbert J., L.R.C.P. Ed.
Smith, Franke C. Hart, L.S.A.

On Friday, April 24th :—

Beater, Orlando Palmer, M.B. Dub.
Crowdy, Francis D., L.S.A.
Cockerill, John W., L.R.C.P. Lond.
Cook, Henry Samuel, L.S.A.
Fisher, Th. Hammond, L.S.A.
Hodgson, Gerald George, L.S.A.
Hunter, George Holbrey, L.S.A.
Hebblethwaite, Septimus M., L.S.A.
Hall, Gilbert Capel, L.S.A.
Joberns, William, L.S.A.
Matthey, Arthur, L.R.C.P. Ed.
Melson, George Hyde, L.S.A.
Strong, Henry B., L.K.Q.C.P.I.
Scott, Bertal Hopton, M.D.
Simpson, James T., L.R.C.P. Ed.
Whitwell, Alfred Frank, L.S.A.
Wigam, William Harper, M.B. Durh.
Wakefield, Mark J., M.B. Durh.

On Saturday, April 25th :—

Blakeney, Hugh T. W., L.A.H. Dub.
Bassat, Walter, L.R.C.P. Lond.
Brooks, Jabez Pratt, L.S.A.
Barnett, Lawrence, L.S.A.
Baker, George Henry, L.S.A.
Brito, Philip S., M.B. Aberd.
Evans, Robert, L.R.C.P. Ed.
Edginton, Alfred Dudley, L.S.A.
Failes, Frederick George, L.S.A.
Kendall, Hy. Wm. M., L.S.A.
Lysaght, William C., L.R.C.P. Lond.
West, Charles J., L.R.C.P. Lond.

On Monday, April 27th :—

Browne, Harold E. L.R.C.P. Lond.
Davis, Edward Sandom S., L.S.A.
Green, Chas. Robt. M., L.S.A.
Hanson, Albert George
Harries, John Frail, L.S.A.
Morgan, Edward Hume
Rothera, Frank, M.B., Ed.

On Tuesday, April 28th :—

Armstrong, Hugh, L.R.C.P. Lond.
Blight, John H., L.R.C.P. Lond.
Booth, William H., L.R.C.P. Lond.
Cayley, Guthrie N., L.R.C.P. Lond.
Creasy, Rolf, L.R.C.P. Lond.
Garmany, Jasper Jewitt, M.D.
Maynard, Frederic P., L.R.C.P Lond.
Smith, Frederick J., L.R.C.P. Lond.
Tanner, Herbert, L.R.C.P. Lond.
Walsh, Charles L., L.R.C.P. Lond.

On Wednesday, April 29th :—

Barrett, William Peard, L.S.A.
Nutting, Philip H., L.R.C.P. Lond.
Pedler, William F., L.S.A.
Simmons, Harrold, L.S.A.
Woolmer, Shirley L., L.S.A.
Wood, Edward, L.S.A.

Glasgow Royal Infirmary and School of Medicine.—Session 1884-85.—Prize List :—

Chemistry—Lecturer Jas. M. Milne, Ph.D. Chemical Division—Prize, J. H. Miller. Medical Division—1st Prize, Robert C. Wakefield; 2nd Prize, W. J. France; Honorary Certificates, J. W. Lax, Thos McCubbin, Wm. M'Leod, A. J. Harwood, J. J. Wilson, J. L. Wilson, Alex. McDonald, R. W. Roberts. Anatomy—Lecturer, H. G. Clark, M.R.C.S. Demonstrator, John Macintyre, M.B., C.M. Senior Division—Prize, Joseph Beadle. Honorary Certificates in Order of Merit, J. Owen Jones, Gwllym Evans, J. R. Lloyd Jones, Frank A. Elkins, Edward Brooks. Junior Division—Prize, Robert C. Wakefield. Honorary Certificates in order of Merit, W. R. Walker, W. J. France, John W. Lax. Practical Anatomy, in alphabetical order—Senior Division—Joseph Beadle, Edward Brooks, Gwllym Evans, Alf. J. Harwood, Hugh O. Hughes, John O. Jones, J. R. Lloyd Jones, Thos C. Jones. Junior Division—W. J. France, John W. Lax, Alex. M'Donald, Robert W. Roberts, Robert C. Wakefield, W. R. Walker, Robert P. Williams. Physiology—Lecturer, John Barlow, M.D. 1st Prize, Robert C. Wakefield; 2nd Prize, John R. Lloyd Jones. Honorary Certificates, John O. Jones, Frank A. Elkins, Randolph O. Willis. Surgery—Lecturer, W. Macewen, M.D. Gold Medals—Foden Wilson, Robert H. Parry. Honorary Certificates, Fred W. Ord, Alfred W. White, William Valentine. Medicine—Lecturer, J. Wallace Anderson, M.D. Prize, Foden Wilson. Honorary Certificate, John Thomas. Materia Medica—Lecturer, John Dougall, M.D. 1st Prize, Robert H. Parry; 2nd Prize, Joseph S. Sergeant; Honorary Certificates, Thomas Jones, Edward Brooks, John Owen Jones.

University of St. Andrews.—The following registered medical practitioners of fifteen years' standing, having passed the required examinations, obtained the degree of M.D. on April 24th :—

Anderson, John, M.R.C.S., L.S.A., Army Medical Dept., London.
Davidson, Chas., M.R.C.S., F.R.C.S.Ed., L.K.Q.C.P.I., London.
Fenn, Edwin, M.R.C.S., L.S.A., Dover.
Knott, Sydenham John, M.R.C.S., L.S.A., London.
Marriott, Chas. W., F.R.C.S.Ed., M.R.C.S., L.S.A., Surgeon-Major, A.M.D., Leamington.
Morgan, George, M.R.C.S., L.R.C.P.Ed., L.S.A., Pontypool.
Shelton, Henry, M.R.C.P.Ed., M.R.C.S., Downend, near Bristol.
Stott, William John, M.R.C.S., L.R.C.P.Ed., Haslingden.
Wickham, Richard H. B., F.R.C.S. & F.R.C.P.Ed., Newcastle.

Faculty of Physicians and Surgeons of Glasgow.—The following candidates have passed the final examination at the April sittings of the examiners, and were admitted Licentiates :—

S. P. Clark, Glasgow Royal Infirmary; Eugene Modder, Ceylon Medical College; John F. Malcolmson, Dublin and Glasgow; Edward Plummer, King's College and Glasgow; J. Foster Rugg, L.R.C.P. Ed., St Thomas's Hospital; Wm. Somerville, Anderson's College.

ORIGINAL

Hyperpyrexia in
M. Finny, M.D.
Professor of th
Physician to a
Medicine at Str

Lumleian Lecture
Natural Histor
Pleurisies. Deli
College of Physi
Clark, Bart., M.D.

On Acne Rosacea.
dale, M.D., M.R
Eng., President o
of London; Senio
politan Free Hosp

SPECIAL

Dangers attending th
jection of Morphia .

TRANSACTIONS

Clinical Society of L

A Case of Obstruction
Veins extending over
A Case of Osteitis Defo

Original

HYPERPYREXIA

By J. M. FINN

King's Professor of the P
Lecturer on Clinical Medi
in the Practice of M
Trini

Dr. Finny illustrat
perature in rheumatic
recording two cases whi
practice.

The first was a youn
Patrick Dun's Hospital
attack of acute rheuma
but the arthritic pains a
nounced. The only two
remarkable before the h
prominence of nervous
command over the bladd
salicin, in full doses, eit
reduce the fever. On the
illness, and without any ca
became delirious, the face
stood at 103, pulse 116. A
to 104·4, pulse 132, and h
the painful joints, incessan
thing under him. At 8.30
25 grains of quinine admini
105·4, pulse 160, respiration
perature 105·6.

Dr. Finny then applied
means of relays of towels w
the head to the feet, fresh
others as soon as they becam
delirium and noisy respiratio
the patient soon became calm
in fifteen to twenty minutes.

(a) Abstract of paper read before
March 27.

ledical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 13, 1885.

	PAGE
Case of Hæmoptysis treated by the Induction of Pneumothorax so as to collapse the Lung	420
Removal of a Calculus from the Vermiform Appendix for the Relief of Recurrent Typhlitis	422
ACADEMY OF MEDICINE IN IRELAND—	
Hyperpyrexia in Rheumatic Fever	22[3]
Senile Dementia	42[4]
DEPARTMENT OF LUNACY.	
Lunacy Legislation	424
The Medico-Psychological Association and the Lunacy Bill	425
LEADING ARTICLES.	
THE AGITATION FOR REFORM AT THE ROYAL COLLEGE OF SURGEONS	425
LONGEVITY, HEALTH, AND DISEASE	426
THE NEW HEALTH BILL FOR SCOTLAND	427
NOTES ON CURRENT TOPICS.	
A Novel Form of Enamelling	427
Dr. Pantaleoni of Rome	428
The Health of Ireland	428
A Medical Man sentenced to Ten Years' Penal Servitude	428
The Shirley Murphy Testimonial	429
An Unusual Form of Uric Acid	429
Discovery of New Sulphur Springs	429
The Medical Act Amendment Bill	429
The Licensing of Midwives	429
The late Mr. Peter Squire	430
Continental Professorships	430
Medical Benevolent Fund for Ireland	430
Cremation	430
SCOTLAND.	
The Combe Lectures in Edinburgh	431
Health of Edinburgh	431
Glasgow Death-Rate	431
University of Edinburgh Summer Session	431
LITERATURE.	
Hart's Topographical and Sectional Anatomy of the Female Pelvis	431
Keetley's Guide to the Medical Profession	431
CORRESPONDENCE.	
Every Man his own M.D.	432
Medical News	432
Pass Lists	432
NOTICES TO CORRESPONDENTS	432

mications.

MATIC FEVER. (*a*)

b., F.K.Q.C.P.,

Icine; Physician to and un's Hospital; Examiner Clinical Medicine, lin.

ject of very high temes clinical aspects by urred in his hospital

was admitted to Sir mber, with his first fever was moderate, ting were most pro- the case which were set in were—(1) the with early loss of he total failure of ve the pains or to ninth day of his ication, the patient , the temperature e temperature rose r delirious, moving nd passing every- rature (in spite of ng the day) was ; 10.15 p.m. tem-

orty minutes, by F iced water from ils replacing the The effect on the st immediate, as and was drowsy emperature also

lemy of Medicine,

rapidly yielded, as in half an hour it had fallen from 105·6 to 101·5, and the pulse from 160 to 132. Thus—10.15 p.m., temp. 105·6; 10.30, 104·8; 10.45, 103·8; 11, 101·5. Half an hour later, and after the ice-packing had been discontinued, the temperature fell to 100·4. The good results lasted for thirty-eight hours, when the fever again rose to 104·1, and the delirium and nervous excitement returned. The same treatment again reduced the fever by 2 deg., but the effect was transient, and while the physical powers were plainly failing, the temperature rose from 102 at 6 p.m. to 105 at midnight, to 107 at 2 a.m., and it stood at 108·8 at 3 a.m., and he died in convulsions at 3.30 a.m.

A post-mortem examination showed the absence of peri- or endo-carditis, or of any disease of the lungs or kidneys. The brain was not examined.

The second case was that of a woman, æt. 37, who, on the seventeenth day of a moderately severe attack of rheumatism, exhibited slight evidences of pericarditis, and the day following the temperature rose to 104·6 in the morning, and at 5 p.m. to 107·2. The hyperpyrexia was associated with a deeply-flushed face, shallow, rapid, and noisy respiration, and semi-comatose delirium. Under the ice-pack, applied in exactly the same manner as in the other case, the temperature fell in forty minutes to 103·8, and after its removal it sank to 100·6 four hours subsequently. From that day on the patient made a good recovery, without any return of the alarming symptoms, and with a rapid clearing of all pericardial complication.

Reference was made to the only other recent case reported—namely, that by Surgeon-Major Quinton, where similar treatment brought down a temperature of 108·8 with immediate and permanent good results.

The condition of hyperpyrexia is one of great danger to the patient, and in direct proportion to its height, as in about half of the recorded cases death has been apparently its direct result. Valuable information on the whole subject is to be obtained from the report of the committee appointed by the Clinical Society in London in 1882 to investigate this subject. The close connection between the occurrence of delirium with excessively high temperature and pericarditis is well recognised. Thus,

panied by fibroid indurations and
as far as my present experience ex
cular bacilli. In the tenth place, t
of distinguishing a tubercular fr
cavity, or of knowing when a tuber
upon a fibroid or bronchiectatic pr
in the sputum of tubercular bacilli.

Leaving now the bronchiectatic l
to consider the chief points in the c
phthisical fibroid lung. As before
the local and physical signs, and the
tional or general symptoms. The
phthisical fibroid lung are the same
fibroid lung, with certain alteration
disease is for the most part unila
inspect the chest, we observe the sa
traction of the affected side, the sam
shoulder and nipple, the same leanin
affected side, the same approximati
hollowing of the intercostal spaces, th
of the cardiac impulse and throbbin
pulmonary artery, (a) the same pro
angle of the scapula and twisting of
restricted movements of inspiration, a
fulness and compensatory expansion
side. By palpation and percussio
resembling those elicited by examins
lung: diminution in varying degre
fremitus, sometimes friction fremitu
percussion, seldom over the upper, usu
lobes, and most frequently at the pos
auscultation we hear over the summit
respiratory murmur, prolonged expira
medium crepitation or dry rhonchus, a
resonance. Over the dull regions there
breath sounds, coarse crepitations, and
usually metallic in character; at son
resonance will be diminished, and at oth
one or two spots in the base or middle
rarely at its summit, there will be fou
cussion note, increased fremitus, cav
bubbling or smaller gurgling râles, and
phonic voice resonance. Throughout
the affected one the respiratory mur
everywhere, will be found loud, harsh,
by a few rhonchi or by scattered moist c
come and go. The patient has parc
making the face swollen and livid, and
in dry retching, sometimes in the exp
ounces of expectoration. This expecto
gelatinous or muco-purulent, sometimes
masses like softened cheese, sometimes
lent, or fetid, contains in a mucoid or
pus-globules, granule-cells, blood-disc
bands and areolæ of elastic tissue, and
caying structures swarming with
breathing, quiet when at rest, becomes
or on coughing, shallow, laboured, and q
drawn to the affected side, may be actin
with moderate frequency; there will be
lic bruit in the pulmonary area; the
moderate volume, and the superficial c
be distended. If the disease is much ac
and neck will be swollen, and the inte
side of the affected lung may become a
pulse will increase in frequency and dim
and the extremities will become cold a
digestive organs are more or less derange
tic and gastro-enteric catarrh; the li
there are often hæmorrhoids, and the bow
Almost invariably the urine falls in densi
albumen; and this condition of the renal
of the features which, with others to be m
so striking the difference between fibroid
phthisis. The patient is often fairly nouris

(a) This throbbing at the root of the pulmonary a
mistaken for the systolic impulse of the left auricle.

ations and excavations, does not, perience extends, contain tuber- ith place, the only certain means bercular from a bronchiectatic ien a tubercular has supervened iectatic process, is the presence ular bacilli.

chiectatic lung state, I proceed its in the clinical history of the As before, I will discuss, first, s, and thereafter, the constitu- ns. The physical signs of the the same as those of the simple lterations and additions. The art unilateral; and when we ve the same flattening or re- , the same depression of the ne leaning of the body to the proximation of the ribs and spaces, the same displacement throbbing at the root of the ame projection of the lower sting of the spine, the same ration, and the same rounded xpansion of the unaffected ercussion we elicit results examination of the fibroid ; degrees of tactile vocal fremitus, and dulness on per, usually over the lower he posterior base. Upon ummit a harsh and jerking expiration, perhaps some chus, and increased vocal s there will be heard feeble ns, and bubbling rhonchi, at some parts the vocal l at others increased. At middle of the lung, very be found a tubular per- , cavernous breathing, , and piercing broncho- hout the lung opposite r murmur, penetrating arsh, and accompanied oist crepitations, which paroxysms of cough, and ending sometimes expulsion of several ectoration, sometimes imes in discrete opaque nes watery, sanguino- or granular matrix liscs, epithelial cells, nd the débris of de- micrococci. The es on moving about d quick. The heart, ting vigorously and be probably a systo- e pulse will be of cervical veins will advanced, the face tegument over the œdematous; the minish in volume, and damp. The ed through hepa- liver is enlarged, wels are confined. sity and contains l secretion is one mentioned, make l and tubercular ished, sometimes

urtery is sometimes

corpulent, and, unless there is much bronchiectatic disease, seldom thin. In a few cases he becomes cachectic-looking and anasarcous. The nervous system, except towards the close of the disease, is seldom seriously disturbed. Only one symptom occurs sufficiently often to be regarded as characteristic: this is pain about the base of the affected lung. Present in many cases, sometimes slight, sometimes severe, occasionally occurring in paroxysms which play around the attachments of the diaphragm and pass downwards into the abdominal walls, this pain, regarded as a neuralgia, is considered by the patient to be the essential part of his malady, and causes him, in fact, his chief if not sole complaint.

With such serious signs of disease, and with such an assemblage of symptoms depending thereon, it might well be thought that the patient was in constant suffering and in imminent peril; and yet, strange to say, it is sometimes quite otherwise. The symptoms which seem the most distressing cause him either little suffering or suffering which is immediately forgotten; and soon after a paroxysm of coughing, in which death from mechanical violence or suffocation or exhaustion seems inevitable, the patient may be found full of business, sparkling with humour, and confident of life. Here is another of those features of fibroid which serve to distinguish it from tubercular phthisis: the frequent concurrence of extensive disease with an abounding vivacity and abiding life. For although often it seems as if the patient must succumb, yet as often he rallies, and, renewing his conflicts and repeating his victories, he continues in the fervour of self-reliant hope to live and fight and to enjoy work.

Here, then, is the eventual outcome of a primitive dry pleurisy, which, after lasting for an uncertain time, has invaded the lung, altered or destroyed some of its structural constituents, consolidated portions of its parenchyma, and brought about ulcerous excavations therein. Here are well-defined pathological, corresponding with well-defined clinical, conditions moving forward together with constantly re-adjusted relations towards a definite issue. Here are an assemblage and progression of symptoms associated with or dependent upon an ulcerative destruction of more or less circumscribed non-malignant deposits in the lung. What is the name whereby we make known to each other the existence of this complex state? We call it pulmonary phthisis, and the term has so penetrated every department of thought and work in medicine that it can no more be rooted out. This final outcome of pulmonary fibroid invasion is therefore a pulmonary phthisis. And if nothing more could be said, here at last would be an end of the whole matter. But, for my own part, I believe that on this subject there is more to be said; and to those who have sufficient experience and settled convictions I regard it as a duty to say it. Such saying may clash with established opinion, assume the aspect of a retrograde movement, and be even inaccurate. Nevertheless, it ought to be welcomed; for genuine thought born of genuine work must always in science have its place and use. What, then, if under the term pulmonary phthisis there are included several states, which, although corresponding to the generic definition, are different in their characters, course, duration, and issues? If they exist, ought not such states to be named, and so named that the ideas which they express, and the distinctions which they embody, shall be preserved for future study and use? It cannot be a worthless knowledge which will enable one in a given case to predict with accuracy its future course, and say whether the subject of it is to live for five or for fifty years. And, furthermore, if such states have vindicated their right to be named, upon what principles shall the names be bestowed? Surely, if we wish to avoid confusion of thought and speech, surely if we wish to repress that needless ever-changing nomenclature, that substitution of words for ideas, that reproduction of old thoughts disguised under freshly furbished raiment, which in knowledge so often begets movement without progress,

more serious drawback that, *in* a
difficult to find employment, the
living is often intensified to the
have not an agreeable and pleasa

The disease of acne has been
Hardy, of Paris, by Mr. Jonatha
his pupil, Dr. T. Robinson. The
observes, in his excellent work c
not separate acne from lichen clin
these two diseases under the head
lichen we mean," says he, "a papu
imprisoned hair without an ade
aceous matter; by acne, a condi
aceous matter is plus and the hai

Mr. Hutchinson thinks that ac
and heritable peculiarity in the
and that its common form in
greater or less disturbance of tis
the sexual system. Other write
maintain that sex irregularities h
acne, and that it is merely a pecu
of the race, for which no clear cau
my own part I have noticed that
observable in patients who suffer f
from acne rosacea. Excessive sexu
be a cause at all of acne, to be
lowers the power of digestion, jus
or over work, bad living, or want
stimulants do. Want of exercise
less is a frequent cause of acne
Tom Robinson (*loc. cit.*) says, wit
that those dermatologists who are
human race from a gloomy sta
disease to sexual excess or mastu
more sanguine, attribute it to
over continence.

The acne of the period of mer
remarkable variety. At such peri
from follicular acne of the face, a
disfigurement this complaint caus
due at that period to the irritatio
by the growth of hair, a common
women of forty. There are certa
circulation in the face which mak
inflame than other parts of the bo
of arterial blood to that part is
cheeks of the white races. The sk
liarly well supplied with blood,
well supplied with sweat ducts a
of the reasons why the unfortun
rosacea so often present such a ros
cheeks. Women especially, and
deprived of all the pleasures of s
the very unfashionable blush of t
many ladies would doubtless e
persons suffering from much mo
only they could be spared the hu
gone by those who have a red ins

In Dr. Thomas Bateman's mos
cutaneous diseases, published in
that acne rosacea differs in sev
preceding species of acne he has
to an eruption of small suppura
also a shining redness, and an
appearance of that part of the fac
redness commonly first appears at
and afterwards spreads from bot
the cheeks. It is paler in the r
increased to an intense red after
if a glass of wine or spirits be t
heated by exercise or sitting by
continuance in this state the textu
comes gradually thickened, and i
granulated, and variegated by re
cutaneous veins, with smaller red
the cheeks, and sometimes by the

country where it is
fficulty of getting a
tmost to those who
countenance.

ill described by Dr.
Hutchinson, and by
st-named gentleman
acne, that he would
lly, and would group
of folliculitis. "By
, which consists of an
ite secretion of sub-
n in which the sub-
ninus."

denotes an original
ructure of the skin,
ung persons implies
in connection with
such as Mr. Milton,
but little to do with
ity of some members
can be assigned. For
igestion is peculiarly
n acne, and especially
ndulgence seems, if it
o merely because it
is loss of blood does,
fresh air, or alcoholic
the open air doubt-
towns people. Dr.
good deal of truth,
lisposed to view the
point attribute the
ation, whilst others,
essive chastity and

pause in women is a
s women often suffer
bitterly lament the

Perhaps it may be
aused in the follicles
ough phenomenon in
peculiarities in the
it more subject to
. The great supply
nifested in the red
of the nose is pecu-
l is also extremely
follicles. This is one
sufferers from acne
lour of the nose and
ny men, are fairly
l life by reason of
countenances, and
nge willingly with
rious complaints, if
ations daily under-
of a white face.

ractical synopsis of
), that author says
respects from the
ribed. In addition
tubercles, there is
egular granulated
ich is affected. The
end of the nose,
des of the nose to
ing, and is readily
ar, or at any time
, or the patient be
fire. After some
of the cuticle be-
urfaces uneven or
lation of enlarged
stretching across
rmixture of small

suppurating vari, which successively arise in different parts of the face.

The description of the admirable classical authors, Willan and Bateman, leaves little to be desired. Dr. Bateman tells us that the disease in general does not appear before the age of forty, but may be produced in any person by the immoderate use of spirituous liquors. Even the forehead and chin are in such cases affected, he says, and the nose may be enlarged to an enormous extent in advanced life. The colour darkens as age advances. Bardolphian noses are rare now-a-days.

In young persons who are hereditarily predisposed irregular patches often appear on the face, which gradually extend, until the whole face assumes an unsightly redness. We do not know what hereditary predisposition means in this case. Willan and Bateman taught that acne rosacea is chiefly sympathetic with some derangement in the digestive tract, and that hence there was but little to be expected from local applications. They even went the length of saying that all strong sedatives or astringents used locally are apt to aggravate the internal disorder. This is not true in many cases.

The cure, says Bateman, of this complaint is seldom accomplished; for whether it originate in hereditary predisposition, or from intemperance, the difficulties in the way of correcting the habit of body are very great. The regulation of the diet, in both cases, is important, and liquor potassæ is sometimes useful when the liver is disordered. The gentlest astringents should be used externally to patches of veins, such as very dilute spirituous or acetous lotions, with or without acetate of lead, or simple ointments combined with alum or acetate of lead in small quantities; and the more purely local the eruption is the more active may the astringent be.

I may mention that in acne rosacea the scalp is very frequently attacked in bald persons. It is rarely seen before twenty-eight years of age. Such patients have white tongues.

All persons of experience will agree with Willan and Bateman that what is now called gastric catarrh is one of the chief causes of acne rosacea. Patients with this complaint are subject to flushings after dinner or after partaking of some indigestible article of diet, such as stews, or apple puddings, or pancakes, or steak pie.

The very same spots on the face become over and over again the seats of an attack of acne, the tip of the nose, the skin over the malar bones, of the forehead; and the patient can sometimes easily predict what will be the consequence of going abroad in a cold east wind, or frequenting a theatre or crowded and overheated meeting. The same point in the face will soon again inflame and torment him for days and weeks. The arrangement of the papillæ in excess around the hair follicles accounts for the frequency with which we find follicular acne associated with acne rosacea.

Although alcohol is only one of the many causes which disturb the digestive functions, and thus cause acne rosacea, yet it is a very frequent cause of it in youngish persons: and in all cases of acne rosacea the use of wine, beer, and spirits, as well as of uncooked vegetables and too much sugar or other condiments should be avoided.

One of the ordinary recommendations give by writers on skin disease is that common soap should not be used, but only the most carefully prepared soaps used in washing the face, and that the face should be as much protected from wind and sun as is compatible with general hygiene. Meals should be taken at regular intervals, and the patient should eat slowly, and not swallow without duly masticating the food.

The face may be anointed on cold blowy days with glycerine, or the glycerine of starch of the British Pharmacopœia, to which a little glycerine may be added. Sulphur ointment is often very useful in some cases of acne rosacea. Dr. T. Robinson in his treatise recommends a lotion containing two grains of bisulphide of

neuralgia, had been accustomed to
opium. He noticed that Wood in
edition, page 125, says: "The sma
proving fatal to an adult was the
that in a foot-note he mentions th
cases can now be collected in which
has proved fatal, so that there can
quarter of a grain may cause death.
can be little doubt that the
idiosyncrasy on the part of the
which cannot be foreseen or guarded
danger which may be developed in
accustomed previously to take prep
no hurtful effects. Larger doses h
without ill effect, and in "Neale's I
noted in which recovery took place a
of morphia had been taken, and in
ptoms had developed themselves. I
cidents, where symptoms of profound
set in after the administration of m
the relief of pain in diseased conditi
easy matter to decide whether death h
or the disease. The writer remem
hypodermic injection of morphia h
reasonable doses, for the relief of
during the passage of a gall stone. I
lasting for six hours; the symptoms
of narcosis from the effects of the
recovered however from the effect of
ing well-marked symptoms of periton
to perforation. No post mortem wa
latter point was not cleared up. The
little doubt, that superadded to the
there were the effects of shock and c
the development of the peritoneal a
whilst under the effects of morphine
doubt, have been ascribed altogether
case set down as one of opium poisor
drawn from such cases is, always to us
in administering opium and morphia, a
all eventualities. A paper upon "Bl
treatment in cases of opium poisoni
Digest," paragraph 460-3.

The subject of dangerous dosage, esp
dangers attend this exhibition of sma
its preparations, is a most interesting
a wider record of experiences at the h
practitioners, especially of family doc
titioners.

Transactions of

CLINICAL SOCIETY OF

FRIDAY, MAY 8TH,

The Vice-President, Mr. ARTHUR E

Dr. B. HADDEN on

A CASE OF OBSTRUCTION OF ARTE
TENDING OVER MANY

The patient was a healthy-looki
paternal grand parents had gout.
syphilis, but there were strong grou
infection. His present disease beg
when he was seized with a sharp pain
to be gout. Phlebitis of the same
tenderness of the limb followed, th
months. In 1880 he came under th
Bruce for sudden obstruction of
artery. The radial artery was sma
irregular. Very soon the radial an
painful and thromboses. In 1881 h
power in the left arm, but not in th
thought to be drawn. There was so
but no actual loss of consciousness
attack. Between 1881 and 1884 he
several attacks of arteritis and
admitted into St. Thomas's Hospita
February 2nd, 1885. He had pain

ustomed to taking preparations of
at Wood in his Therapeutics, 3rd.
: "The smallest dose of morphia
ult was the sixth of a grain," but
mentions that a large number of
ed in which an equally small dose
t there can be no doubt that a
ause death. In such cases there
that the fatality is due to
rt of the patients, a danger
or guarded against, and further a
veloped in the case of patients
take preparations of opium with
r doses have been given freely
'Neale's Digest," 463-3, a case is
ok place after a dose of 10 grains
n, and in which poisonous sym-
selves. In the case of these ac-
profound narcosis and poisoning
ion of moderate doses given for
l conditions, it is not always an
r death has been due to morphia,
remembers a case, in which,
orphia had been practised in
lief of the pain experienced
one. Profound stupor ensued,
mptoms were apparently those
of the morphia. The patient
fect of the opium, but present-
peritonitis, most probably due
em was allowed, so that the
There can be, however, but
to the effects of the opium,
and collapse connected with
neal affections, that she died
rphine, her death would, no
ether to its effects; and the
poisoning. The moral to be
to use every possible caution
hia, and to be prepared for
"Bleeding," as a means of
soning is noted in "Neale's

e, especially with regard to
small doses of opium and
ting one, well deserving of
he hands of all classes of
doctors, and general prac-

Societies.

F LONDON.
, 1885.

URHAM, in the chair.

RIES AND VEINS. EX-
YEARS.

ig man, æt. 51. His
The patient denied
ds for suspecting past
n suddenly in 1868,
in the left foot, said
g with swelling and
attacks lasting five
care of Dr. Mitchell
the right brachial
and the heart was
ulnar veins became
had sudden loss of
leg. The face was
mental confusion,
: the time of the
said to have had
lebitis. He was
ider Dr. Stone on
tenderness in the

right groin with feeble pulsation of the femoral artery. No beat could be felt in the posterior tibial, but the dorsalis pedis was pulsating strongly. The right internal saphena vein was thickened and thrombosed. There was slight œdema of the foot, and some enlargement of the superficial veins. Pulsation was absent in the right brachial, and feeble in the radial. There was a large collateral branch strongly pulsating, just above and behind the external condyle of the humerus. There was no enlargement of the superficial veins. There was slight varicosity of veins of the left leg, but otherwise the vessels were unaffected, as were also those of the left upper limb. On the front of both legs there were pigmented scars, very suggestive of syphilitic disease. The bruit was irregular, but there was no bruit and no hypertrophy. The urine was free from albumen. The pain in the right groin persisted for six weeks without any fresh obstruction occurring. He had two attacks of severe headache localised to the right frontal and parietal regions, but they both passed off without further mischief. The treatment consisted of mercury and iodide of potassium with hot soda baths and complete rest. He is now free from pain, and is better than he has been for two years. In discussing the case the author believed there was no evidence that the affection was gout. Possibly it was syphilitic. Two explanations may be offered with regard to the pathological nature of the disease. Firstly, there may be embolism affecting the arteries and phlebitis. Secondly, there may be an inflammatory condition affecting the coats of both arteries and veins. The latter hypothesis seems the most probable, and it is supported by the fact that although there was great tenderness in the right femoral vessels for six weeks no fresh obstruction occurred.

Mr. PEARCE GOULD said that in a case that had come under his notice and in this case of Dr. Hadden's there was no evidence of any affection of the veins. In one recorded case the affection of the artery first appeared in the digital, then the plantar, and lastly, the tibial. That case somewhat bore upon one of obliterative arteritis, but presented a striking difference in the wide extent of the vessels involved. In his case the affection had been limited. The lower extremity was chiefly affected, the disease being limited to the vessels of the legs or to the popliteal trunks. He did not know of any case so wide in its extent as this of Dr. Hadden. The progress of these cases is generally somewhat steady up to a certain point, accompanied by pain and feverishness. Then the affection subsides, but it was rare to find so many recurrent symptoms as in Dr. Hadden's case, and in that case the symptoms had been sudden and acute—far more so than in other cases. He would like to ask Dr. Hadden if the pain was limited or extended over wide areas, as in other cases? Did the disease spread from the smaller to the larger arteries? Could he detect the course of the disease? Were the vessels much hardened, the pulse being obliterated, and did the vessels shrink? The temperature is an important point; in an acute period of his case it was raised, but during the rest of the case it was normal. He would ask Dr. Hadden, Was there much swelling? In his case there had been a moderate amount of swelling. He thought he heard Dr. Hadden say that the swelling had been considerable. He should hesitate before grouping this case with those usually classed as obliterative arteritis.

Dr. ANGEL MONEY said that chronic irritation of the nerve trunks in animals led to a condition which might fairly be described as one of obliterative arteritis. He would ask whether there were any symptoms of disturbance in the vaso-motor nerves, such as blushing, sweating, or pallor of the limbs with shrinking of the muscles? Was there any pain or disturbance of the sensory functions, or any special characteristics, as anæsthesia or hyperæsthesia? It was very rare to find so wide an extent of arteritis as this case presented. Some explanation of the nervous aspects might possibly throw light upon the matter.

Mr. GOULD asked if the patient suffered much from coldness?

Dr. HADDEN, in reply, said that the pain was severe, but was limited to the course of the vessels. It extended from the large vessels to the smaller. The degree of obliteration varied. The patient, who appeared to know a great deal about his own case, had said he felt no pulse at all in the right radial. The temperature was usually normal, and the headache localised. There was no marked swelling, with the exception of some œdema of the leg. Coldness had

which recurred the next morning, a
night, and immediately after his ad
4 oz. of florid blood. He conside
brought up about a pint. Patient w
nourished, and of good muscular
side of the chest was flattened in fr
was much diminished. There was
over the scapular region, and here th
breathing. The breath sounds all o
faint, and accompanied by moist ré
attributed to the lung being clogg
right side the physical signs were
free from any feelings of malaise,
digestion were good. From Februa
he had one or two attacks of hæm
February 18th he brought up 24 oz.
to an extreme state of anæmia and
return of the hæmorrhage till Fe
brought up 12 oz. On March 1st h
blood coming up in gushes, and he
danger of suffocation in his feeble
flow of blood into the bronchial tul
March 8th, 10 oz.; March 10th, 4 oz
up upwards of a gallon of florid liqu
quantity of blood-stained sputa. T
the left front were much as on
diminished expansion, with very
moist râles. On the right side rath
now audible in front, and in the axi
time it had not been considered safe
auscultate the back. The temperatu
or sub-normal, in the morning, and
at night. The breathing was but little
It was now pretty evident that
hæmorrhage, which was in all probab
aneurism, or to the ulceration of a
fatal. It was therefore determined
with the expectation that the great
lation through the collapsed lung, to
exercised by the air, would arrest
supposing there was active develo
progress in the lung this would
checked. It was considered that th
patient would diminish the embarras
likely to be caused by collapsing one
6 p.m. on March 10th, Mr. Hulke
sixth intercostal space, an inch beh
the axilla, and introduced into the
tube, made by uniting together by
elastic catheter about three inches lo
protected by a small cage, lined w
the whole covered by a carbolised g
passed freely in and out at the time
the apex of the heart moved to the
respirations became much accelerate
ing the operation he twice coughed
2 oz. On March 12th it was observe
over the left front had become mo
cussion resonance less tympanitic th
and the tube was found to be com
accordingly removed, and a silver tul
tracheotomy tube was introduced in
passed in and out freely, the resona
and the phenomena of the bell sound
apex of the heart could be felt bey
the sternum. He afterwards compl
the side; the temperature rose to
fluid began to flow through the tub
the tube was removed. March 14
prostrate he felt better. The pain
perature was 99, respirations 32.
frothy glairy mucus with pellets of
was no return of the hæmorrhage.
much the same state. At 2 p.m. h
apparently from syncope. On po
both lungs were found studded wi
granules. The right lung was free
disease. In the apex of the lung
vomica with smooth walls, and so
The lower lobe and the lower part
collapsed, and the pleural surfaces
lymph. The pleural sac contained
non-purulent fluid. In the lower p

ıd again the following
mission he brought up
ed that he had in all
as rather pale, but well
levelopment. The left
nt, and the expansion
dulness on percussion
ere was feeble bronchial
er this lung were very
es. These signs were
d with blood. On the
ormal. He was quite
and his appetite and
7 10th to February 10th
ptysis every day. On
and was now reduced
bility. There was no
ruary 26th, when he
brought up 32 oz., the
was evidently in great
condition by the rapid
s. March 4th, 12 oz.;

He had in all brought
l blood, besides a large
ıe physical signs over
lmission, viz., greatly
eeble breathing, and
r fine moist râles were
lary region. For some
o move him so as to
e was usually normal,
ıried from 101 to 101·8
ccelerated and tranquil.
ıch repetition of the
ity due to a pulmonary
rge vessel, must prove
induce pneumothorax,
minution of the circu-
ıther with the pressure
he hæmorrhage; and
ment of tubercle in
obably for a time be
extreme anæmia of the
ment to the breathing
ung. Accordingly at
ade an incision in the
d the anterior fold of
eural cavity a double
shield two pieces of
g. The opening was
ı carbolic gauze, and
ze bandage. The air
f the operation, and
d-sternal region; the

In the night follow-
blood, viz., 4 oz. and
hat the breath sounds
udible, and the per-
after the operation,
tely blocked; it was
esembling a flattened
place. The air now
became tympanitic,
uld be elicited. The
l the right border of
ed of severe pain in
l·6, and much serous

The following day
—Though extremely
d ceased; the tem-
continued to spit
red blood, but there
arch 15th.—Was in
lied quite suddenly,
ıortem examination
recent grey miliary
ı any old tubercular
as a very small old
puckering round it.
the upper lobe were
ıeared with recent
ut two drachms of
of the upper lobe,

close to the interlobular septum, which was bulged downwards by it, was a cavity the size of a walnut filled except at its centre by a light coloured laminated clot, so as to closely resemble an aneurism. In the centre of this laminated clot was a small round cavity containing a little loose black coagulum, and this cavity communicated with a considerable branch of the pulmonary artery. A large bronchial tube opened into the periphery of the pulmonary cavity, but was shut off by the laminated clot from the central space. At the upper part this clot was softer and more recent than elsewhere, and had no doubt recently allowed a communication to take place. The cavity in the lung containing the clot was smooth-walled, but showed no signs of any aneurismal sac. There was no old tubercular disease round it. As the case turned out to be one of acute miliary tuberculosis it is evident that no treatment could have been of any avail in preventing a fatal termination. The patient did not live long enough to enable any positive conclusions to be drawn as to the effect of the operation in arresting the hæmorrhage. He had two slight attacks in the following night, but there was no subsequent recurrence. The post-mortem examination showed that the communication between the false aneurism and the bronchus was closed, and possibly if the patient had lived complete solidification of the aneurism would have been effected. When we consider how largely the pulmonary circulation is influenced by the respiratory process, and the small amount of blood which flows through a collapsed lung, I think such a mode of procedure affords a means of arresting an otherwise uncontrollable pulmonary hæmorrhage. Any extensive consolidation of the lung would no doubt, by preventing collapse, be a contra-indication, and would thus restrict the applicability of the operation to a few cases. The probability of exciting pleurisy is, of course, another objection. In this case, notwithstanding careful antiseptic precautions, pleurisy was set up, but it was of a simple non-suppurative form, and but for the tuberculosis would not, I think, have added much to the patient's danger.

Dr. THEODORE WILLIAMS said there were three points in this case. The first was its great interest; the second Dr. Cayley's courage in resorting to the operation, and the third its utility. We must bear in mind that these hæmorrhages sometimes stop of their own accord, even when enormous quantities of blood have been brought up, so much that it would have been thought impossible the patient could live, but suddenly the case turned round and the bleeding stopped. When the patient was very low there was more likelihood of its stopping. He thought we ought to try everything before resorting to such a proceeding as that adopted by Dr. Cayley. Hæmoptysis had been arrested for a time by the hot bath, dry or wet cupping. Some ten years ago he had tried another procedure: the patient had brought up blood for three days, there was a cavity of large size. He thought it a pulmonary aneurism. He injected tannic acid at the 2nd intercostal space. The clots in the expectoration and the saliva showed the effects of the tannic acid. In another case with profuse hæmoptysis he had the syringe ready but the bleeding stopped of itself, although the patient died. When there is so much exhaustion it is probable the hæmorrhage will stop. As regards the utility of the operation what will become of the patient? Is it desirable to go about with a pneumothorax, and this is undoubtedly the condition set up. He could not feel inclined to adopt Dr. Cayley's operation unless he had more satisfactory data to go upon. He should exhaust every method before taking to it.

Dr. DUFFIN said by the operation in question we at once arrested physiological action in the lung, which becomes reddened, and returns as it were to the fœtal state. Of course a remedy of such magnitude would not be tried until every other measure had been exhausted. No doubt Dr. Cayley had tried every other means. There was strong physiological grounds for advocating this measure. There was no harm in admitting air under these circumstances. In cases of drowning Dr. Sylvester had advised the blowing up of the cellular tissue with air. In Germany and France during the dissecting of animals the operation has been performed. If the pleura were sound no harm would result, but it became difficult when the pleura were unsound. He thought we might expect valuable results from Dr. Cayley's treatment. It would be a great point gained if we could ascertain when we were justified in adopting such a

plainly felt from
had not been ope
steadied the swel
A vertical incision
small calculus exp
was passed throug
might not be lost.
calculus exhibited
membrane of the a
from the aperture
cæcum, so that there
opened. Exploratio
detect a channel lea
other fluid was found
fæcal or unpleasant o
was closed by Lembert
The peritoneum was
mined, and this was a
probably taken place a
the method adopted in
gauze dressings were use
is oval in shape, smooth
long, and rather more
shows a laminated calc
fæcal matter. August 26t
and freed from clot and re
August 28th.—Dressed ag
there was every sign of
from lower end of the tube.
been complaining of aching
severe on this day. The re
abdomen hard, but there wa
opium he had been taking ha
On September 1st some pus
he was relieved. A fresh tul
the sutures removed. There
September 5th.—The wound w
1¼ inches long, and he was near
11th.—He had pain again, prob
little pus. September 14th.—
was on full diet. September 20
only remaining over centre of i
After walking up and down th
oozing from the wound, and ha
drachms of pus exuded. The
had been omitted, were renewed
pain was still severe, so the woun
and a piece of small drainage tube
he was discharged at his own requ
induration to be felt on deep pres
apparently healed. During the wh
perature never rose above 99·4. Fea
might arise while any lump remain
being alive to the possibility that
pain might still exist, he was direc
sign of a recurrence of his form
resumed work in a fortnight, and su
till November 3rd, when he felt p
which gradually spread over his ab
acute that he was obliged to take to
on a Saturday, and on Monday he ob
escaping from the wound. He came
on November 5th. There was a sinus
charging a thin yellowish fluid, and the
when he was discharged. November 11t
and there was to be noted induration b
from here the appendix could be tra
rounded swelling that had been observed
and which varied in size, had now entire
November 22nd he was discharged, the
and the man being in good health. He w
weeks later, and remained well and was a
When last heard of, April 1885, though
Barming Heath Lunatic Asylum, he was wel
disease, and had never had any trouble sinc
Remarks.—I believe I am correct in saying
first case in which a concretion or calculus
from the appendix vermiformis without, at
the opening of an abscess, and the credit of
rests in the procedure must be given to my lat
colleague, Dr. Mahomed, at whose suggestio
was undertaken, and who further advised
incision, in opposition to that in the lin

the peritoneal cavity
l duly from the front
more into the wound.
the hard lump, and a
ng it a fine silk suture
ove, so that the orifice
hen enlarged, and the
; and purple mucous
nd its tortuous course
ipwards towards the
; of the canal having
th a probe failed to
› cæcum. No pus or
us, nor was there any
ng into the appendix
l by deep silk sutures
ır as could be deter-
ı adhesions that had
e first attack, and to
ppendix. The usual
which was exhibited,
and measured ¾ inch
wide. On section it
enclosing hardened
ing. Tube removed
ıd sutures loosened.
ge tube removed, as
ın. No fæcal odour
-He had for two days
round which became
as hurried, and the
ss and no fever; the
mitted was renewed.
om the wound, and
oduced, and two of
al odour to the pus.
, the tube was now
n pain. September
o the retention of a
free from pain, and
ot up. A small scab
September 25th.—
he felt something
night. About two
› dressings, which
September 26th the
eopened by a probe
ıced. October 7th,
ıere remained some
ut the wound had
his stay the tem-
me further trouble
the iliac fossa, and
al cause of all his
return at the first
ıptoms. The man
no inconvenience
ı right iliac fossa
n, and became so
ıd. This occurred
l a yellowish fluid
and was admitted
e inches long dis-
d swelling noticed
-He had improved
ath the scar, and
d upwards. The
efore November 3,
disappeared. On
ıus having closed,
s again seen some
le to do his work.
an inmate in the
las regards his old
November, 1883.
that this is the
has been removed
; the same time,
f whatever value
ıte and lamented
ion the operation
ıd the inguinal
inea semilunaris

proposed by myself. It is a matter to me of great regret that I am deprived of the association of Dr. Mahomed on this occasion, and his untimely death has lost to us much information upon disease of the appendix, more especially with a view to operation, which I know he was collecting. That the operation in this case was justified I think few will deny, when it is remembered how frequently a concretion is found to be the cause of fatal typhlitis. This fæcal concretion was present in eleven out of seventeen fatal cases, in all of which the disease originated in the appendix, either as a sloughing ulcer with a concretion, or a sloughing ulcer without a concretion. I mention this to exclude tubercular ulcers. I think this case so individual that it is not expedient to attempt to formulate conditions under which we should undertake similar operations. The guide throughout was the hard mass, and without this I scarcely think we would have undertaken the proceeding. In none of the eleven cases mentioned above was the concretion calcareous, so that I imagine it is rare to find a calculus, and so it will not be often that the foreign body in the appendix will serve as a guide. We directed our dissection to the posterior surface of the cæcum and appendix, not because we imagined that under normal circumstances we might avoid the peritoneum, but because here, if anywhere, we would probably meet with adhesions, and so possibly enter a case containing the appendix and concretion shut off from the general peritoneal cavity. Again, without such a guide associated in this case there would be great uncertainty in reaching the appendix, when we remember how variable is its position. Though it is not my intention to enter to-night into the general subject of surgical interference in typhlitis, I would, after the study of twenty-three fatal cases, and with a knowledge of how frequently large iliac swellings due to typhlitis disappear, suggest that some cases at least might be saved by earlier incision, before, I mean, fluctuation is felt. Such cases are recorded, and success has followed the treatment. This treatment has been more especially advocated by American physicians, and applies chiefly to those cases where there is iliac fulness, and the low general condition resulting from the accumulation of pus, the case at the same time lasting longer than usual. The difficulty very often in diagnosing the cause of sudden abdominal pain, and the number of cases of typhlitis that recover will, I imagine, long deter us from opening the abdomen and removing the appendix, and yet post-mortem inspection shows, that if such a procedure could be undertaken a recovery might have been possible in some otherwise hopelessly fatal cases.

It being now ten o'clock the meeting dissolved.

ACADEMY OF MEDICINE IN IRELAND.

MEDICAL SECTION.

MEETING, FRIDAY, MARCH 27TH.

Dr. HENRY KENNEDY in the Chair.

Dr. FINNY read a paper on

HYPERPYREXIA IN RHEUMATIC FEVER,

which will be found at page 413.

In the discussion which followed,

Dr. QUINLAN admitted that cases in which there was a very high temperature were very fatal; but, at the same time, wished that the salicin treatment had been pushed much further than Dr. Finny stated. He had given up to 60 grains, frequently repeated, and found the drug perfectly harmless in these doses and preferable to salicylate of soda.

Dr. FOOT directed attention to the circular published twenty-five years ago, in which an analysis of twenty-nine different modes of treating rheumatic fever by eminent Dublin practitioners was given, and also referred to the expectant treatment by Hughes-Bennett, of Edinburgh. As all these plans of treatment seemed equally successful, he thought that undue credit ought not to be given to salicin. He thought that once the temperature rose above 106°, certainly above 108°, the case would prove fatal.

Dr, JAMES LITTLE said he was the author of the circular referred to, which was published in the *Dublin Journal of Medicine*, of which he was the editor. The various modes of treatment advocated could hardly be described in the language of Dr. Foot as equally useful, but rather as equally useless. Any person who had observed the effect of the new

believes lunacy treatment is a convertil labour. When the public mind *accepte* labour, it put two and two together ar vulgar supposition of the immense str lunatic to the conclusion that the labou equal to that of three sane men. Our l not listen to reason; horses can now lunatic can drag a plough or harrows, pu of wheelbarrows, map out and lay *out pl* perform miracles of device and handicra nexhaustible, and the result may be see process that has reduced asylums to the charitable institutions designed to prote relieve pauperism, emancipated only on re the primary functions of curative means i and broad-minded recognition.

We have approached this subject in no gladly admit that the cause of lunacy ha the willing, unsparing devotion of not a sagacious, and far seeing lay reformers ar Yet the crowd of unthinking, *unreasoning* too often prevails, the chronic residuum in and lime are again in requisition. *The worl* world—for the psychological speciality is us that the growth of lunacy proves the h asylum physi cian. The asylum physician taunt the world and the medical world; f the claims of medical science *in the* actual asylums has paralysed the efforts of medica and medical assistants. The *medical su* become a combination of a farmer, maste missariat general, and medical officer; *his* fold, his energies frittered, and he is placed sing position of a man who must be ubiquit and omnipotent. With an overbearing or mittee, and an unsympathetic public, what ca in his medical capacity? He wants to be ri but medical responsibility, he desires a liber endeavour to grapple with the problems of a requires a larger medical staff, a more liberal a more ungrudging diet scale; and *carte* matter of medical and surgical appliances. work for lunacy reform!

THE MEDICO-PSYCHOLOGICAL ASSOC THE LUNACY BILL.

THE quarterly meeting of the Medic Association was held on Friday last at Bet Dr. Rayner, President, in the chair. The numerous attendance of members, and the pr new Lunacy Bill were discussed at some strong expression of opinion being elicited t vention of the magisterial authority (*as provid* prior to the granting of an order for the person of unsound mind was undesirable, and adopted, to delay in treatment, to attempts the law, and other untoward results. It was, sidered difficult to suggest any officials for car proposed provision other than those indicated but it was urged that the power of those autho be purely "ministerial," and that when any do medical questions they should only have power further medical examination. It was reported and other points, including the desirability of r medical persons signing certificates of insanit extensive provisions for secrecy in examinatio

ible term for lunacy
ed the idea of lunatic
and argued from the
trength of a furious
ur of one lunatic is
labour theorist will
w be superseded, the
pull a cart or a chain
pleasure grounds, and
raft. The types are
een in the levelling
e condition of mere
tect the public, and
rare occasions where
s is allowed a liberal

o carping spirit, and
has been blessed by
a few high-minded
and administrators.
g opinionated, men
increases, and stone
rld, and the medical
is but a unit—tell
helplessness of the
ian, in return, may
; for their apathy to
al administration of
ical superintendents
superintendent has
ster of works, com-
is duties are mani-
ed in the embarras-
quitous, omniscient,
or irrational com-
; can he accomplish
a rid of everything
beral support in his
of acute lunacy, he
ral auxiliary staff,
te blanche in the
. Surely, here is

OCIATION AND

lico-Psychological
Bethlem Hospital,
There was a very
provisions of the
ne length, a very
d that the inter-
vided in clause 2)
he treatment of a
and would lead, if
pts at evasion of
as, however, con-
carrying out the
ated in the Bill,
thorities should
y doubt arose on
ower to direct a
orted that these
of protection to
sanity, and more
ation, had been

already brought under the notice of the Lord Chancellor by a deputation to his office. A committee was appointed to draw up a suitable resolution to be presented to the annual meeting in the event of Lord Shaftesbury's resignation of the chairmanship of the Lunacy Commission being confirmed.

REGISTERED FOR TRANSMISSION ABROAD.

The Medical Press and Circular

is published every Wednesday morning. Price 5d. Post free, 5½d.

POST FREE TO ANNUAL SUBSCRIBERS . . . £1 2 6
„ IF PAID IN ADVANCE 1 1 0

Post-office Orders and Cheques to be drawn in favour of—
A. A. TINDALL, 20 King William Street, Strand, London, W.C.
A. H. JACOB, 3 Molesworth Street, Dublin.

Agents for Scotland:—
MACLACHLAN and STEWART, South Bridge, Edinburgh.
A. and W. STENHOUSE, Hillhead, Glasgow.

Sole Agent for the Continent:—
JOHN F. JONES, 31 Bis, Rue du Faubourg Montmartre, Paris.

ADVERTISEMENT SCALE—Whole Page, £5 0s. 0d. Half Page £2 10s. 0d.; Quarter Page, £1 15s. 0d.; One-eighth Page, 12s. 6d.

Small Announcements of Practices, Assistancies, Vacancies, Books &c., of Seven lines or under, 4s. per insertion; 6d. per line beyond

Considerable reductions are made from the foregoing Scale when orders are given for a series of insertions. Letters in this department should be addressed to the Publishers.

SUBSCRIPTIONS FOR FRANCE are received by Messrs. BAILLIERE, Rue Hautefeuille, Paris—post free in advance, £1 3s. 6d. per annum.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 13, 1885.

THE AGITATION FOR REFORM OF THE ROYAL COLLEGE OF SURGEONS.

THE agitation against the Council of the Royal College of Surgeons of England grows apace, and the last week has witnessed an important advance towards a possible amalgamation of the two forces now arrayed against the Council. On the 5th inst. a largely attended meeting of members of the College was held at Westminster Town Hall, the occasion being the first annual gathering of the Association of Members. From the reports of this it is easy to understand how resistless a force the obstinate action of the Council has awakened to avenge the insult offered to the College; and with the enormous influence that the Association can evoke at will it need be but a light task to transform the existing government of the College from that which it is to that which it ought to be. In speaking thus of the Association of Members we are mainly mindful of its numerical proportions; but its power is not dependent on numbers merely, for its political influence outside the College is undoubtedly such as, if properly worked, will suffice to ensure the success of any reasonable reform it may advocate. When, however, to it the Association of Fellows is joined, the two bodies need together fear no opposition to their will, since *being* collectively the College, it is clear that the government of the corporation in opposition to their views is an outrage

THE NEW HEALTH *BILL F*

THE Burgh Police and Health (Sco
we briefly referred in our last as hav
reading in the House of Lords, deals,
with police and health matters. Wi
of the subject we have nothing whate
journalists, but the proposed publi
comes distinctly within the *scope of*
may observe, in the first place, that
in public health legislation affects
present existing, or burghs which
The proposed legislation does not ap
whole, but only to a sectional part of
under the definition of Burgh. Th
burgh may sharply terminate at one
at one half of a house, the one porti
house coming within the *scope of*
(Scotland) Bill and the other half of
remaining *in statu quo*. Under the
Provisions it is ordained that "every n
residing or practising within the b
twenty-four hours of the same coming
report to the medical officer of health
fectious disease occurring in his practic
building or ship where the patient is be
a penalty not exceeding forty shillings,
on inquiry by the medical officer of he
gnosis of such practitioner was correct,
shall be paid the sum of two shillings
each case reported and verified as afor
pression "infectious disease" is defined
including "cholera, small-pox, typhus,
relapsing, continued, and puerperal fever
tina, whooping-cough, and diphtheria,
diseases as the Commissioners, or Her M
in Council, [may from time to time decl
poses of this Act, to be infectious." I
ordained that "any person who shall
midden, ash-pit, ash-tub, sink, drain or
soil, or other discharge from any perso
any infectious disease; or any refuse, r
article likely to communicate any infectio
retain infection, without previously disinf
shall be liable to a penalty not exceeding

We readily admit that under "Sanit
there are several sensible clauses relating
of the milk traffic, &c., but it will be natu
could have suggested such clauses as we ha
The onus of compulsory notification
fall upon the medical attendant, as we
first contended; but if he is to be dragged
responsibility should be laid on the househ
or the Act can never be efficiently worked.
authorities deem the desired information
value, the profession will readily agree to
of two shillings and sixpence for each case
this sum cannot be legally claimed unless "
the medical officer of health the diag
practitioner is found to be correct." Such
have no hesitation in characterising as a dir
educated men, and whoever the author of it
have been assured confidentially that it em

FOR SCOTLAND.
cotland) Bill, to which
aving passed a second
s, as its title indicates,
With the police aspects
tever to do as medical
lic health legislation
of our criticism. We
at this new departure
s only burghs as at
h may possibly exist.
pply to Scotland as a
f Scotland comprised
The boundaries of a
ie half of a street, or
rtion of the street or
of the new Health
of the street or house
ie head of Sanitary
y medical practitioner
burgh shall, within
ng to his knowledge,
lth every case of in-
ctice, and stating the
being treated, under
s, and if it be found
health that the dia-
ct, such practitioner
gs and sixpence for
aforesaid." The ex-
ied as meaning and
us, typhoid, scarlet,
ever, measles, scarla-
ia, and such other
r Majesty, by Order
declare, for the pur-
" It is also further
all deposit in any
or sewer any night
rson suffering from
e, rubbish, slops, or
ctious disease or to
disinfecting the same,
ling forty shillings."
nitary Provisions'
ting to supervision
aturally asked who
e have here quoted?
on should never
we have from the
gged into it, a joint
useholder as well,
rked. If the local
ction of such great
e to this payment
case reported; but
ess "on inquiry by
diagnosis of the
Such a proviso we
a direct insult to
of it may be—we
it emanates from

an Edinburgh surgeon not too tenderly disposed towards his professional brethren—we do not envy him the feelings of resentment and opposition its promulgation will engender. What are the local authorities of Scotch burghs going to do with cases of measles, whooping-cough, diphtheria, &c., after they have been reported to them, and after they have paid two shillings and sixpence for the reporting of each case? What the answer will be we cannot even guess. But the most extraordinary sanitary clause of all is that already quoted, which compels that the discharges of any person suffering from any infectious disease, whether they be fæcal or urinary, must be disinfected before being put into any midden, &c., under a penalty of forty shillings, and that the fæces and urine of any child suffering from measles or whooping-cough, &c., &c., including the whole list of infectious diseases defined, must be disinfected. The insertion of such a clause in a public document is scarcely conceivable. Even the charwoman who sweeps out the office of the Lord Advocate could scarcely have been capable of such folly. What does the disinfection of urine and fæces mean? Who is to attend to this disinfection, and who is to bear the burden of the expense? We should require, in order to carry out this enactment against infectious disease, to transfer the services of the British Army and Navy at least to the sanitary service of the country; and we should probably need, in addition, to bring in the militia and volunteers during epidemic visitations. A much more effectual and a more humane mode would have been the application of the Contagious Diseases (Animals) Act to the human species, giving compensation for each victim slaughtered according to the previous expense of bringing up! Strange to say, the Scotch press has been silent as to these extraordinary "Sanitary Provisions." Perhaps it will pardon our calling attention thereto before it is too late to amend in committee.

Notes on Current Topics.

A Novel Form of Enamelling.

AMERICAN ingenuity is said to have devised a method of enamelling the skins of fashionable women which, suspicion asserts to have found favour with the daughters of Eve on this side of the ocean also. The process is widely different from that pursued by the followers of Madame Rachel in their efforts to confer eternal beauty on their patrons; and in some respects its advantages over the latter proceeding are considerable. It comprises three stages: in the first, the shoulders and arms and other parts to be beautified are well rubbed with rose-water, which is next wiped off, and the second application made with cold cream, a thick layer of this being allowed to remain on the skin for fifteen minutes. After this has been rubbed off, the surface is next covered with violet powder, and a process of "polishing" is then gone through, at the end of which the parts so treated present the appearance of polished marble, a beautifully delicate texture being given to the skin. It is quite conceivable that the results may be as declared; and that the skin will be rendered supple and delicate under such a *régime* is highly probable, while the harmfulness of the

sequences, not
sation threate
strong express
Justice Smith
villainy he exh
the law for O'E
but this was rec
the unhappy c
termination to t
Thursday last, by
his bedding.

The Shirl

THE Executive
Testimonial Fund
England, had the op
with regard to the mo
during his absence, an
have determined that,
tributors to the fund, v
the testimonial shall si
to Mr. Murphy, and the
reached far larger proport
shall be devoted to some
the reforms for which M
many years. Under these
proposed to ask for any fur

An Unusual Fo

DR. F. W. ELLIS commun
and Surgical Journal an inte
deposit of uric acid discovere
under his own care. In addi
reddish rhombic crystals, the
tity of minute rectangular cry
white colour, and were conspi
the accompanying highly colou
deposit yielded the characteristi
treated with nitric acid and
boiled with water it was only
it was soluble in caustic alkalies,
from such solution by acetic acid
colourless rhombic prisms, and
exceedingly pure form of uric
colouration is explained by Dr. E
that precipitation occurred too r
absorption of colouring matter fro
in the case of the more slowly p
crystals of the same substance. It
over, that the peculiar white depo
place in paroxysms, at which time
form was much increased in amou
that the former could be urates was
insolubility in acids, and the slight effe
by boiling water.

THOSE members of the International
who attended Copenhagen last year
sincere regret of the death of Dr. Pann
over the meetings in that city. Dece
foremost position in the profession, was
King, and Professor of Physiology in th
Copenhagen.

er falsity of the accu-
no one will find in the
is the prisoner by Mr.
iation of the cowardly
ie penalty decreed by
ial servitude for life,
ding over ten years;
has put a sudden
mmitting suicide on
f with a rope made of

Testimonial.

the Shirley Murphy
. Murphy's return to
scertaining his wishes
had been inaugurated
) to those wishes they
e consent of the con-
thwith be applied for,
ie form of an address
ed, which has already
as at first anticipated,
ck having for its aim
ty has worked for so
rcumstances it is not
ributions to the fund.

Uric Acid.

the *Boston Medical*
ccount of a peculiar
e urine of a patient
the usual deposit of
it contained a quan-
which in mass had a
by comparison with
ric acid. This white
exide reaction when
onia, but on being
sparingly dissolved;
uld be precipitated
he form of perfectly
thus shown to be an
l. The absence of
on the assumption
dly to admit of the
he urine, as happens
duced and familiar
was noticed, more-
t of uric acid took
also the ordinary
it. The possibility
dissipated by their
ct exerted on them

al Medical Congress
ar will learn with
anum, who presided
eceased occupied a
as Physician to the
the University of

Discovery of New Sulphur Springs.

A CORRESPONDENT writes us that a vast sulphur spring has recently been discovered in the mountains near Banff, a station on the Canadian Pacific. The average temperature of the water is 70 degrees, and it is very strongly impregnated with sulphur. Some distance from this spring is another, in which the water has a temperature of 204 degrees. The first-mentioned is about thirty feet under the ground, and is reached by a ladder through an aperture dug by some curiously-inclined individual who is reported to have been greatly benefited by frequent baths, and already numbers of people have taken advantage of the medicinal properties of the water with surprising beneficial results.

The Medical Act Amendment Bill.

WE regret to notice that Dr. Lyons' inoffensive and very proper and necessary Bill to admit to the Register certain degrees of the Royal University of Ireland, Dublin University, and the Irish College of Physicians, has been defeated, for the present. When Dr. Lyons, moved the second reading, Mr. T. O'Connor moved to adjourn the debate. Mr. Mundella hoped the hon. member would allow the Bill to pass. It had been carefully examined by the Privy Council Office, and was a very useful measure. Nevertheless Mr. Sexton and Mr. Healy supported the adjournment, and succeeded in adjourning the debate. This was obviously a display of hostility to Dr. Lyons, and in no way referable to the merits of the Bill.

The Licensing of Midwives.

WE are informed that a bill has been introduced into the legislative assembly in the State of New York embracing the following provisions:—Section 1 provides that on and after July 1st, 1885, the County Judge of Erie shall appoint an Examining Board or five physicians and also provides for filling any vacancy. Section 2 designates the officers of the Board as President, Secretary and Treasurer, and requires the adoption of rules for the conduct of the examination. Section 3 requires the Board to meet on the first Tuesdays of April and October of each year for the examination, of all candidates who present themselves who are of lawful age and good moral character; it provides also that ten dollars shall be the fee for the examination, which shall be applied towards defraying the expenses of the Board. Section 4 designates any successful candidate as a midwife, and provides that she shall receive a certificate which shall entitle her to attend any case of normal labour, but prohibits the use of instruments, attempts at version, and the administration of any dangerous drug except when the attendance of a physician cannot be obtained. Section 5 provides for the revocation of the certificate for cause. Section 6 prohibits the practising of midwives after December 31st, 1885, except under provision of this Bill, under a penalty of not less than fifty nor more than one hundred dollars. There appears to be nothing in such a bill against which any person can reasonably complain, and we hope the time is not very far distant when the midwives of our own country will be called upon to show that they possess the requisite scientific and technical qualifications for the proper and

employments, in order to recruit hi
longed period of rest.

DURING last year both the death
rate in London were exceptionally lo

ACCORDING to Prof. Cohn, Lee
original discoverer of bacteria and ba

PASTEUR'S method of vaccination f
proved completely successful *in In*
horses, asses, cows, buffaloes, and shee

THE Frederick Bird Prize and Med
Westminster Hospital has been awa
S. Gubb, late Resident Obstetric Assis

DR. BARNES, of London; Dr. Magee
and Mr. R. Macnamara, Dublin, visited
at St. Andrews' for the M.D. degree,
24th, on behalf of the General Medical

IN the *Asclepiad*, Dr. Richardson call
much overlooked value of sponge as a
especially for mustard. After the mu
been made of a smooth and even consist
taken up on a clean sponge, the sponge
of a soft white cloth, the corners of whi
the smooth convex side of the sponge is
the surface of the skin. The mustard
again by the fire and slightly moistened
two or three times, and remains useful f
The sponge can afterwards be easily cl
water.

Scotland.

[FROM OUR NORTHERN CORRESPOND

THE COMBE LECTURES IN EDINBURGH.—
series of Combe Lectures on Physiology w
the 6th inst., by Dr. Andrew Wilson, to th
fession of Edinburgh, in the hall of the W
After a few introductory observations, Dr. W
to the work of George Combe, the founder
ship, and then explained the elementary g
study of physiology. Physiology, he said, w
of functions—the science of the duties of t
There were three methods of physiological st
tomical, for physiology was founded on a
structure of the body); the pathological, or
ease, the advantages of which he explained
the advances which had been made in the fun
spleen and of the brain; and the experimental—
on dead and living bodies for investigation of
of muscles and other knowledge. He concluded
the course of lectures on which they had entere

HEALTH OF EDINBURGH.—For the week e
Saturday, the 2nd inst., the mortality in Edi
87, and the death-rate 18 per 1,000 per annum.
the chest accounted for at least 40 deaths, a
causes for 10, of which 2 were due to fever, 2 to
4 to whooping-cough, and 2 to erysipelas. The

der to recruit his strength by a pro-
t.

both the death-rate and the birth-
exceptionally low.

rof. Cohn, Leewenhoeck was the
bacteria and bacilli.

f vaccination for cattle-plague has
ccessful in India for elephants,
faloes, and sheep.

Prize and Medal for 1885 of the
has been awarded to Mr. Alfred
Obstetric Assistant.

n; Dr. Magee Finny, of Dublin;
Dublin, visited the examinations
M.D. degree, on April 23rd and
neral Medical Council.

ichardson calls attention to the
sponge as a poultice carrier,
fter the mustard paste has
even consistency it should be
the sponge laid in the centre
rners of which are tied, and
the sponge is then applied to
he mustard sponge, warmed
ly moistened, can be applied
ains useful for several hours.
be easily cleaned in warm

ind.

ORRESPONDENTS.]

INBURGH.—The first of a
ysiology was delivered on
son, to the teaching pro-
of the Watt Institution.
ions, Dr. Wilson referred
founder of the lecture-
mentary grounds of the
he said, was the science
nties of the living body.
logical study—the ana-
ed on anatomy (the
gical, or science of dis-
xplained by narrating
n the functions of the
imental—experiments
gation of the reaction
ncluded by sketching
ad entered.

week ending with
in Edinburgh was
nnum. Diseases of
eaths, and zymotic
rer, 2 to scarlatina,
. The intimations for the week comprised—fever 7, diphtheria 1, scarlet fever 12, and measles 16.

GLASGOW DEATH-RATE.—The mortality in Glasgow for the week ending with Saturday, the 2nd inst., was at the rate of 28 per 1,000 of the population per annum. The previous week the rate was 27, and in the corresponding periods of 1884, 1883, and 1882 the respective rates were 27, 31, and 26.

UNIVERSITY OF EDINBURGH SUMMER SESSION.—The summer session of the University of Edinburgh, which extends over the next three months, commenced on Monday, the 4th inst. There were no formal opening addresses delivered, the various Professors proceeding at once with the work of their classes.

Literature.

HART'S TOPOGRAPHICAL AND SECTIONAL ANATOMY OF THE FEMALE PELVIS. (a)

WE welcome the work before us as a record in itself of work thoroughly and conscientiously done. It consists of a series of lithographic plates, 12 in number, drawn from frozen sections of the female abdomen and pelvis. Plate ii. shows a sagittal mesial section of the pelvis (scale $\frac{1}{1}$); plate iii. a sagittal lateral section of pelvis ($\frac{1}{1}$); plate iv. sagittal lateral section showing ovary and fallopian tune in position ($\frac{1}{1}$); plate v. axial coronal section of right half of pelvis seen from behind ($\frac{1}{1}$). The remaining plates are all, with the exception of the last, also axial coronal sections in which the other surface exposed on section is shown, or sections made at different distances from the front; whilst the last illustrates the structural anatomy of the female pelvic floor.

It is difficult to estimate the value of such a work as the present. One has to take into consideration the considerable differences between one body and another, and also the difference in the same body at different times, *i.e.*, from differences of position and different degrees of fulness of the various pelvic and abdominal viscera. On the whole, we do not think the knowledge afforded by the work is of *very* great value; it is not very important to know what structures we should cut through in a stiffened body starting from given points and cutting in given directions. The important thing is to know the topographical relations of the different organs and parts to each other, and this in a locality in which every inspiration and expiration, every bodily movement, every change of position, every changing degree of fulness of viscera, and organs, produces a change in those relations. So far as the plates afford information in this direction they are useful, but we do not think it is in the power of such plates to afford much information of the kind required.

It must be admitted, however, that light is thrown upon some important points, such as the position of the uterus and ovaries, the relations and boundaries of the ischio rectal fossa, the structural anatomy of the female pelvic floor, and the relations of the ureters in operation for excision of the entire uterus. As far as the very limited scope of the work will allow, it is a success, and a useful contribution to our knowledge of the female pelvic organs.

KEETLEY'S GUIDE TO THE MEDICAL PROFESSION. (b)

THIS excellent little work, a second edition of which, much enlarged, has just made its appearance, must prove a welcome boon to parents and guardians in search of the kind of information it so clearly and concisely sets forth. It will prove a reliable and efficient guide to them in forming their judgment as to how best to secure a proper medical education for the young men in their charge, whilst these

(a) "Contributions to the Topographical and Sectional Anatomy of the Female Pelvis." By D. Berry Hart, M.D., F.R.C.P.E. Edinburgh and London: W. & A. K. Johnston.

(b) "The Student's Guide to the Medical Profession." By C. B. Keetley, F.R.C.S. Second Edition. London: Baillière, Tindall, and Cox.

Scott, Yorkshire; Albert Edward Tunstall, I
Huyberts, Ceylon; Arthur Robert Steel, Al
Ruthergen; James Hay Caird, Stirling; and P

Royal College of Surgeons of Edin

recent sittings of the Examiners the f
were admitted Licentiates of the Colleg

Henry William Dixon, Gateshead-on-Tyne; J
burne, Belgaum, India; Alexander MacDona
William Beanmont, Cambridge; and Eugene C

The following gentlemen passed th
examination for the Licence in Dental S

Edward Percy Rose, Leicester; David Thon
John Trude Fripp, London.

The following gentlemen passed the
and were admitted L.D.S. Edinburgh:—

William Wilson, Edinburgh; James Leslie Fr
Johnstone, Nottingham; Aitken W. Cormack,
John Douthwaite, London: and Leonard Lath

Royal Colleges of Physicians and Su
and Faculty of Physicians and Surgeo
examinations for the triple qualification
Edinburgh were held in April and May,
results:—

Passed First Examination:—

James Anderson, Chelmsford; William Bell
Ludovici Anthoniaz, Ceylon; William Charle
Thomas Cussen, Co. Limerick; Frederic William
venny; Hugh William Ballie, Co. Down; Alfr
Aldershot; William Augustin Gibson, Co. Dub
Elliott, Armagh; Charles Francis Eddowes, L
Davies, Cymmer; Joseph Septimus Fallon, Lon
Kirkcaldy; Alfred James Hamilton, Omagh; D
Armagh; James Gordon, Co. Down; Charles Robe
R.I.; Owen Gilmore, Co. Down; William Murra
Thomas Lloyd Jones, Flintshire; Bernard
Ernest Mills, Gloucestershire; Harvey Macphers
Herbert Owen Mill, Devonshire; James Simpson
landshire; John McCan, Glasgow; John McElfa
William Robinson McMaster, Omagh; Kumar
Cooch Behar, India; Arthur William Marwood,
Owen, North Wales; John Charles Reid Edinbur
Rutter, Kent, Patrick O'Sullivan, Co. Clare; Richa
Wales; Charles Frederick Sixsmith, Cavan, Irelan
Co. Clare; John Conrad Scotchburn, Driffield;
lochrie; Philip Charles Perham Taylor, Weston-s
Plude Thorne, Lee, Kent; Herbert de Curle W
William James Anderson, Toronto; and George
Cheshire.

Passed Second Examination:—

George Stanley Barstow, Pontefract; James D
George Wright Kemp Hector, Aberdeen; Charles
Farsley, near Leeds; Arthur George Laidler, Barnar
James George Mackay, Inverness: Louis Birch, M
Thomas Burkett, Egremont; Samuel Ludovici A
James Anderson, Chelmsford; George Alexander A
Hope Grant, Edinburgh; James Gardner Holmes
Sydney Davies, Monmouthshire; Francis Henry Ga
Francis Joseph Kenay, Calcutta; Ivor Henry Davies,
de Curle Woodcock, Sheffield.

Passed Third Examination, and admitted
burgh, L.R.C.S. Edinburgh, and L.F.P. and

George Lindsay Bonnar, Cupar-Fife; Welter
London; George Stanley Barstow, Pontefract; Cha
lings, Farsley, near Leeds; Edgar Montgomery It
David James Mason, Edinburgh; Sydney Partridge,
Maynard Pickthall, Suffolk; John Sheady, Co. Cla
Salter, Ottawa; Henry Eugene Shadwell, Norwood
Shuttleworth, London; Ernest Frederic Taylor, Richa
gerald George Westenra, New Zealand.

University of Durham.—At the April ex
Degrees in Medicine and Surgery, and for
Proficiency in Sanitary Science, the followi
Examiners:—

For Certificate of Proficiency in Sanitary Sc

Roberts, J. R., M.R.C.S., L.R.C.P. | Walker, Charles

First Examination for the Degree of Bachelor

First-Class Honours in Order of Merit.

Evers, Charles John, M.R.C.S., L.S.A., Queen's Colle
Edridge-Green, Frederic William, St. Bartholomew's

Second-Class Honours in Order of Merit.

Bird, Matthew Mitchell, St. Mary's Hospital.
James, James Thomas, Middlesex Hospital.
White, John Houghton, St. Bartholomew's Hospital.

Pass List in Alphabetical Order.

Blacker, A. B., M.R.C.S.
Booth, Edwin J.
Bootiman, John Smith.
Bowden, Reginald T., M.R.C.S.
Carlyon, E. T., M.R.C.S., L.R.C.P.
Close, John Borrill.
Gayford, Charles, M.R.C.S.
Gibbard, Thomas Wykes.
Godfrey, Thomas Henry.
Hart, Arthur, M.R.C.S., L.R.C.P.
Honey, Thomas Edward.
Jeffree, Frank, M.R.C.S.
Macnab, Allan James.
Orton, Francis Joseph J.
Palmer, Sidney Jos
Pridmore, Walter G
Pye, Thomas.
Raby, Leonard.
Reily, Alexander Y
Reily, Walter Grant
Shore, Herbert Geor
Turtle, Frederick W
Walker, Benjamin.
Ward, Austin George
Watson, John.
Wheeler, Humphrey
Wilde, Leonard.

bert Edward Tunstall, Darlington; Henry Peter Arthur Robert Stel, Aldershot; Thomas Weir, Jay Usird, Stirling; and Patrick Walsh, Co. Cork.

of Surgeons of Edinburgh.—During the the Examiners the following gentlemen entiates of the College :—

on, Gateshead-on-Tyne; John Digby Marsh Swinlia; Alexander MacDonnell, Co. Mayo; Albert ambridge; and Eugene Crowley, Co. Cork.

gentlemen passed the first professional ie Licence in Dental Surgery :—

Leicester; David Thomson, Edinburgh; and ndon.

entlemen passed the final examination, L.D.S. Edinburgh :—

burgh; James Leslie Fraser, Inverness; James a; Aitken W. Cormack, Edinburgh; Benjamin lon; and Leonard Latham Wilde, Winchester.

Physicians and Surgeons, Edinburgh, ysicians and Surgeons, Glasgow.—The e triple qualification of these bodies in d in April and May, with the following

mination :—

lmsford; William Ball, Dumfries; Samuel *Ceylon*; William Charles Carnegie, Dublin; nerick; Frederic William Browning, Abergavallie, Co. Down; Alfred William Douglas, gustin Gibson, Co. Dublin; William Foster s Francis Eddowes, London; Ivor Henry h Septimus Fallon, London; Edward Gray, a Hamilton, Omagh; Daniel Henderson, Co. Co. Down; Charles Robert Hailes, Mangalore, Down; William Murray Mackay, Caithness; Flintshire; Bernard MacDonogh, Surrey; hire; Harvey Macpherson, Gloucestershire; shire; James Simpson Macpherson, Sutherl Glasgow; John McElfatrick, Londonderry; ter, Omagh; Kumar Bhaberdra Narayan, ur William Marwood, Melbourne; Robert Charles Reid, Edinburgh; George Herbert llivan, Co. Clare; Richard Charles Richards, Sixsmith, Cavan, Ireland; Thomas Sheedy, Scotchburn, Driffield; Peter Sturrock, Pitham Taylor, Weston-super-Mare; Francis ; Herbert de Curie Woodcock, Sheffield; Toronto; and George Gibson, Northwich,

ination :—

Pontefract; James Doyle, Manchester; tor, Aberdeen; Charles Edward Hollings, George Laidler, Barnard Castle, Durham; ness"; Louis Birch, Manchester; George ; Samuel Ludovici Anthonisz, Ceylon; ; George Alexander Armstrong, Ireland; ames Gardner Holmes, Leeds; Thomas re; Francis Henry Gaunson, Melbourne; ta; Ivor Henry Davies, Cymmer; Herbert

tion, and admitted L.R.C.P. Edinh, and L.F.P. and S. Glasgow :—

Cupar-Fife; Walter Godfrey Axford, stow, Pontefract; Charles Edward Hol-Edgar Montgomery Inglis, Melbourne; gh; Sydney Partridge, Darlaston; John John Sheedy, Co. Clare; Peter Harold e Shadwell, Norwood; Herbert Parke Frederic Taylor, Richmond; and Fitzealand.

—At the April examinations for Surgery, and for Certificate of ence, the following satisfied the

ficiency in Sanitary Science.

P. | **Walker**, Charles Pope, M.R.C.S.

Degree of Bachelor in Medicine.

urs in Order of Merit.

L.S.A., Queen's College, Birmingham.
m, St. Bartholomew's Hospital.

urs in Order of Merit.

ry's Hospital.
ex Hospital.
tholomew's Hospital.

phabetical Order.

Palmer, Sidney Joseph.
Pridmore, Walter George.
Pye, Thomas.
Raby, Leonard.
Reily, Alexander Yates, M.R.C.S.
Reily, Walter Grant.
Shore, Herbert George, M.R.C.S.
Turtle, Frederick Wenman.
Walker, Benjamin.
Ward, Austin George, M.R.C.S.
Watson, John.
Wheeler, Humphrey John.
Wilde, Leonard.

Royal College of Surgeons of England.—The following candidates have passed the required examinations for the diploma of Member, in addition to the lists published in our last issue, and have been admitted :—

On May 1st :—

Clift, Samuel Leonard, L.R.C.P.L.	Pinhorn, Richard, L.R.C.P.L.
Farmer, William Henry F.	Roberts, George Augustus E., L.S.A.
Grushy, Charles W. de, L.R.C.P.L.	Smith, John Turville, L.S.A.
Hehir, Patrick, L.R.C.P. Ed.	Steer, Adam Wm. Thorburn, L.S.A.
Howard, Herbert, L.R.C.P.L.	Sutton, Alfred, L.S.A.
Lee, William John, L.R.C.P.L.	Tronson, William Francis, L.S.A.
Martin, Joseph Henry W., L.S.A.	
Pietersen, James, L.R.C.P.L.	

On May 4th :—

Bown, John Quinton, L.R.C.P.L.	Lewis, Charles James
Chick-Lucas, James Robb G.	Moore, Walter Francis
Elkington, Henry Percival G.	Parsons, Henry Compton
Ellis, Donald Mackay	Pearson, Albert Edward A.
Fegen, Charles Milton	Postlethwaite, Frank
Godfrey, Henry W., M.B., Aberd.	Pott, Francis Henry
Harthan, Herbert Dumville	Wethered, Frank Joseph, L.S.A.
Henderson, George C.	Woods, Frank.
Lever, Frederick	

On May 5th :—

Apthorp, East	Pratt, George Arthur
Austin, Herbert Ward	Price, Alfred Edward
Beard, Frederic	Pritchard, Joseph James
Calrow, Thomas	Ramsay, Herbert Murray
Eales, George Young	Scott, George Henry
Jabboor, Habeeb	Tuke, Thomas Seymour
Jervis, Arthur	Whishaw, Reginald Robert
Podmore, Robert	

On May 6th :—

Bent, George	Hailey, Percy Oswald Ward
Bindloss, Edmund Frederick	Helps, George Crawford
Calvert, James	Knaggs, Francis Henry
Clark, John Stallard Foot	Rich nond, William Stephenson
Dill, Robert Charles Gordon	Scatliff, Philip Melancthon
Dornford, Charles T., L.R.C.P. Ed.	Smith, George Francis
Green, Albert	Wylde, Harry Frank

University of Oxford.—At a congregation held on the 1st inst. the degree of M.D. was conferred on

Lloyd, Francis, Jesus.

University of Cambridge.—At a congregation held on the 1st inst. Dr. P. H. Pye-Smith was appointed an elector to the Professorship of Physiology, and Professor Robertson Smith was appointed an elector to the Professorship of Sanskrit. The degree of M.D. was conferred on

Lane, James Oswald, St. John's. | Lyon, Thomas Glover, Emmanuel

University of Glasgow.—The following gentlemen passed the Third Professional Examination for the degrees of M.B. and C.M. in April last :—

Adam, Basil J.	Miller, Alfred E.
Aird, Alex. W.	Monteagle, Henry W. B.
Alexander, W. M., M.A., B.Sc.	MacColl, Donald S.
Beattie, Robert M'G.	M'Conechy, James
Brown, James A.	M'Houl, Hugh M.
Brown, Walter F.	MacKechnie, C. A.
Campbell, Arch. T.	MacKeith, Alex. A.
Carmichael, Alex.	MacKeith, John
Crawfurd, Robert K. B	M'Lachlan, James
Cullen, John R. F.	MacLeod, David T.
Currie, John	Macquarie, John A.
Davidson, James F.	Pyle, William
Davis, George W.	Ramsay, Robert
Dewar, Daniel M'K.	Ritchie, John
Duff, Jas. K., M.A.,	Robertson, Robert
Fergus, William Henry	Robertson, William
Gardner, R. Irvin	Rowat, John
Goff, Bruce E.	Roxburgh, Alex.
Haddow, R. W. T.	Sinclair, H. W.
Hamilton, Robert	Stewart, John (Renfrew)
Hay, Walter	Steil, James W. H.
Henry, Robert	Thorburn, John
Hickin, Herbert	Wallace, Wm. (Glasgow)
Manners, Wm. H.	Wallace, Wm. (Greenock)
Marshall, John	Watson, James.
Marshall, William	Wyllie, James.
Mathieson, Alex. L.	

Royal College of Surgeons in Ireland.—At meetings of the Court of Examiners, held on 7th April and following week, the undermentioned gentlemen having passed the final examination for the Letters Testimonials, and having taken the declaration, were admitted Licentiates of the College, viz. :—

Alfred George Beale, Jeremiah Behan, Louis Aloysius Byrne, Robert George Christy, Thomas Codd, James Corcoran, Edward George Cotton, Patrick James Curtin, John Cuthbert, Wm. Danne, John Joseph Davoren, John Dawson, John Empson, Frederick Hall, Michael St. Lawrence Harford, Patrick Heelan, Arthur Joseph Patrick Hogan, George Edgar Hughes, John Kehny, Henry T. Knaggs, David Humphreys, Reginald Levinge, Daniel M'Cann, James Douglas M'Donagh, William Arthur Mahon, Matthew John Marmion, John O'Callaghan, John Rogers, William John Russell, Edmond Aloysius Ryan, Jeremiah Bercham Ryan, John Joseph Savage, James Albert Frederick Sawyer, Robert Dudley Algeo Stone, Ernest Hastings Tweedy, Thomas F. Wade, Hugh Whelan, and John Whyte. Fifteen were stopped.

The Med

CONTENTS.

ORIGINAL COMMUNICATIO

The Hypophosphites. By Professor Jame M.D., Lecturer on Materia Medica an Therapeutics at the London Hospita and Physician to the Hospital for Thro and Chest .....

Education and its Physiological Aspec By John Foster, M.D., F.R.C.S.Eng.

TRANSLATIONS.

Deahna on Dressings. From Schmid Jahrbucher. (Translated by T. Esmon Cahill) .....

BRIEF NOTES FROM OUR EXCHANGES

SPECIAL CORRESPONDEN

The Cholera Conference in Berlin .....

CLINICAL RECORDS.

Case of Embolism. Under the care of Edward Skinner (Sheffield) .....

A Case of Suppurating Cyst of the Li (probably Hydatid) .....

TRANSACTIONS OF SOCIE

WEST-LOND. MEDICO-CHIRURGICAL So

Colotomy in Disease of Rectum .....

Original Comm

THE HYPOPH

By PROSSER J.

Lecturer on Materia Medica and Th tal, and Physician to Hospit

PREPARATIONS containing employed medicinally for a lo name of *sal mirabile perlat* known before Rouelle in 1 showed that it was a compo soda and earth of bones w 1768, showed that it chiefly and lime. Phosphorus itsel an alchemist, of Hamburg author to treat of it as a me (1) who, if not the first probably among the earlie curiously enough, he seems in "putrid" fever and " shadowing as it were the give it in adynamic cases element was employed in t its use gradually extendi issued a sort of counterbl after this Bonttatz (3) wr means of rousing the vital A little later Lobstein and to cases of fever and added some of chlorosis, conditions in which he f extended its use to chro in epilepsy, and in published four cases of l to receive benefit from t seems, from Müllkins and a good deal of attention and its results have alre

Hypophorous acid, H unstable of the phosph

Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 20, 1885.

ENTS.

MMUNICATIONS.

By Professor James, Materia Medica and London Hospital. Hospital for Throat 435

ysiological Aspect. D., F.R.C.S.Eng. .. 437

ATIONS.

From Schmidt's ted by T. Esmonde 439

E EXCHANGES .. 438

ESPONDENCE.

in Berlin 440

EWORDS.

er the care of Mr. ield) 441

Cyst of the Liver 441

OF SOCIETIES.

URGICAL SOCIETY—

Rectum 441

PAGE

Suppurating Cyst of the Liver (probably Hydatid) followed by Recovery 442

Treatment of Spinal Deformity by Mechanical Arrangements 442

Subcutaneous Division of the Sphincter Ani 442

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY—

Cancer of Testicle 442

Large Vaginal Tumour 443

Addison's Disease 443

Atheroma of Heart 443

Hæmoglobulinurea 443

Proceedings of the General Medical Council. Annual Session, 1885 443

LEADING ARTICLES.

SHALL THE COUNCIL ACT? 450

THE ELECTION OF EXAMINERS AT THE IRISH COLLEGE OF SURGEONS 451

NOTES ON CURRENT TOPICS.

Insectivoromania 451

The Registrar-General's Quarterly Return 452

A Gigantic Hotel 452

The Syphilitic Free Trade Association .. 452

Druggist Quacks and Doctor Quacks 452

The State of the Profession 453

A Knighthood 453

PAGE

The Buget and the Hospitals 453

The Army Medical Service 453

Medical Advice for Prisoners 453

An Agreeable Colleague 453

The Government and the Medical Bill .. 454

The New Gynæcological Society 454

The Queen at Netley 454

An Ointment for Itch 454

Street Nuisances 454

SCOTLAND.

Death Statistics in Large Towns 454

Handsome Bequests to the Royal Infirmary and University of Glasgow 455

Death of a Centenarian in Banffshire 455

Mortality in Glasgow 455

Health of Edinburgh 455

LITERATURE.

Harris and Power's Manual for the Physiological Laboratory 455

Correspondence 456

Obituary 456

Medical News 456

Pass Lists 456

NOTICES TO CORRESPONDENTS 456

Communications.

POPHOSPHITES.

SSER JAMES, M.D.,

a and Therapeutics at the London Hospito Hospital for Throat and Chest.

taining phosphorus have been for a long period. Thus under the *perlatum*, phosphate of soda was in 1776, or Klaproth in 1785 compound of phosphoric acid and *nes* was known before Gatin, in iefly consisted of phosphoric acid itself was discovered by Brandt, *burgh*, in 1669, but the earliest a medicament seems to be Mentz, irst to give it internally, was *rliest* to try it thoroughly, and, ms to have used it as a stimulant "malignant" small-pox, fore- he modern recommendation to es and the typhoid state. The *this* and in similar conditions, ding until Brera, (2) in 1798, last against the remedy. Soon *rote in* its favour as a potent l powers when greatly depressed. (4) reinforced this statement, pneumonia successfully treated, periodic headaches and other ound it efficacious. Robbi (5) nic diseases. Paul (6) tried it 868 Dujardin-Beaumetz (7) omotor ataxy which appeared e medicine. Phosphoric acid Barrenge, (9) to have obtained *the* close of the last century, y been alluded to.

PO_2, the lowest and most us acids, was not separated until modern times. Dugong, in 1816, obtained a concentrated solution. The salts of this acid are also very unstable, having a strong affinity for oxygen, and so readily, passing into more oxidised salts. The hypophosphites of lime and soda have found their way into the British Pharmacopœia, and are the salts which have been most employed, but others, as we shall see, deserve notice. They were introduced into practice by Dr. Francis Churchill, of Paris, who seems to have brought them before the Academy of Medicine about 1857 as very beneficial in phthisis. Out of fifty-five he stated that nine recovered, eleven improved, and thirty-five died. Naturally the hypophosphites were thereupon largely tried, but the results seem to have been exceedingly uncertain, and the reports are, for some time, very contradictory. No one seemed to doubt that the effects would be chiefly due to the phosphorus presented to the system in the low degree of oxidation, and perhaps directly assimilable. Churchill's subsequent proceedings, and his development of "stocchiological medicine," did not tend to give confidence to the English profession, and his estimate of the hypophosphites (10) is undoubtedly exaggerated, although we may admit them to be valuable.

Sir R. Bennett (11) out of twenty cases of phthisis, found only four were benefited by hypophosphites, and they were in the early stage, but neither Dr. Cotton(*a*) nor Dr. Quain(*b*) seem to have been favourable impressed. Dr. Williams (14) seems to think that the hypophosphites increase the power of the system to assimilate oxygen, an observation which was previously made as to the effect of free phosphorous. Dr. Eustace Smith (15) has found them useful in softening pulmonary deposits in children.

Some have thought that the hypophosphites are useful with regard to the base as well as the acid, an idea which receives some support from the effects of certain lime salts, as well as the phosphates. The observations of Lemaitini (14) on chloride of calcium, confirmed much later by Warburton Begbie (15), point in this direction,

(*a*) *Medical Times and Gazette*, 1858, Vol. I.
(*b*) *Lancet*, 1866, Vol. I.

EDUCATION AND ITS ASPECT. (a

By JOHN FOSTER, M.D.,

THE influence of mental effort c opment is attracting, at the pre amount of attention, and hence i cians and physiologists to endeavo to investigate the subject so as t authority, as the ultimate court bearing on the health and well-b A subject so important, so con fraught with such vast issues a fail to be viewed in different lig There is the schoolmaster's view, physiologist's view. As civilisat more attention is devoted to boo become an article of faith with of parents and teachers to cram and childhood as much book k can retain, and to stimulate the by unremitting training.

This training of the memory, re of the faculties in their best sen aim of the modern system of ed this question properly we must dual aspect as affecting both the we shall have to study the n binds mind and body togeth system. The study of mental sidered by metaphysicians as be logy; but we cannot so regard nervous system as a part—the part of the body, and the b elaborated part of the nervous

Whether we take the materia and ideas, and emotions, and a action are the results of cerebra is the elaborated product of th take the view that the mind, a upon the brain and uses it for in either case we must admit processes cannot go on without perfect organisation—in other brain work, and that brain-wo

During mental effort the and blood flows in increased q is true of all organs during stimulus of food excites an inc so stimulus applied to the b vessels. This has been dem made on the retina with the we look upon the retina w During activity of the nerve and the exhausted cells mu brought up by the blood s maintained for a reasonable contract to their normal s moved. If it be continued congestion and diminished overstrain. What is true o of its several parts. Differe form different duties, and We may almost call the b organs, not all acting at t set in motion by the same a ticular area of the brain is that area draws to itself a it be worked within its strengthens the part. If it powers, debility inevitably physiological law. The stu gists leaves us in doubt as the nervous system, mo the nervous centres; but

(a) Read before the Bradfo

AND ITS PHYSIOLOGICAL ASPECT. (a)

FOSTER, M.D., F.R.C.S.Eng.

mental effort over growth and devel-
ng, at the present time, an unusual
n, and hence it becomes us as physi-
ists to endeavour by scientific methods
ubject so as to be able to speak with
ltimate court of appeal in matters
h and well-being of the community.
rtant, so complex, so difficult, and
vast issues as education, can hardly
different lights by different minds.
aster's view, the politician's view, the
As civilisation advances more and
voted to book knowledge, and it has
faith with many that it is the duty
ers to cram into the minds of youth
ich book knowledge as the memory
imulate the powers of the memory
ing.
memory, rather than the developing
ir best sense seems, to be the chief
stem of education. To understand
we must consider education in a
g both the mind and the body, and
udy the nature of the link which
ly together, that is, the nervous
f mental processes has been con-
ians as beyond the scope of physio-
o regard it. We must consider the
part—the most highly organised
d the brain as the most highly
nervous system.
materialistic view that thoughts
s, and all that constitute mental
cerebral organisation as the scent
ct of the flower; or whether we
mind, as a distinct entity, seizes
s it for its purposes for a term;
admit that the highest mental
without a perfect instrument or a
other words that mind-work is
ain-work is bodily work.
the vessels of the brain dilate,
ased quantity to the brain. This
uring functional activity. As the
an increased flow to the stomach.
he brain causes dilatation of its
demonstrated by observations
the ophthalmoscope; for when
a we look back upon the brain.
erve-centres waste is going on,
must be fed by fresh material
l streams. If this stimulus be
ble length of time, the vessels
size when the stimulus is re-
d too long, there is loss of tone,
ed nutrition—in fact, there is
of the brain as a whole is true
erent portions of the brain per-
l respond to different stimuli.
brain a combination of many
the same time; not all being
agent; yet whenever any par-
undergoing functional activity
n extra quantity of blood. If
powers, functional activity
be worked beyond its natural
follows, and this is a general
dy of the works of physiolo-
o the functions of many parts
e especially of many parts of
here is no doubt every action

(a) Medico-Chirurgical Society.

of the mind discharges some nervous energy from the nerves cells of the brain, and makes some change too subtle perhaps for perception with our present means of investigation in the physical as well as the physiological condition of the nerve substance. Molecular change in structure corresponds with psychological action. That education alters the structure of the brain seems to be established. It alters its size, alters its shape, alters its quality. Educated people, as a rule, have larger brains than uneducated. The convolutions of the brain are said to be more complex, more highly developed in intellectual people, and less so in people of inferior intelligence. The cells of the brain are believed to become more complex, and more highly developed by judicious and reasonable exercise of the mental faculties. The principal convolutions of the brain are mapped out at birth but secondary ones are added in early life, and especially where the brain is developed by education. These brain cells are charged with the performance of the highest human functions—memory, judgment, feeling; nevertheless they are fed from the same life stream as the lowest organised structure of the body. It is because of the intimate connection between education and the nervous system, and between the nervous system and the general health, that education is essentially a physician's question.

There are marked differences between the brain of a child, and that of an adult. The weight of a new born child is 1-20th of the weight it may be expected to reach —the weight of its brain is about a fourth of the weight of the adult brain, so that while the body is increasing twenty fold, the brain is increasing four fold. The brain having got the start of the rest of the body in growth, nature proceeds immediately after birth to redress this inequality, and to favour more rapid growth of the limbs and other parts of the body. It is strictly in accordance with the teachings of nature that the growth of bone and muscle should be encouraged in early life by the free use of the limbs, and we find children constantly in action when not unnaturally restrained. In childhood the brain is of a pinker colour on account of its greater vascularity also of the thinness of the walls of its vessels. The ebb and flow of blood in the young brain is quicker and more easily brought about than in later life. Hence we find, as a consequence of these rapidly varying states of vascularity, a greater tendency to inflammation of the brain in the young—a tendency clearly intensified by over-exertion. It is quite certain that inflammations of the brain are on the increase, as could be easily shown by statistics. Vascular distension easily leads to congestion —and congestion to inflammation. The heart of a new born child beats 130 to 140 times a minute, each beat representing a discharge of nerve force—in other words, a change in the molecular structure of nerve elements. The beat of the adult heart being about the half of this it necessarily follows that the metabolism of the nerve tissue is much more rapid in the child than the adult. The respiration is quicker, the temperature is higher, digestion and secretion all go on more rapidly. It is clear that the brain is in a more excitable condition than in maturo life, it is more delicately organised, it is altogether less stable. Convulsions, explosions of nerve force, are most common in childhood, and least common in age.

That most fearful of all the diseases of childhood—hydrocephalus—is undoubtedly sometimes caused by premature stimulation of the brain in certain constitutions. We know that the brain tissue is one of the earliest to be formed, and one of the last to decay. When the bones become brittle with age, and the muscular fibrils degenerate into fat, the intellect often remains clear, the judgment sound, the fancy bright, and the affections warm. We need only look around upon distinguished intellects in the Senate, in the Church, on the Bench, at the Bar, and upon the great lights of our own profession to show us how long the higher parts of the nervous system retain their powers. The nervous

desolate. In many of the public sch
there seems to be a revolt from the
schools for the children of the work
"Nineteenth Century" recently I rea
pen of a teacher at Eton, in which h
who go up there well trained, soon y
tions of the place, neglect their stu
athletics. Their are heroes the cri
players, the oarsmen, while the stud
scholarships are but little regarded
be doubted whether that training is
which developes strength of body,
self control, command of temper,
mination and courage in the hour
When recently we read of the heroe
to shoulder in the British squares
Soudan, against fearful odds, we sa
who had been famous in the games
boys love so well. And we are bo
in part they owed their steadiness
the play-grounds.

Translatior

DEAHNA ON DRE

From *Schmidt's Jah*

(Translated by T. ESMON

A LARGE number of antiseptic
lately used with various success.
disadvantage when used in a concer
to ensure asepsis of irritating th
bourhood and producing serious,
phenomena. Even the mildest
unusual degree of care in the pr
rials and the control of the dre
always been sceptical of the ne
spray, and finally concludes that
He substitutes irrigation (2 to 5
good results. Trendelenburg q
necessity of the spray, and concl
it may be dispensed with. He
tomies. He finds that the negl
dangerous in osteotomy, opening
of foreign bodies, drainage of join
cele and of ganglion, but he d
Mikulicz comes to the same co
consideration of air as a condu
important. The quantity of inf
unto the wound is more so. B
a thousand to two thousand c.
such germs, but this number is
sider that in a single drop of
find a milliard of bacteria.
through the air is then very slig
through the hands, sponges, a
also, of the germs is not dange
dry germs, and require as such
as well as more favourable phy
tions, insomuch as at the start
than the moist. For the rest i
that active pathogenic micro-
The mechanical conditions ca
germs are very small and very
loosely adhere to the surface, a
the natural processes of the w
spray may be considered from
mical point of view. The me
the fine division of a fluid wh
down the germs suspended in
no doubt that the mechanical
nothing but harmful to the
germs which would otherwis
wound are concentrated on it

of the public schools and universities revolt from the overstrain found in iren of the working classes. In the y" recently I read an article from the Eton, in which he laments that boys l trained, soon yield to the corrup- eglect their studies and go in for heroes the cricketers, the football while the students who work for little regarded. It may, however, hat training is altogether worthless gth of body, steadiness of nerves, d of temper, perseverance, deter- in the hour of imminent danger. d of the heroes who stood shoulder tish squares on the deserts of the l odds, we saw the names of many in the games which public school d we are bound to conclude that ir steadiness to their training on

anslations.

ON DRESSINGS.

hmidt's Jahrbucher.

T. ESMONDE CAHILL.)

antiseptic materials have been success. Carbolic acid has the n a concentration strong enough itating the wound in its neigh- ; serious, even fatal, poisoning mildest solutions require an n the preparation of the mate- the dressings. V. Bruns has the necessity of the carbolic es that it is worse than useless. (2 to 5 per cent. solution) with burg questions the essential d concludes that in most cases . He uses it only in laparo- e neglect of antisepsis is very pening of joints for extraction of joints, extraction of hydro- he does not use the spray. ne conclusion. In this regard conductor of infection is very f infection germs which reach Buchner finds in a room of d c. b. m. 10 to 20 millions of r is very small when we con- of decomposing fluid we can . The danger of infection slight as compared with that , and so forth. The quality, gerous. They are nearly all ch longer time to germinate, hysical and chemical condi- rt they act with less energy it remains yet to be proved o-organisms exist in the air. arry us a step farther. Dry y light; they will thus only and will be washed away by round. The effects of the a mechanical and a che- chanical process consists in ich seizes upon and brings the air. There can thus be action of the spray can be wound, inasmuch as the only sparingly reach the by the spray. This is ob- viated, of course, if the particles of the spray recohere and flow away, but this is nothing but irrigation. The chemical working of the spray consists in—(1), destroying the vitality of the germs, and (2), impregnating the wound with a certain quantity of antiseptic, thereby presenting an unfavourable ground for the development of micro-organisms. But irrigation fulfils all these purposes. Rydygier, however, combats these views, and adheres to the spray. Wm. Main (*Brit. Med. Journ.*, Dec. 24, 1881) uses an indifferent spray of glycerine and water (1-16). Eucalyptus vapour and carbolic vapour are also used instead of the spray. Schede uses glass-wool and capillary glass drainage, also glass-silk sublimatised in each case. Their absorbtive power is so considerable that immediate cohesion of the wound results from their use. Compression or elbowing cannot interfere with their efficiency as drains; incision and counter-incision into the deepest localities are seldomer necessary, since capillary attraction is sure to draw out the secretion from the very deepest points. Of course glass drainage is not applicable to a wound where there is pus or blood-clot.

BRIEF NOTES FROM OUR EXCHANGES.

CONDENSED MILK FOR BOTTLE-FED BABIES.—Dr. B. Edson, Brooklyn, N.Y., in the *Archives of Pedriatics*, strongly commends the use of condensed milk for feeding infants brought up with the bottle in cities and large towns where difficulty is experienced in getting pure milk. As regards canned condensed milk, he is "not aware of any instances where it has been faithfully and intelligently used and proved a failure." "In the use of condensed milk intelligent oversight and painstaking care are demanded to guard against gross errors in feeding. The invariable tendency is to prepare the food of too great strength and to feed too much." He gives as a good general direction for the preparation of condensed milk for use the following formula:—

Condensed milk, 1 part;
Water (temp. 100°), 12 to 15 parts;
Lime water, 1 to 2 parts;
Salt, a trace.

This may be modified according to circumstances. The milk should always be prepared fresh and fresh. As to the quantity to be given, he recommends two teaspoonfuls of milk, twenty of water, and from two to four of lime-water every two or three hours by day.

TONIC FOR CHILDREN SUBJECT TO NIGHT TERRORS.—In an article upon "Night Terrors in Children," W. B. Atkinson, M.D., recommends, as a useful tonic, the following formula:—

℞ Potass. bromidi, gr. l.,
Acid. phosph. dil.,
Tr. ferri chlor., aa fʒij.;
Syr. limonis,
Aquæ, aa fʒiss. M.

ʒj. every four hours for a child from 3 to 5 years of age.

A CURIOUS CASE.—RECOVERY FROM MEMBRANOUS CROUP AND WHOOPING-COUGH.—TRACHEOTOMY.—A boy, æt. 8, while suffering from pertussis, developed membranous croup. On the third day breathing was stertorous; features purple and swollen. Tracheotomy was determined upon, but before the necessary preparations were completed, the child ceased to breathe, although there was still a slight pulsation of the heart. The incisions were quickly made, and the tube inserted into an apparently lifeless child. The process of inflating the lungs was then commenced with forcible expiration and inspiration, until a long sobbing breath shook the frame. After doing this repeatedly the breathing at last became involuntary. The child recovered after wearing the tube twenty-eight days. The pertussis was severe.

JABORANDI IN OBSTINATE HICCOUGH.—Amongst distressing cases, both to doctor and patient, those in which

cholera int
no such hac
a mixture o
tion. The
were the ca
organs as pu
with them di
similar to th
might be in
be shown to
cholera patie
fuugus could
if cholera wa
cholera fungu

After some
Koch said th
manner not fr
given for accid
year in Calcutt
dance of water
position to the
ments to procur
bacillus, those m
had yielded a po
splenic fever an
spread by dry ob
in favour of a last

C

CAS

Under the care o

Z. K., a girl, æt.
1885. She had no
always enjoyed gooc
bilious attacks, whi
Twelve or eighteen
Manchester, being t
after some months, l

Jan. 23rd.—When
vomiting and severe
The tongue was clea
pulse were normal.
cerebral, and an effer
mustard poultices o
temple.

24th.—On the follo
"quite well." The v
there was a total abse

25th.—She was seer
lowing day, and was f
There was complete lo
and she could with di
tions. The pupils were
the influence of strong
and the pulse was too

26th.—On the 26th
she could not be roused
shown by the knitting o
The temperature was
evidently sinking.

27th.—She died early

Post-mortem Examin
rished, though pale.
cranium, the vessels ove
be very much congested
was completely blocked
the velum interpositum
which was much firmer a
each thalamus opticus the
the size of a florin, and in
half an inch or thereabout
very pale and flabby; the
the posterior surface was

but in the pure cultivation in Munich hown. Cholera did not appear to be ion and intoxication, but a pure infec- nust show whether Emmerich's rods he disease. They were present in the ivation had shown. Animals infected h vomiting and purging, symptoms cholera. Whatever the discussion to a cholera fungus, it would have to nison with epidemiological laws. If e not infected directly the cholera othing to do with the infection, and ndant on time and place, then the not be the ruling factor.

ks by Herr B. Fraükel, Professor merich's rods were obtained in a m objection, and every room was occurrences. The dry season of the *by no* means dry, the great abun- e city was only diminished. In op- tive results of the Munich experi- *oison from* pure cultivations of the Berlin, although not yet concluded result. No case was known, as in ll-pox, in which cholera had been Thus experience did not speak orm of the bacillus.

cal Records.

OF EMBOLISM.

r. EDWARD SKINNER (Sheffield).

was first seen on January 23rd, tory of previous illnesses, having alth, with the exception of slight were accompanied by headache. nths previously she had gone to *in good* health, and had returned ing very pale.

st seen she was suffering from ain *in* the left side of the head. but pale; the temperature and e vomiting was thought to be ng mixture was prescribed, and ed to be applied to the left

g day she expressed herself as iting had entirely ceased, and *of pain.*

ain on the evening of the fol- d in a semi-comatose condition. of motion in both extremities, lty be roused to answer ques- htly dilated, contracting under it; the temperature was rising k to be counted.

was much worse. Although e was still sensible to pain, as e brows when she was pinched. *higher*, and the patient was

the morning of the 27th.

m.—The body was well nou- opening the cavity of the he left temple were found to The middle cerebral artery a soft clot, and the vessels of re occluded by another clot, l harder. On the surface of was an area of redness about e interior of each an abscess in diameter. The heart was omach was also pale, and on e cicatrix of an old ulcer. The remaining organs were in a healthy condition, but more or less anæmic.

A CASE OF SUPPURATING CYST OF THE LIVER (PROBABLY HYDATID).

Under the care of Dr. C. W. CHAPMAN (Shepherd's Bush).

MRS. W., æt. 41, consulted me early in 1873 concerning a pain in the right hypochondrium. On examination a hard lump was discovered, apparently associated with the liver. On the possibility of the case being one of fæcal accumulation, aperients were given, but with no effect on the tumour. The pain, however, left, and nothing more was seen of her until her confinement, fourteen months afterwards, when the tumour was found unchanged. No illness requiring medical aid occurred until Dec. 29, 1883, nearly ten years from first observation, when she was attacked with severe pain in the epigastrium and vomiting, accompanied with jaundice. An elastic swelling the size of a small pear was now found under the liver and connected with it. In a few days the patient returned to her usual health, and although the presence of an hydatid cyst was suspected, it was determined to leave her alone.

On Feb. 3, 1884, there was a recurrence of the pain and vomiting. The swelling was now visible by its prominence, and was evidently very large. The temperature went steadily up to 103°, and on the third day of the illness the symptoms of exhaustion were so urgent that, with the concurrence and assistance of Dr. Pope and Mr. Ellis, I plunged an aspirator trocar into the swelling at a point two and a-half inches from the navel and one inch below that line. Three pints of stinking pus containing numerous boiled-tapioca-like bodies in it were drawn off, and after the cyst had been thoroughly washed out with carbolic lotion, 1 in 100, and about six ounces of the lotion allowed to remain, the puncture was sealed up, and a roller applied to the abdomen.

Twelve hours after the operation the report was there had been no vomiting, iced milk had been taken, and the temperature, which had been 104° shortly before the tapping, was now nearly normal. The recovery was complete and uninterrupted. At the present date the patient is in perfect health. Nothing satisfactory was made out on microscopical examination of the fluid, which was probably owing to its putrid state.

The chief points of interest appear to be the length of time the disease remained in a quiescent state, the large quantity of fœtid pus drawn off, and especially the treatment adopted in the place of making a free incision and leaving a drainage-tube, as usually advised. The only explanation of the success of the treatment that occurs to me is that, the capsule of an hydatid cyst being as described, tough and fibrous, it simply contracted on being emptied and thoroughly cleansed.

Transactions of Societies.

WEST LONDON MEDICAL CHIRURGICAL SOCIETY

FRIDAY, APRIL 10TH, 1885.

MR. F. LAWRANCE, M.R.C.S., in the chair.

SPECIMENS.

THE following specimens were shown by Mr. PERCY DUNN:—(1) Calvarium from hernia cerebri, after trephining, in a child; (2) Splenic infarct from pyæmia; (3) Secondary scirrhus of posterior wall of left auricle of heart; and Mr. KEETLEY produced two successful cases of osteotomy of the hip, and one of radical cure of umbilical hernia in an infant.

COLOTOMY IN DISEASE OF RECTUM.

In the absence of Mr. S. Benton, Mr. WHITMORE showed a man on whom colotomy had been performed with success for malignant disease of the rectum, and dwelt upon the advisability of resorting to this operation in these cases

found to
man dee
him no
on the c
of the sp
doubt di
causing t
attention.
was prese

Mr. AT
Favell. T
removed, h
years afte
forty-nine,
hæmorrhag
For the last
occurred at
before adm
suddenly sli
When first
weighing be
outside the
vagina by a
been tied wi
have been fo
being within
be very succul
ing. Examine
tumour was fo
degeneration.

Mr. W. W. B
son's disease. T
complaint to fri
with marked pig
anæmia, and exh
symptoms, viz., r
miscarriages, cra
weakness, was t
urine was saffro
had been made, a
capsules prepare
showing marked p
case remarking on
in pregnancy, and
Dr. LAW and D
the latter mention
his care, in which

Dr. BALDWIN sho
which the right
osseous plate, rende
specimen was of a m
who suffered from
a systolic bruit. De
Aortic valves thick
very atheromatous.
glased, as if painted
slightly dilated, and
Fatty changes were

H.

Dr. HARDWICKE,
particulars of a case
that a chill was the
each attack in this in
the account of the di
Watson, G. Harley, G.
Parry, Greenhow, Hass
He called attention to
with his own. The pa
adult males, in his ow
In the discussion whi
Messrs. Browning, Bal

THE Society of Arts
International Inventi
Friday, July 3rd

ged and heavy, but quite painless. The
rdly worth mentioning as it had caused
for four years. Mr. Barber commented
of the case, as microscopical examination
howed clearly its cancerous nature. No
s more extensive in the lumbar glands,
s and œdema which had first attracted.
ord was only slightly thickened, and fluid
tunica vaginalis.

ARGE VAGINAL TUMOUR.

ibited a large vaginal tumour for Mr.
an from whom the tumour had been
symptoms for twenty-four years, three
st and only confinement. She is now
s older owing to the regularly recurring
three weeks for the last seven years.
nths partial prolapse of the tumour has
a after any slight exertion; the night
into the infirmary, the whole tumour
, accompanied by profuse hæmorrhage.
oval mass larger than a child's head,
our and five pounds, was found lying
t attached to the posterior wall of the
edicle. This was divided after having
uble ligature. The uterus seemed to
out of the pelvis, the os only just
On section the growth was found to
l gangrenous changes were commenc-
the microscope, the structure of the
be fibro-cellular undergoing mucoid

DDISON'S DISEASE.

related some notes of a case of Addi-
ient, a female, æt. 33, attributed her
The case was a thoroughly typical one,
ion of the skin, excessive nervousness,
n. She had some other conspicuous
d attacks of menorrhagia and several
the muscles of her legs, and great
d with nausea and vomiting. The
ired. A post-mortem examination
roscopic sections of the supra-renal
Mr. Atkin were exhibited; these
gical changes. The relator of the
ntation, referred to similar deposits
ne cases of leucocythæmia.
NHAM took part in the discussion;
ase of exophthalmic goitre under
was deposit of pigment in the skin.

OMA OF HEART.

case of atheroma of the heart, in
ry artery was surrounded by an
he artery nearly impervious. The
t. 47, a heavy drinker when young,
anginal pains over the chest with
curred suddenly during an attack.
but free from atheroma. Aorta
ular substance on section looked
with gum. The left ventricle was
walls were thinner than normal.
on in the liver and kidneys.

OBULINUREA.

therham, read a paper giving
s nature under his care, showing
liate cause of the occurrence of
, and afterwards remarked upon
given by Drs. Elliotson, Prout,
on, Dickinson, Gull, Murchison,
bershon, and Stephen Mackenzie.
ses of the latter as compared
in Dr. Mackenzie's case being
dy, æt. 58.
sued, Drs. Dyson and Law, and
and the President joined.

---

ersazione will be held at the
Exhibition, Kensington, on

Proceedings of THE GENERAL MEDICAL COUNCIL.

ANNUAL SESSION, 1885.

FIRST DAY—TUESDAY, MAY 12TH.

The President, SIR HENRY ACLAND, M.D., K.C.B., in the Chair.

The President having delivered his address, which was listened to with considerable interest, and is referred to at length in another column, Mr. JOHN MARSHALL moved that the address be entered in the Minutes, remarking that it was fraught with most important and weighty matter. The motion having been seconded and carried unanimously, the appointment of a Finance Committee was the next order of business, following which

THE EXECUTIVE COMMITTEE

was ballotted for, the members returned being:—Sir H. Pitman, Mr. Simon, Dr. Haldane, Dr. Humphry, Dr. Quain, and Dr. Aquilla Smith.

TABLES OF EXAMINATIONS.

A table was received showing the results of professional examinations held in 1884 for qualifications granted under the Medical Act by the bodies named in Schedule A.

A table was received showing the number of exceptional cases that occurred during the year 1884 under Clause 20 of the Council's Recommendations on Education and Examination, together with a statement of the action taken thereon by the several licensing bodies.

A table was also presented showing the results of preliminary examinations in 1884, compiled by the Registrar from such returns as had been supplied by the examining bodies.

Dr. HAUGHTON moved that the tables be referred to a committee, and called attention to the fact that several bodies had sent no information to the Council on the subject; he said he thought that the returns should be thoroughly discussed in committee before being subjected to the Council.

The motion was seconded and carried.

The usual returns from the Army and Navy Medical Departments were received and ordered to be entered on the minutes.

A table was received showing the results of professional examinations in 1884 for qualifications granted under the Dentists' Act; also a communication from the College of Preceptors showing the results of the preliminary examinations of the College in March last.

Dr. PITMAN remarked that the returns from the College of Preceptors showed that there was almost every year a larger percentage of rejections.

Dr. HAUGHTON said it appeared from the returns that of 317 students only 12 had passed in mechanics, indicating, he thought, that there was something concerning mechanics which the Council's Regulations had failed to touch.

A communication was received in regard to the case of a registered practitioner against whom a complaint had been forwarded to the General Registrar by the Branch Council for Scotland. The Branch Council urged the importance of having the case ready to be dealt with at the present meeting of the Council. The Council deliberated on the subject in private, and were so engaged during the remainder of the sitting.

SECOND DAY—WEDNESDAY, MAY 13TH.

SIR HENRY ACLAND in the Chair.

NAMES STRUCK OFF THE MEDICAL REGISTER.

The name of GEORGE WASHINGTON EVANS, who was, formerly a member of the English College of Surgeons, and had been struck off the rolls of that College, was now ordered to be removed from the *Medical Register* for conduct infamous in a professional respect.

It was next resolved that DANIEL SUTHERLAND, of Glasgow, be summoned to appear before the Council to answer certain charges.

yield, but n
the resoluti
continued,
Students' R
students wc
there becau
lead to the
names of stu
Under the
the motion a

Dr. HUMP
cation condu
fore, but that
elementary m
a knowledge
quent examir
opening rema
the Council no
applied to me
studies. It c
Legislature tha
university in r
the particular
should be cond
was connected
and the examina
the best manne
consideration o
always taken tha
education of stu
versities, and ha
The examinations
high order, the r
Register being co
Medical Council, a
tion the examinati
with its own inferi
student was exami
knowledge of Eng
he wrote it, which
had formerly propo
now brought forwar
ties should be reque
the subject. They
only answer which c

Dr. CHAMBERS su
Oxford University
logic) was an essent
best taught by the L

Mr. SIMON said it
ing up a large portion
of the subject, they sh
be impossible to do ju
after the proposed dis
strongly sympathised
of Oxford as to the
examination in Englis
not think that the lit
will be lowered by yo
examination in the cas
of physics had been be
and the view that it
chanics should be a par
and be passed before re
lation in the case of the
taught *in extenso*, was
Council had continually
curriculum, trested as a
the subject of physics.
medical education, time
course of physics, but th
cal course only extended

Sir H. PITMAN said h
should be discussed in t
as early as 1859 it had reso
education should be event
boards of the national edu
General Medical Council;
passed at subsequent perio
the examinations in genera
universities, why should it
whether the examinations
cognised by the Council?

gard to subjects of general education. If
ed by the Council at its last session were
udents would cease to appear on the
. That would be undesirable, since the
able to say that they had ceased to appear
aimed at a higher education, and it would
tion that the Register only contained the
who had received a minimum education.
tances he did not propose to vote for
) be brought forward by Dr. Humphry.
oposed: "That the examinations in edu-
y the universities be accepted as hereto-
y of these examinations the subjects of
ics of solids and fluids are not included,
subjects should be required at a subse-
" The President, he said, had in his
ated that the Legislature had intended
e mandatory but hortatory, and if that
studies *a fortiori* it applied to general
never have been the intention of the
Council should be mandatory on the
ice to general studies, and still less to
) in which an examination in English
. The great work of the universities
he general education of the students,
were conducted in what was considered
nen who had devoted their lives to the
) subject. The Council had almost
w; it had been anxious that the general
should fall into the hands of the uni-
ssed several resolutions to that effect,
nducted by the universities were of a
ites for admission to the Students'
rably beyond the requirements of the
hat the Council should refuse to sanc-
because they were not in accordance
lans seemed scarcely credible. Every
in Greek as well as Latin, and his
was shown by the manner in which
perhaps the best possible test. He
a similar resolution to that which was
at it was suggested that the universi-
to give the Council their opinions on
done so, and they had given the
d be expected from them.
rted the motion, and said that the
always held that grammar (with
part of education, and that it was
grammar.
very disappointing that, after giv-
the last session to the consideration
ld now be returning to it. It would
ce to Dr. Humphry's motion until
sion on professional education. He
h the view taken by the University
lesirability of instituting a special
The University stated: "We do
ry character of medical students
not insisting on a special English
Oxford students." The question
the Council on several occasions,
taken was that elementary me-
the earlier education of students,
tration; but to press such a regu-
iversities, where the subject was
culous. The point on which the
isted was that the purely medical
inimum, should be relieved from
five or six years were given to
ld no doubt be spared for a full
was not the case when the medi-
er forty-five months.
was surprised that the subject
Council in the year 1885, when
ed "that examination on general
ly left entirely to the examining
tional bodies recognised by the
nd similar resolutions had been
s. If the Council thought that
education should be left to the
now be discussing the question
f the universities should be re-

Dr. WATSON said the subject had been thoroughly threshed out on previous occasions. They had repeatedly expressed their confidence in the competency of the Universities to conduct examinations for preliminary education, and it was hard that those bodies would not do what the Council required, but would insist on doing something that the Council did not want. To have a student coming up without having passed the examination in elementary mechanics created much confusion in regard to all licensing bodies, and there was an uncertainty as to whether the student still required to be subjected to such an examination before he was permitted to go in for a professional examination. Men had come up for the professional examination, and when they had passed it had been discovered that they had not passed the examination in elementary mechanics. There ought to be one rule for all students, whether coming from the Universities or elsewhere. If the Universities carried out their threat, and allowed their students to go on without registration, all he could say was that those students might undoubtedly obtain University degrees, but they would not be able to obtain licences to practise from the corporate bodies.

Dr. STRUTHERS said that the Council had already by a large majority passed a resolution as to English, and it was absurd to ask it six months afterwards to reverse its decision. The Council had also decided that elementary mechanics should be passed before registration, and it would be a complete waste of time to reopen the question. The only reason for reconsideration was the opinion expressed by the Universities. What would be said if one of the Scotch Universities had tried to defy the Council in the same way? He moved as an amendment: "That in reference to the letters now received from the University of Dublin, the University of Oxford, the University of Cambridge, and from Queen's College, Cork, the Council sees no reason to depart from the resolutions adopted at the last meeting in regard to preliminary examination for the registration of medical students."

Dr. WATSON seconded the amendment.

Dr. PETTIGREW supported the amendment, and expressed a hope that Dr. Humphry would withdraw his motion.

Dr. BANKS supported the motion. The Oxford examination in English was perfectly adequate; and as to Dublin University, it could not be expected to alter its regulations at the bidding of the Council.

Dr. DUNCAN, in supporting the motion, said it was absurd for the Council to say that they would not be satisfied in regard to English with that which satisfied the University of Oxford. The difficulty as to elementary mechanics, which was not included in the preliminary examination at the University of Dublin, would be easily overcome by Dr. Humphry's proposal that the subject might be taken in a subsequent or separate examination.

The debate was then adjourned.

THIRD DAY.—THURSDAY, MAY 14TH.

PROCEEDINGS commenced with the adjourned debate on the motion and amendment for

REGULATIONS FOR PRELIMINARY EXAMINATIONS

by Mr. Macnamara, Dr. Pettigrew, Mr. Marshall, Dr. Storrar, Dr. Banks, Mr. Collins, and Mr. Simon, when the amendment was put to the vote and lost, and the original motion carried by a majority of 14 to 4.

THE NEW PHARMACOPŒIA.

Dr. QUAIN, as chairman of the Pharmacopœia committee, then brought up the report on the New Pharmacopœia, promising that as soon as complete copies were ready they would be sent to each member of the Council for suggestion, and if not returned within a month it would be concluded that there was no suggestion to make. One hundred more pages had been added, and he thought it should be provided at cost price to members of the profession.

Mr. MACNAMARA said he must allude to the great zeal and ability displayed by Dr. Quain, and proposed that the report of the pharmacopœia committee be adopted. He proposed that the warmest thanks were due, and hereby tendered, to Dr. Quain for his invaluable exertions in framing the Pharmacopœia. All suggestions made by the committee had been courteously received at his hand.

Dr. BANKS said it had been an enormous advantage to have such a man as Dr. Quain on the pharmacopœia committee. He had great pleasure in seconding the proposal.

to every sys
of examina
the use of
visits shoul
these very l

Dr. AQUI
grave consic
lated in the
about £20,0

Sir HENR
motion, sinc
to a sense of
reduce the fe
said it was n
of Parliamen
surely the Ph
of the physi
recommendati
was simply as
Not how to
otherwise expe
to put forward
much favour, v
duty of the Co
with it. By n
committing a
best spent? Vis
bodies did not
visitation costs
fee of £5 to £3,
were sent to the
boards took no n
motion.

Dr. LYONS mov
man. He said it
inquiry. He mov
committee be app
if any, the accu
Council can best
mity with the du
Medical Act."

Sir HY. ACLAND
years ago there wa
were simply asking
matter.

The amendment w

Dr. AQUILLA SM
Council was bound
of those who had sp
Council should not a
consent.

Dr. STORRAR thou
mitted to a committe

Dr. WATSON thou
Henry Pitman's moti

Dr. QUAIN said he
It was an inquiry int
research might exten
that only a few hun
amount had been dis
with pharmacology fr
how the Council could

The amendment wa
was also put to the vo

Sir HENRY PITMA
which was accordingly

THE REPORT

was then read.

Dr. QUAIN moved th
Dr. HAUGHTON seco
This was carried una

Motion by Mr. MA
that the first princi
biology should be regu
scientific training, and o
the commencement of
point to consider was wh
men for public use. The
career than go on and do
excellent body of men,
suggestion. Taking an a
students is 1,842, and only

nd branch of examination. An annual report would be highly useful. What would be ge system of visitation in each year; the nade in each month of each year, and for funds would be required.

MITH said these financial matters required on. One-half of the £38,000 had accumu- year of the Medical Council. That left, about 27 years.

'MAN said he did not regret bringing the ad aroused the Members of the Council duties. They might have been able to the last seven years. Many speakers had hin the powers of the Council by the Act apply this money as he suggested, but opœia would be improved by the report al action of drugs. Some time ago a id been made for this very purpose. He for a committee to consider the subject. to spend it, but how it should be . It was very clever of those gentlemen oposition which was sure to meet with ie reduction of the fee. It was not the to hoard this money, and to do nothing plying it to a useful purpose they were dereliction of duty. How could it be ns were very useful when the examining uct their examinations properly, but a y as much as reducing the registration then what was the return? Reports ensing boards, of which the licensing). He said he would not withdraw the

o amend the motion of Sir Henry Pit- important to give a general power of an amendment as follows:—"That a ed to consider and report in what way, ated funds of the General Medical applied for the public good in confor- imposed upon the Council under the

this was only a committee. Twenty uch discussion on this point. They r a committee to inquire into the

seconded by Dr. Pettigrew.

supported the motion. He said the take issue upon the motion. Many n were starting a new subject. The any change without Sir H. Pitman's

that the question should be sub-

it was much better to accept Sir as it stood.

remembered the former discussion. he properties of drugs. Scientific roughout nature. It has been said l pounds were required, but this sed from year to year. We dealt different journals. He did not see dertake this proposal.

t to the vote and lost. The motion nd lost.

quested the names to be taken, ie.

FINANCE COMMITTEE.

ie report be adopted.

!.

ously.

IALL:—"That it is desirable of physics, chemistry, and l as branches of a preliminary examination, to be taken before urely professional study." The was the best mode of training ad better drop off early in their thing. If the public wanted an will obtain it by adopting his ge of nine years, the number of 00 qualify. If some difficulty is placed in the way to prevent men entering the profession all the better. If the first year were devoted to substantial training in first principles it would be highly desirable. Is that training to be conducted in schools? That was a great danger. Schools were utterly inadequate to undertake the task. From the last report of the Cambridge local examination it appeared that the phenomena and principles were quite unreal to the senior candidates. In the subject of heat the juniors were rather worse than last year. It was futile to rely upon the schools, we could not expect that they would supply the want. A sound efficient knowledge of physics, chemistry, and biology was required. He wished to include the principles of mechanics. It was possible that it might be taught too largely and too highly. These subjects should be taught in a preprofessional manner. Many medical men in the treatment of nervous disease used electricity, and how were they to know anything of the continuous or intermittent current. A knowledge of the structure and function of animal tissues was very necessary. A sound scientific course of animal and vegetable physiology would facilitate the student in his studies in the dissecting-room. If this instruction were adequate it would shorten the time for the student, and if it lengthened the time, what then? The great object was to raise the profession. The higher members could raise themselves. If we raised the lower ranks the higher ones would look after themselves. The sooner men find out they are unfitted for the profession the better. Let it go to the world that the Council consider it desirable that men should get a preliminary insight into scientific matters. Is it, or is it not, desirable, let the Council say.

Mr. SIMON seconded the motion, and said that he had a special interest in the subject. As subjects get more numerous so it is incumbent on those who possess any interest in it to legislate on the matter. At the commencement of medical study it was most important to get these scientific subjects treated as preliminary. The student should know the elements of biology, &c., before he begins to dissect. Progress in physiology was more rapid to the student who had a preliminary education. Without such education he did not follow the scientific terms. He should get a spattering of the terms of each only. Think of the shortness of forty-five months for all that has to be learnt. It is certainly not sufficient time. *Non numerantur sed ponderantur.* He was quite prepared to say that forty-five months might be enough for a man with preliminary knowledge, but at least fifty for him who has it not. H is not obliged to learn them in a medical school. Let him learn it how he chooses. If he has acquired this knowledge he may do with forty-five months, if not fifty months. A modest laboratory would be all required. He earnestly hoped the resolution would be approved.

Dr. PETTIGREW asked: Does Mr. Marshall purpose to strike out chemistry from the medical curriculum. He feared that chemistry (a most important and fundamental subject) would be but very badly got up. It was too important to be treated in this way. In the Scotch universities 100 lectures were delivered on chemistry during sixteen months. There were more rejections in chemistry and zoology and botany than in any other subject. Biology was a vague term. To teach it properly we should deal with living specimens. If we take chemistry out of the curriculum we virtually take it out of the medical course. It would have been better if Mr. Marshall's motion had been deferred until the whole curriculum had been discussed. The temptation was to cram. There was not time for all the subjects. Improving the memory would not always improve the judgment. He would be inclined to make a judicious selection rather than to force on so many subjects.

Dr. BANKS thought the curriculum should be extended; the number entering the profession was certainly too large. The tendency was for the student to get to a higher position than his father; this was particularly seen in Germany among those who ought to have adopted the trades of their fathers. He was glad that Mr. Marshall left the universities to take care of themselves. We must recognise two grades in the profession: one for general practitioners, the other for consulting physicians and surgeons. No duty was so incumbent upon the Council as to elevate the profession in every possible way. In Germany there is an aristocracy, as it were, of the profession and a lower grade.

Professor HUMPHRY said this resolution was the enunciation of a principle. In accordance with the feeling of a

collect hi
into the
the huma
scientific
the time
chemistry
general li
relations
As to th
the study
term free
systematic
relation t
of life.
general an
part of it
tion in the
better, for
marked mar
he could lea
as to prolong
Council to d
very objecti
it would be i
care of itself.
in one mesh
stupid. This
nary course.
present.

Mr. SIMON s
biology as *gi*
secondary, if n
to preliminary,
ture would he
the subject wou
be more time al
ledge required
to be unanimous
his anthropologi
of chemistry, ph

Dr. QUAIN sai
the present phy
to deal with dise
self thought not,
yes or no, and h
Sir HENRY AC
not. He spoke o
in medical studies
subjects, or non-
called them.

Dr. LYONS said i
to trot through le
Not less than two
the acquirement o
only set up a serie
was the length, cl
and what sort of t
enter upon the stu

Dr. HAUGHTON
struck by Dr. Cha
the subject. The
could not take the
Marshall's proposit
recommended the
years. He did not a
career. He intend
He considered the
Greek word.

Dr. STRUTHERS sa
years or a sham kno
well trained in Latin
a smattering knowle
word biology was a
speak of the biologic
the University of Lo
mination. He shoul
ment.

The PRESIDENT pu
Mr. Macnamara.

The amendment wa
Mr. MACNAMARA re
The PRESIDENT then
This was also lost—

its and his butterflies, but not dive deeply
es. Between the school study and that of
y there was required a period of preliminary
ning. He should be a medical student at
was studying chemistry. Now the kind of
he should know should be as follows:—The
the subject, viz., applied chemistry in its
ysiology, pathology, and materia medica.
biology he considered it to comprehend
ving things. Professor Foster used the
It implied a general idea of the general
angement of plants and animals, their
inorganic world, the general principles
this course be introduced between the
rely professional study? or shall it be a
pposing a man must pass an examina-
jects before he can register, it was all the
once became a medical student he was a
ould not leave it, but if he was not so marked
and is fitted for many other grooves. Now
he curriculum. It was not desirable for this
a minimum. Prolonging the minimum was
e. It would make some men more lazy;
ng the best men. Let the minimum take
ake a law for all men. You thus include
ndustrious and the lazy, the clever and the
ion should be insisted upon as a prelimi-
same examiners will be appointed as at

he agreed with the vindication of the word
by Professor Marshall. It was quite
rivial, the mere application of the word as
ermediate, or what not. The nomencla-
ter have to be considered. Underlying
be the question whether there then would
ed. Fifty years ago the amount of know-
very small. He would ask the Council
deciding that a man before he commences
studies shall have some general knowledge
ics, and biology.
e must ask Mr. Simon did he think that
ns and surgeons were really better able
than those of fifty years ago? He him-
t was simply a question of five years,
was that five years to be spent?
D said it was a question of five years or
e Oxford rules. Four years were spent
ter having studied many of the scientific
hropological specialities, as Mr. Simon

as not the intention to merely allow men
res on chemistry, physics, and biology.
ears' serious study could be applied in
hese. If less were required we should
"bogus" examinations. The question
acter, and quality of the examination
was to be proposed before a man could
of the profession.
the key-note of the matter had been
ers. They were wandering away from
dy was limited to four years. They
porations by surprise by passing Mr.
. Let them say downright that they
horities to make the curriculum five
the hardship of stopping the student's
to vote for the five years' curriculum.
rm biology to be a half-starved bad

the subject in hand either meant five
dge. He would rather have students
d Mathematics than coming up with
of chemistry, &c. He thought the
nvenient one. It was customary to
ciences. The great complaint against
n was its preliminary scientific exa-
vote for Mr. Macnamara's amend-

o the meeting the amendment of

ost.
ested the names.
ut the original motion.
or, 10 against.

THE REGISTRATION FEE.

Mr. SIMON moved, seconded by Mr. MARSHALL—"That it be referred to the Finance Committee jointly to inquire and jointly to report their opinion to the next meeting of the Council, whether the registration fee of £5 now charged to each person who enters the medical profession is more than enough to provide for the full efficiency of the Council in all its branches of duty, and whether the Council might properly proceed to make a reduction of the fee."

Dr. HAUGHTON said he strongly objected to this course. The Council should decide for themselves. No one had complained of the registration fee. Why make a reduction of forty shillings once in a man's life. He should vote against it.

Dr. CHAMBERS said this money was derived from contributions. It was demoralising that this money should go on accumulating; purely a rational Pharmacopœia would be the greatest boon. He could not see why the fees of their successors should be reduced. It was quite unjust.

An amendment that the matter be decided now by the Council itself was put to vote and carried.

The fees, therefore, remain as they were.

Dr. CHAMBERS moved—"That the Council sanction the following decree passed by the Convocation of the University of Oxford, February 24th, 1885:—'That no person shall be henceforward presented for the degree of Bachelor of Medicine who has not passed a qualifying examination not only in medicine, but also in surgery and midwifery before the Examining Board for England, unless or until an Examining Board be appointed by the University for that purpose.' And that the Council also sanction the adoption by the Colleges of Physicians and Surgeons of England of the following resolution of the Committee of Management of the Examining Board for England of the said Colleges:—'That every member of an English University who shall have passed such an examination or examinations at his University as shall comprise the subjects of the first and second examinations of the Examining Board for England, and who shall have completed not less than four years of medical study according to the regulations required by his University, be eligible for admission to the third or final examination of the Board two years after his having passed all the other required examinations.'"

After some lengthy remarks from Dr. CHAMBERS,

Sir HENRY PITMAN rose and said he did not think this was a matter with which the Council could have any concern; and after some discussion it was decided to adjourn the meeting and postpone further consideration of the subject until the following Monday.

MR. ARTHUR TREHERN NORTON, F.R.C.S., of St. Mary's Hospital, London, has been appointed Examiner in Surgery in the University of Durham.

THE annual meeting of the Irish branch of the British Medical Temperance Association will be held in the Royal College of Surgeons, Dublin, on Tuesday, June 2nd. The chair will be taken at 12 noon by the President, Deputy Surgeon-General F. L. G. Gunn. The meeting will be open to all members of the medical profession.

THE well-known French military surgeon M. Legouest, the *Inspecteur Général du Service de la Santé de la Armée* (equivalent to our Director-General of the Medical Department of the Army), has just been placed on the reserve list, and is to be succeeded in his high office by Medical Inspector Didiot, who is now Director of the Medical Service at the Ministry of War.

A STRIP of waste land adjoining St. Thomas's Hospital on the Thames Embankment, is to be at once laid out as an ornamental garden for the public use.

fitness to e
facilities for
nately, be at
Council, no l
conduct bein
safely presum
deal with such
list of delinque

It would pe
address thus bri
it foreshadows a
than any recent
readiness to be
Council, and every
made to fan the fe

THE ELECTION C
COLLE

IN consequence of
new charter of the Iris
provisions of which is
schools shall be eligible
necessary for the Counci
second time, the election
tended to hold on the fir
fixed for the 27th instan
plete reorganisation of th
effected. Heretofore eight
without any definition of th
to examine, that definition
quent arrangement between
Two examiners took part in
the four tables, one to condu
other to "assess," but the func
questionable, inasmuch as he
vote upon the answering, or
result, except by a conversation
with the other examiners. As t
who were recognised as specially
anatomy or in surgery was never
the consequence was that the "as
quently filled by a gentleman who
cine, or materia medica, or phy
nomine, the same observation app
tions in these latter subjects. The C
considering very justly that a nom
examination between two examine
that an actual division could not tak
were equally qualified to examine an
to enlarge the court to twenty membe
of two specialists being conjoined in co
mination at each table in their own sp
been arranged that Examiner A. shall p
to Candidate No. 1, while Examiner B.
questions and suggests a modification t
able, and that both examiners shall vote up
ing at their table. The questions thus n
to be passed on—with the Candidate No. 1
miners at the next table, in order that the
danger of questions being given in duplicate.
No. 2 will then take his place at the first ta

with absolute authority. Abundant
iscussion of this matter will, unfortu-
in the course of this meeting of the
an thirteen cases of professional mis-
en for hearing before it. We may
the need for absolute authority to
ecomings will also be shown ere the
eferred to is finally disposed of.

be going too far to describe the
outlined as practical, in the sense that
n; but, in a much greater degree
lar composition, it suggests that a
ed into activity is aroused in the
ort within and without ought to be
flame.

EXAMINERS AT THE IRISH E OF SURGEONS.

ie delay in the completion of the
College of Surgeons, one of the
iat in future teachers in medical
for examinerships, it has been
of the College to postpone, a
of examiners which it was in-
t Tuesday in May. It is now
t, and, in anticipation, a com-
ie examining system has been
; examiners have been chosen,
ie subjects in which they were
being left entirely to subse-
i the members of the court.
the examination at each of
uct the examination and the
ection of the latter was very
) did not give questions or
: in any way influence the
onal interchange of opinion
i the number of examiners
lly qualified to examine in
er more than four or five,
'assessor's" chair was fre-
hose speciality was medi-
physiology, and *mutato*
applied to the examina-
e Council of the College,
ominal division of the
iners was useless, and
take place unless both
) and vote, has decided
mbers, so as to allow
in conducting the exa-
en speciality. It has
hall put the questions
r B. notes down the
tion thereof, if desir-
ote upon the answer-
:hus noted down are
) No. 1—to the exa-
iat there may be no
plicate. Candidate
first table, and the
questions will be put to him by Examiner B., while Examiner A. in his turn notes the questions. This alteration of system is—from every point of view—worthy of approval, for it will greatly diminish the chance of any candidate passing or "sticking" upon his answering to any one examiner, and it will place every member of the court under a responsibility to give his best attention to the examination on which he is to vote.

The alteration in system of examination in the Irish College of Surgeons above referred to has—from its financial aspect—been the subject of some misunderstanding, it being generally concluded that, if twenty examiners are to be paid instead of eight, as at present, either the expense to the College must be greatly increased or the emoluments of the examiners greatly diminished. These apprehensions are not, however, to any great extent true. The College will be no poorer by the arrangement, because it pays its examiners per candidate examined. The emoluments of examiners will be less only so far as the holding of special departments of examination is restricted to specialists in that department. The anatomists who at present "receive fees for assessing" materia medica examinations, and the physicians who assess surgical examinations, will cease to do so, and will be *minus* the consequent fees, but these fees represent only a small percentage of their emoluments, and will not involve serious loss to them.

The Courts of Examiners of the Irish College of Surgeons to be elected on the 27th are as follows:—

For the Licence and the Fellowship:—Four Examiners in Anatomy; four in Surgery and Surgical Pathology two in Physics, Chemistry, and Medical Jurisprudence; two in Pharmacy, Materia Medica, and Botany; two in Medicine and Therapeutics; two in Midwifery and Gynæcology; two in Ophthalmic Surgery; and two in Physiology and Histology.

For the Diploma in Midwifery—Three Examiners.

For the Examination in General Education—Three Examiners.

All Examiners must be Fellows of the College, and it has been declared by the Council that not more than two of any Court should belong to the same Medical School.

Notes on Current Topics.

Insectivoromania.

CIVILISATION is usually supposed to carry in its wake improvements in the manners and customs alike of communities and of individuals, and to provoke the neglect of habits that are associated with conditions more or less distinctly savage. This desirable order of things, however, in sought to be reversed by the author of a work which, published in a cheap form by Messrs. Field and Tuer, of the Leadenhall Press, is presumably designed to attract general attention, and the title of which is "Why not eat Insects?" In the opinion of the author of this singular production, an appetising relish is to be found in boiled caterpillars, fried grasshoppers, and grilled cockchafers; and he complains loudly of the national neglect accorded to his favourite articles of diet.

T

NOVELTY i
of the Genei
tion to prom
profession in
introduced t
demands sp
for some suc
simple relati
being a suffic
meet us on e
important sul
which Prof. M
the problems
both many and
will naturally
of commissione
it is not too mu
will be a solid g
are glad to find
reception, and
Marshall, Dr. F
been nominated t
the speech deliv
of the committee

HIS Excellency
written a letter t
city of Cork, offeri
appreciation of the
ception of the Prin
sion of their Roy
Wycherley is an M.
member of the Lon
tiate of the Dublin

The Budg

A CORRESPONDENT
Journal points out th
ous difference in the
and infirmaries if it b
of spirits are used in
bear an increased dut
which all drugs contai
be increased in price.
wholesale drug house
price list, about to b
rectified spirit will be
spirit tinctures threepe

The Army

SURGEON-MAJOR Bo
issued (H. K. Lewis, L
statistical tables, endea
information as are of m
officers, in respect to the
tion, and the dates on wh
lations, they must perfor
his work must have cost
How far the tables cont
purpose can only be jud

State of the Profession.

unusual an element in the proceedings
edical Council that the brilliant sugges-
n inquiry into the state of the medical
United Kingdom, which Prof. Marshall
fellow-members on Wednesday last,
mention. Undoubtedly events call
estigation as that proposed, for the
of supply and demand are far from
explanation of the anomalies which
hand in professional life. One very
that requires enlightenment is that
ll denunciates "waste and supply," and
facts in this connection afford are
cult to solve. Incidental questions
in legionary numbers to the minds
pointed to conduct the inquiry, and
hope that the outcome of its labours
o the profession of medicine. We
t the motion met with a favourable
a committee consisting of Prof.
ane, and Dr. Aquilla Smith has
rry out the intentions expressed in
by the mover. The conclusions
be anxiously awaited.

Knighthood.

Lord Lieutenant of Ireland has
r. Wycherley, High Sheriff of the
him the honour of knighthood in
ding part taken by him in the re-
nd Princess of Wales on the occa-
Highnesses' visit to Cork. Dr.
of St. Andrews of the year '45, a
College of Surgeons and a Licen-
othecaries Hall.

and the Hospitals.

the *Hospital Gazette and Students*
the new budget will make a seri-
penditure of our large hospitals
omes law. Enormous quantities
me hospitals, which will have to
f two shillings a gallon, besides
g spirits of wine and ether will
he manager of one of the large
cently stated that in their new
ssued, all tinctures made with
repence per pound, and proof
per pound dearer.

Medical Service.

AU, in a little *brochure* just
lon), by means of a series of
irs to embody such items of
t importance to army medical
respective chances of promo-
h, according to present Regu-
retire. The compilation of
immense amount of labour.
ned in it fulfil their intended
d of as individual medical
officers reach the conditions to which those tables are intended to apply. For example, Surgeons-Major A. and B. imagine they stand a chance of promotion in ten years. A. has only three seniors (in rank) younger in age than himself; B. has thirty. Which of the two has the best chance of promotion? To solve that problem, and others equally interesting to individual members of the medical service, is the object of the *brochure*, which will accordingly, we doubt not, be perused with avidity by those whom it most directly concerns.

Medical Advice for Prisoners.

IN consequence of the numerous representations which have been made as to the treatment of persons arrested for alleged offences, and especially to prevent a recurrence of the mistakes sometimes made when prisoners suffering from illness have been treated as drunken persons, the Secretary of State has issued a circular to the police authorities throughout England, directing that strict orders should be given to the police that when any prisoner complains of illness, shows symptoms of illness or of being in a feeble state of health, whether he make complaint or not, the police-surgeon should be summoned and the prisoner medically examined. If a prisoner is found to be suffering from serious illness, a report as to his health is to be presented to the magistrates.

An Agreeable Colleague.

APROPOS of our recent remarks of Continental appointments, the Padua correspondent of the *Allgem. Wien. Med. Zeitung* says that Professor Brunetti is not so well known for his labours in preserving and preparing bodies as for his contentious and restless nature, for the eccentricity of his character, for the very high opinion he has of himself, and which borders on the "exalted" ideas of insanity which impels him ever and everywhere to wish to play the leading *rôle*. He has succeeded in living a life of open and not loyal strife against all his colleagues, against the various Presidents and Rectors of the University down to the last one.

The Government and the Medical Bill.

WE have it on what we regard as the very best authority that the Government, notwithstanding all recent complications, intend to reintroduce the Medical Act Amendment Bill this Session, *provided* about sixty of the two hundred or more amendments which were on the paper last year be withdrawn. This is their sole condition. The remaining amendments they apparently disregard, as being insignificant. Now it was on these sixty amendments that we made some very strong remarks in our impression of 18th of February last, and to our observations on that occasion we would at the present moment direct attention. We will merely add now what we did not state then, that, considering these sixty amendments are of such a character that no one connected with the Government, and not one of the professional advisers of the Government, has been able, at any time, to assign any grounds for the refusal to accept them, it is an astounding thing that the Government do not embody these amendments in the Bill, as was done with certain other amendments in February, 1879, when the Bill (the

UNIVERSITY OF EDINBURGH.—The late M farmer, sometime of Dalhousie Chesters, Grove End, Broomieknowe, has bequea Infirmary and the University of Edinbur and £1,000 respectively.

DEATH OF A CENTENARIAN IN BANFFSI died on the 6th inst. at Stocktown, Ba The old lady's mind was clear and uncl and until very recently her bodily faculties

MORTALITY IN GLASGOW.—For the w Saturday, the 9th inst., the deaths in Gl rate of 24 per 1,000 per annum of the pe pared with 28 in the previous week, and the corresponding periods of 1884, 1883, tively.

THE HEALTH OF EDINBURGH.—The morta for the week ending with Saturday, the 1 and the death-rate 18 per 1,000. Disea accounted for at least 50 deaths, and zym of which 1 was due to diphtheria and 6 to

Literature

HARRIS AND POWER'S MANUAL PHYSIOLOGICAL LABORATOI

THIS work has met with a rapid sale, so tl years three editions were required. This cir is sufficient to guarantee the value of the wo that it satisfied a keenly felt want. The t are joint teachers at one of the largest metro schools, and may, therefore, be supposed to be not only with the achievements of that part o may be called progressive, but also with capabilities of the students, for whose spec the volume is intended. Laboratories for the classes of students in practical science (excep the laboratory for which bears the time-honc "dissecting-room") are creations of the la Chemistry was the first science, for the syster of which special arrangements were made, "laboratory," originally signalising a buil distilling of mercury from its ores, was n transferred to buildings or rooms for the carry kinds of scientific chemical operations. A importance of physics and chemistry i of the vital functions had been recognised desirable to base the study of the science of medicine more immediately upon an extended the mere natural sciences as distinct from app and consequently medical students were req to attend lectures on chemistry, but also to ol proficiency in chemical operations, and acquain principles of stoichiometric precision. Out of medicine as the art of recognising and trea disease, and of pharmacy as the art of procuri ing medicines, arose the art and science of che in its turn, by its application to the production pleasing articles, such as dyes, or soap, or instrumental in advancing general philosophy, supposed that the more one had learned, the m do, laboratories became crowded with students for scientific careers, such as those of teac pursuits, such as those of manufacturers. N development of the microscope as the means o the finer or intimate structures of the body, demanded that the medical student should be with microscopic as well as macroscopic a Liebig had established the first public lab students in chemistry, so Henle, about 1850, es Heidelberg the first public laboratory for micr course these powerful examples were imitat

(a) "Manual for the Physiological Laboratory." By Vi Harris, M.D. (Lond.), and D'Arcy Power, M.A., M.B. (Oxf Edition, with forty illustrations, crown 8vo, 222 Baillière, Tindall & Cox.

DINBURGH.—The late Mr. Robert Hunter, of Dalhousie Chesters, latterly residing at ucknowe, has bequeathed to the Royal University of Edinburgh sums of £8,000 ively.

TENARIAN IN BANFFSHIRE.—Mary Grant t. at Stocktown, Banffshire, aged 101. l was clear and unclouded to the last, ly her bodily faculties were unimpaired.

LASGOW.—For the week ending with st., the deaths in Glasgow were at the er annum of the population, as com- previous week, and 29, 31, and 26 in iods of 1884, 1883, and 1882 respec-

BURGH.—The mortality in Edinburgh th Saturday, the 9th inst., was 86, per 1,000. Diseases of the chest 9 deaths, and zymotic causes for 7, iphtheria and 6 to whooping-cough.

Literature

ER'S MANUAL FOR THE L LABORATORY. (a)

a rapid sale, so that in about four quired. This circumstance alone e value of the work, and to show lt want. The talented authors he largest metropolitan medical e supposed to be well acquainted its of that part of science which but also with the wants and for whose special instruction oratories for the instruction of l science (excepting anatomy, the time-honoured name of tions of the last fifty years. , for the systematic teaching ts were made, and the term alising a building for the ores, was not improperly ls for the carrying on of all perations. After the great chemistry in the study n recognised, it was found he science of surgery and an extended knowledge of nct from applied medicine, its were required not only ut also to obtain practical and acquaintance with the ion. Out of the wants of g and treating or curing of procuring and prepar- ence of chemistry. This production of useful or r soap, or beer, became hilosophy, and as it was ned, the more one could students who prepared e of teachers, or for turers. Now came the e means of recognising he body, and it was should be acquainted scopic anatomy. As ublic laboratory for 1850, established at for microscopy. Of e imitated in most

universities where medical science flourished, though in some they found admission only by external pressure, after much useless, and in some cases mischievous, resistance. Some teachers of physiology, conceiving afresh the long dried up enthusiasm of Haller for the advancement of science by the agency of student workers, enlarged the practical microscopical courses to systematic teaching of, and inquiry on, the whole subject of physiology commonly so-called, and thus arose with the aid of liberal curators of university funds, or of enlightened ministers and legislators, those institutions specially dedicated to physiology, its teaching, advancement, and practical culture.

A factor now intervened to give to the studies carried on in these institutions a special direction, this was the great development of that part of electrical science which arose out of the observations of Galvani made on frog's legs, which Madame Galvani was preparing for dinner. Galvanism of the mild form became intertwined with the physiology of nerve and muscle, and the enthusiasm went so far that galvanism and nerve power were declared to be identical. From this climax of error ensued a quick return, and the electric specialisation of physiology received a wholesome check, so that at the present day it is confined to a very few institutions, and even there is in an asphyctic or transitional state.

Hand in hand with this specialisation went a great development of machinery for recording, with or without enlargement, certain movements of the body and its parts; anything that had a rhythm was timed, counted, and recorded; and the varying lines, called curves, were stored, compared, discussed, and made the bases of many speculations, some legitimate, some transcendental, but on the whole interesting, and affording much innocent amusement. Such machinery could be seen in great perfection at the Exhibition of Scientific Apparatus, which took place in South Kensington a few years ago. So small an object as an excised frog's heart could be fixed to a manometer and made to write the volume of its contraction round a salt-solution upon a timed revolving drum. It is really an awfully pretty experiment, and as no licence is required for pithing a frog and excising its heart, it is accessible even to the untutored tyro in the philosophical atmosphere of his suburban back parlour. This revolving machinery was perfected at Marburg, by the then privat-docent Ludwig, and in its application to phenomena connected with the circulation and the secretions, has led to marvellous developments, volumes of records, and scores of disciples and imitators. Microscopy had been treated of in many a special work, and even physiological chemistry so-called had found an enthusiast here and there to write, and a liberal and venturesome publisher to undertake the printing of a work on the subject. But the experiments with machines on living animals had only been described in those hidden archives which record the periodic exploits of professors and their disciples. They had never been put forth systematically, as set tasks for medical or other students. This want was supplied by Professor Burdon Sanderson and his coadjutors, Drs. Brunton, Forster, and Klein, in their work entitled "Handbook for the Physiological Laboratory," London, 1873. There can be no doubt that this work had a considerable effect upon the study of physiology in this country, for it excelled even German works on kindred subjects in the description and representation in a most costly volume of plates of complicated and valuable machinery, of microscopic drawings, of crystals, spectra, and curves. But its very excellencies roused the susceptibilities of a class of unthinking persons, and the Handbook became the *bête noire* of the anti-vivisectionists. The result is known and lamentable. But a better consequence was the spirit of emulation which the handbook roused in the younger generation, and to this spirit we owe the Manual before us. We have no doubt our authors found that the Handbook was rather too capacious in its teaching and too high in price for the average student; they therefore prudently determined upon writing a smaller and a cheaper book. If such were a portion of their motive, they have attained these objects most admirably. We have little doubt that for an average student to go through the matter of Sanderson's "Handbook" in a practical laboratory, would take him ten years of time; at the conclusion of the course he might perhaps possess a modest qualification for a professorship on physiology, but he would not know what otherwise to do with the acquired knowledge; he would certainly not know how to turn it into

(a) ." By Vincent Dormer M.B. (Oxon), &c. Third o, 222 pp. London:

dently received while making an anat
Dr. Neill was deservedly popular with
students in connection with Steevens's
Ledwich School of Medicine, Dublin, a
by the most competent judges as " a c
his upright, quiet, and unobtrusive ma
esteem of all who had the pleasure of k
was twenty-six years of age, was a *gol*
School of Medicine and Surgery in St
and Demonstrator of Anatomy in the I
Medicine.

UNIVERSITY OF *LONI*

THE NEW REGULATIONS FOR THE SCIENTIFIC (M.B.) EXAMINA

THE regulations which have been und
tion of the Council for some time past
decided on, and the following may *be ta*
résumé of the revised code to which
subject. We are authorised to state tha
so desire will be allowed forthwith *to ta*
the changes introduced.

The Preliminary Scientific (M.B.) Ex
take place twice in each year,—once,
Honours, commencing on the third M
and once, for Pass Candidates only, *com*
third Monday in January.

No Candidate shall be admitted to th
unless he shall have passed the *Matricula*
tion, nor unless he have given notice of h
the Registrar at least *one calendar month*
mencement of the Examination.

The Fee for this Examination shall be £

Candidates for the Pass Examinatio
January or July, will be allowed either t
three subjects of the Examination—(*a*) In
istry, (*b*) Experimental Physics, and (*c*) G
—at the same Examination, or to take
separate Examinations—that is to say, tw
the first Examination for which *they* may
subject at the second Examination—or,
subject at the first Examination, and two

Candidates at the July Examination who
whole Examination shall be examined as foll
Pass *or* for Honours in (*a*) Inorganic C
Experimental Physics; and for a Pass in
Biology. Candidates who have entered fo
Examination may also be examined for Hono
and in Zoology.

Every Candidate, on sending in his name
Examination, must state whether he intend
for Honours in any subject or subjects; an
so intend, must specify the subject or subje

No Candidate will be allowed to take bo
and the Honours Papers in the same subjec
Candidate must take the Pass Papers *in th*
in which he does not offer himself for Hono

A Candidate who enters for, but fails
Honours in Inorganic Chemistry or Experime
may be recommended by the Examiners for a
subjects respectively, if they are satisfied t
shown such a competent knowledge thereof as
by the Regulations for the Pass Examination.

EXAMINATION FOR HONOURS.—Any cand
presents himself at the Preliminary Scient
Examination in July may be examined for F
(1) Chemistry, (2) Experimental Physics, (3) B
(4) Zoology; unless he have previously ob
exhibition in any one of these subjects at
mediate Examination in Science, in which cas
not be admissible to the Examination for H
that subject. As soon as the reports of the
shall have been approved by the Senate, a pass
signed by the Registrar shall be delivered to ea
date whose name is in the pass list; and an
certificate shall be delivered to each candida

ile making an anatomical dissection.
rvedly popular with the large body of
tion with Steevens's Hospital and the
Medicine, Dublin, and was regarded
tent judges as "a coming man." By
nd unobtrusive manner he won the
d the pleasure of knowing him. He
s of age, was a gold medallist of the
and Surgery in Steevens's Hospital,
f Anatomy in the Ledwich School of

SITY OF LONDON.

ITIONS FOR THE PRELIMINARY
(M.B.) EXAMINATION.

ich have been under the considera-
r some time past have now been
llowing may be taken as a correct
code to which students will be
rised to state that candidates who
d forthwith to take advantage of

ntific (M.B.) Examination shall
ch year,—once, for Pass and
n the third Monday in July;
dates only, commencing on the

admitted to this Examination
d the Matriculation Examina-
iven notice of his intention to
alendar month before the com-
ation.

ation shall be Five Pounds.

s Examination, whether in
lowed either to take all the
nation—(*a*) Inorganic Chem-
ics, and (*c*) General Biology
, or to take them at two
t is to say, two subjects at
ich they may enter, and one
nination—or, reversely, one
on, and two at the second.
mination who enter for the
amined as follows:—For a
Inorganic Chemistry, (*b*)
or a Pass in (*c*) General
e entered for the whole
ed for Honours in Botany

in his name for the July
er he intends to compete
ubjects; and, if he does
ect or subjects.

to take both the Pass
ame subject; but every
apers in those subjects
for Honours.

but fails to obtain,
Experimental Physics
ners for a Pass in these
satisfied that he has
thereof as is required
amination.

Any candidate who
ry Scientific (M.B.)
ed for Honours in
ics, (3) Botany, and
iously obtained an
jects at the Inter-
which case he shall
on for Honours in
of the examiners
, a pass certificate
red to each candi-
and an honours
candidate in the

honours list in respect of each subject in which he shall have obtained honours. If in the opinion of the examiners any candidate of not more than twenty-two years of age at the commencement of the July examination, who shall have passed either the Preliminary Scientific (M.B.) Examination or the Intermediate Examination in Science, shall possess sufficient merit, the candidate who shall distinguish himself most, and shall have passed either of the before-mentioned examinations, and who was not more than twenty-two years of age at the commencement of the examination, shall receive an exhibition of forty pounds per annum for the next two years, payable in quarterly instalments; provided that on receiving each instalment he shall declare his intention of presenting himself either at the Intermediate Examination in Medicine within three academical years from the time of his passing the Preliminary Scientific (M.B.) Examination, or at the B.Sc. Examination within two academical years from the time of his passing the Intermediate Examination in Science, as the case may be. Under the same circumstances, the first and second candidates for Honours in Experimental Physics will each receive a Neil Arnott Bronze Medal.

Medical News and Pass Lists.

Vital Statistics.—The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 20·2 per 1,000 of their population, and were—Birkenhead 20, Birmingham 19, Blackburn 26, Bolton 15, Bradford 19, Brighton 14, Bristol 17, Cardiff 24, Derby 20, Dublin 28, Edinburgh 18, Glasgow 24, Halifax 20, Huddersfield 23, Hull 17, Leeds 20, Leicester 15, Liverpool 23, London 18, Manchester 26, Newcastle-on-Tyne 36, Norwich 16, Nottingham 18, Oldham 26, Plymouth 13, Portsmouth 17, Preston 28, Salford 24, Sheffield 19, Sunderland 21, Wolverhampton 25. The highest annual death-rates from diseases of the zymotic class in these towns were—From measles, 2·5 in Sunderland, 3·8 in Cardiff, and 8·5 in Newcastle-upon-Tyne; from whooping-cough, 1·6 in Preston, 3·4 in Plymouth, and 3·7 in Blackburn; from scarlet fever, 1·2 in Sunderland, and 1·3 in Salford; and from "fever," 2·3 in Norwich. The 38 deaths from diphtheria included 24 in London, 3 in Glasgow, 3 in Liverpool, and 2 in Oldham. Small-pox caused 71 deaths in London and its outer ring of suburban districts, 2 in Manchester, 1 in Liverpool, and 1 in Sunderland.

Liquor Pepsini Concentratus.—(McMASTER, HODGSON, & Co., Dublin.)—This is an excellent fluid pepsin, as tried by the egg albumen test. Dr. Quinlan has already reported on it in connection with his investigation on "Digestive Ferments" in the *Medical Press and Circular*. It yields admirable results, inferior to no other form of this medicine.

University of Dublin.—The following degrees have been conferred this month by the Senate of this University:—

BACHELOR IN SURGERY.—Orlando Palmer Beater, Andrew Grierson Faussett.

BACHELOR IN MEDICINE.—Orlando Palmer Beater, Andrew Grierson Faussett.

DOCTOR IN MEDICINE.—Orlando Palmer Beater.

Royal University of Ireland.—The undermentioned have passed the M.B. Examination of this University:—

Samuel Alexander, John Barron, James R. Burrows, Alexander Corry, *G. B. Crawford, M. H. Curtin, T. W. Dwyer, Robert English, G. H. Foott, R. E. Foott, R. M. Griffin, M. H. Hannigan, W. R. Hawkins, Daniel Hennessy, W. J. Loughrey, J. McAleer, Michael McCarthy, W. B. McWha, G. F. Marks, John Meenan, *J. Musgrave, James J. Nagle, John J. O'Brien, J. P. O'Byrne, R. Petticrew, *E. L. Pooler, *John Ryan, J. Martin Savage, William Sexton, J. Henry Sharpe, Norman Smythe, *R. Thomson, *F. J. Treacillian, J. J. Walsh, M. J. Whitty, Samuel Wilson.

* Permitted to compete at the Honours Examination.

Society of Apothecaries of London.—The following candidates passed their examination in the Science and Practice of Medicine, and received Certificates to Practice on Thursday, May 14th:—

Dearden, Wm. Fras., M.R.C.S. Eng., Manchester School of Medicine.
Creighton, Edward, St. Thomas's Hospital.
Dobson, Leonard Chas. Talbot, St. Bartholomew's Hospital.
Hall, Thos. Godfrey, Leeds School of Medicine.

The Medi

W.

CONTENTS.

ORIGINAL COMMUNICATIONS.

Gouty Affections of the Heart. By J. Milner Fothergill, M.D., Physician to the City of London Hospital for Diseases of the Chest, Victoria Park 459
Notes from the History of Medicine and Medical Opinion By Surgeon General Chas. A. Gordon, M.D., C.B., Honorary Physician to Her Majesty the Queen 461
New Self-Adjusting Tongue Depressor. By J. Ward Cousins, M.D. Lond., F.R.C.S., Surgeon to the Royal Portsmouth Hospital, &c. 463

CLINICAL RECORDS.

Hospital for Sick Women and Children, Pimlico.—Anteflexion—Conoidal Cervix. Under the care of Dr. De Gorrequer Griffith. (Reported by Miss K. M. Clark, Clinical Clerk) 463

TRANSACTIONS OF SOCIETIES.

LIVERPOOL MEDICAL INSTITUTION—
Sarcoma of the Pelvis 464
Left Lumbar Colotomy 464
Removal of Rectum for Epithelioma 464
Two Unusual Cases of Strangulated Hernia 464

Original Communica

GOUTY AFFECTIONS OF THI

By J. MILNER FOTHERGILL
Physician to the City of London Hospital for D Victoria Park.

MR. PRESIDENT AND GENTLEMEN,— oured me by inviting me to deliver an to-day, my first duty was to select a top of your attention and one on which I r claim to speak. The subject which sug the gouty affections of the heart. T varieties, perfectly distinct from each o times found together in the same indiv division comprises neurosal maladies; th organic changes. There is nothing to the fact that gouty nervous disturbar found in a heart the seat of organic causation. It may be well to take the ances first.

Gouty palpitation of the heart is a dis the profession has been fairly familiar fo great characteristic is that it is not relat ordinary palpitation of a heart where the as in a dilated heart, is that it is set up makes a demand upon the heart. Bu gouty origin is set up by another cause ac but producing the same result. In gouty starting-point is a contraction of the peri by which a damming of blood in the l brought about. This high blood-pressure forms an obstacle to the contraction of th offering a heightened resistance to the e blood into the aorta. The muscular wall and palpitation is set up. The palpitation by vaso-motor disturbance; not by effort

(a) Read before a joint meeting of the Glouces Worcestershire Branches of the British Medical A cester, May 19.

Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 27, 1885.

TENTS.

MMUNICATIONS.

the Heart. By J. M.D., Physician to don Hospital for est, Victoria Park 459
y of Medicine and y Surgeon General D., C.B., Honorary Majesty the Queen 461
ngue Depressor. ns, M.D. Lond., the Royal Ports- 463

ECORDS.

n and Children, —Convoidal Cer- of Dr. De Gor- rted by Miss K. k) 463

F SOCIETIES.

PUTION— ..... 464 ..... 464 Epithelioma 464 Strangulated 464

PAGE

Colour Blindness 465
The Use of Carbolic Acid in Scarlet Fever 465
An Analysis of 105 Cases of Colles's Fracture 465
SPECIAL CORRESPONDENCE 465
Proceedings of the General Medical Council. Annual Session, 1885 468

SPECIAL.

Matters Medical, Medical Schools and Hospitals in Japan 471

FRANCE

Academie de Medecine 472
Hyperæsthesia of the Soles of the Feet 472
A Dispensary for the Treatment of Children in Paris 472

LEADING ARTICLES.

THE AMALGAMATION SCHEME OF THE ASSOCIATION OF FELLOWS AND MEMBERS OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND 473
THE SCIENCE OF CHANGE OF AIR 474

NOTES ON CURRENT TOPICS.

The Darwin Memorial 475

PAGE

The Political Aspect of Gratuitous Medicine 475
The Diet of Nurses 475
Direct Drain-developed Typhoid 475
Death of Professor Henle 475
The Age for Qualification 476
The late Mr. Peter Squire 476
Multiplying Burdens 476
Bank Holiday 476
Fees for Medical Officers of Health under the Labourers' Act 477
Dissolution of Irish Unions 477
The Royal Medical Benevolent Fund Society of Ireland 477
The Health of Dublin 477
The Royal College of Surgeons of Ireland 478

SCOTLAND.

Health of Edinburgh 478
Glasgow Death-Rate, &c. 478
Sanitary Department 478
Lunacy Literature 479
Literature 480
Medical News 481
NOTICES TO CORRESPONDENTS 482

Communications.

NS OF THE HEART. (a)

FOTHERGILL, M.D.,

l Hospital for Diseases of the Chest, oria Park,

ENTLEMEN,—When you hon- o deliver an address to you select a topic at once worthy n which I might have some t which suggested itself was heart. These are of two rom each other; though at same individual. The first aladies; the second involves othing to excite surprise in disturbance is commonly f organic change of gouty take the neurosal disturb-

art is a disorder with which miliar for some time. Its not related to effort. The where the muscle is weak, is set up by effort, which art. But palpitation of cause acting differently, In gouty palpitation the the peripheral arterioles in the larger arteries is pressure in the arteries on of the left ventricle, o the entrance of the lar wall is embarrassed pitation here is started y effort.

Indeed, this cardiac disturbance has the same causation as angina pectoris vasomotoria. This malady, once held to be so mysterious, has yielded up its secret to modern investigation. When the sphygmograph revealed the fact that in the attack of angina the blood pressure in the arteries was raised, Dr. Lauder Brunton, F.R.S., administered nitrite of amyl (which relaxes the arterioles) with immediate relief. Spasm of the arterioles is, then, the exciting cause of angina pectoris vasomotoria. The name tells of the starting-point of this angina. If the attack is fatal the heart is found in full diastole unable to contract upon its contents—unequal to overcoming the resistance offered by the high blood pressure in the aorta. Fully developed angina is not a very common malady; but incomplete angina *sine dolore* is, as Prof. W. T. Gairdner pointed out some years ago in the Association's Journal, a very common affection. Here the distension of the aortic root—the apparent cause of the agonising pain—is not sufficiently great to give rise to pain.

Vaso-motor spasm, then, is the exciting cause of angina and palpitation alike: why sometimes the one and at other times, and in other cases the other, I frankly admit that as yet we do not know. What, however, we do know is that both cardiac disturbances are found with that change which is known as "the gouty heart;" which, indeed, is only what we might expect. Probably there is less danger attaching to the palpitation than to the angina. As to the amount of danger in angina, this depends on—(1) the degree of the arteriole spasm; and (2) the condition of heart-wall. The first is obvious; the second requires some further explanation. So long as the muscular wall is sound and free from that necrobiotic change—fatty degeneration, so long is the attack practically free from danger to life. When the muscular wall is undermined by fatty change then the danger involved in an attack of angina is acute and measurable. Men of forty often have angina and take alarm (very naturally) because their fathers died of angina. And so may they when they reach their father's age and their hearts are the seat of this necrobiotic change—fatty degeneration.

In addition to these disturbances the heart is liable to

(a) Gloucester, Hereford, and dical Association at Glou-

the valvular disease; but rather the cau
is the reverse of the case where disease i
to muscular alterations. Especially is t
mind when the resultant valve-change
of mitral stenosis; as it not uncommon
and very localised murmur is heard at
right apex, telling of mitral narrowing;
accompanied by a large ventricle and a
—not the usual concomitants of mitral c
then here the large gouty heart has exist
able time before the valve-change wa
are then the muscular changes which p
litis to be borne in mind.

I venture to claim for this long, slow
pathological process an interest not inf
which medicine is acquainted. Step by
unravelled; bit by bit, piecemeal, have t
ponent parts been joined together; b
intelligible whole, carrying with it a wo
light up some morbid conditions in adva
it scarcely intelligible. Interesting as it
there is yet one more process to be asc
more enthralling interest even than
already described. It is this: The big
own ruin in time; and fatty degeneratio
wall is the last concluding scene in t
drama!

The condition of atheroma is one of gr
arterial wall; the lumen, bore, or calibre
diminished, while the wall generally becon
and inelastic. What is the consequence
ticity of the aorta passes away, its reco
cut down; and the aortic rebound it is
smaller arteries, including the coronar
nutrient arteries of the heart itself. The
process involves them in its sweep, an
thickened and tortuous with narrowed lun
sequence of these two combined changes
is that the blood supply to the heart is
then structural change takes place in the
Slowly and insidiously decay spreads throu
lar fibrillæ, which alter in character. Fi
markings disappear, then fat-cells are to
the sarcolemnæ; in a more advanced cond
fat cells—like a short string of beads—is se
of the muscular fibrin. The necrobiotic ch
unequally throughout the heart-wall, wh
loses its normal colour, assumes a dead-leaf
easily torn, and greasy to the touch.

When fatty degeneration is afoot, this l
scene may take one or two directions. Th
absence of positive symptoms, and the end
failure of the heart's action, a common te
the hypertrophied wall may yield, and wit
process we get the wonted semeia of ca
dropsy, dyspnœa, and death. No matter w
lar disease be present or not, the large hea
through fatty degeneration of its muscular

Fatty degeneration of the heart is the
change in the long-linked pathological pr
not the mysterious, unaccountable malad
held. It has definite associations, distinct
and kin, which often tell its real nature
debility is present, and we wish to estimate
and to measure its gravity. It is decay of
wall of the heart because it is no longer fed b
blood supply. Such, then, are the antecedent
relations and concomitants of the fatty heart
find some lack of tone in the heart, some d
the first sound, a feeble impulse, and an un
we must look into the case, and not neces
that there is "fatty degeneration" press
loosely of some change in the coronary vess
heart is merely weak—as is too frequently d

Now what is the practical outcome of all th
pathological study? How does familiarity w
its numerous details enable us to help the p

ase; but rather the cause of it. Thus it the case where disease in the valves leads ations. Especially is this to be borne in esultant valve-change assumes the form ; as it not uncommonly does. A small murmur is heard at a spot near the of mitral narrowing; and yet this is large ventricle and a full hard artery ncomitants of mitral obstruction! But gouty heart has existed for a consider- the valve-change was on foot. There lar changes which precede the valvu- mind.

m for this long, slow, complex, linked an interest not inferior to any with oquainted. Step by step has it been it, piecemeal, have the different com- joined together; built up into one rrying with it a wonderful power to conditions in advanced life, without . Interesting as it undoubtedly is, e process to be ascribed, of deeper, terest even than what has been is this: The big heart works its d fatty degeneration of the heart- luding scene in the pathological

eroma is one of growth within the n, bore, or calibre of the vessel is all generally becomes hard, brittle, s the consequence? As the elas- ses away, its recoil or rebound is tic rebound it is which fills the ling the coronary arteries—the heart itself. The atheromatous in its sweep, and they become with narrowed lumen. The con- mbined changes in the arteries to the heart is cut down, and kes place in the muscular wall. ay spreads through the muscu- r character. First, the cross- fat-cells are to be seen within e advanced condition a row of g of beads—is seen in the place e necrobiotic change is spread heart-wall, which gradually mes a dead-leaf hue, is friable, he touch.

is afoot, this last act of the directions. There may be an ns, and the end be sudden by a common termination; or yield, and with the dilating semeia of cardiac failure—

No matter whether valvu- the large heart in time fails f its muscular structure. heart is the last, the final, thological process; and is table malady it was once tions, distinct morbid kith real nature when cardiac to estimate its causation is decay of the muscular longer fed by a sufficient he antecedents, the causal e fatty heart. When we art, some diminution of , and an unfilled artery, not necessarily assume ion" present; or talk ronary vessels when the equently done.

me of all this elaborate amiliarity with it in all help the patient? It is this: All through and ever, from beginning to end, at every step in the morbid chain, we must hold to the conviction that the starting-point is a waste-laden condition of the blood. This lies on the root of the whole long morbid series of sequences. It sets it on foot; it gives it its inter-current dangers. When there is any temporary increase in the nitrogenised waste in the blood, there is a corresponding rise in the arterial tension from further spasm in the arterioles. Such sudden rise in the blood-pressure may set up apoplexy, aneurysm, or angina. And when the last occurs the obstruction to the onward flow of blood from the heart may lead to paralysis of the heart in diastole, when the heart is undermined by fatty decay. All through the long process it is well to diet the patient so as to keep down the nitrogenised waste in the blood; whenever any temporary aggravation exists, to cleanse the blood by a cholagogue and purgative. When any of the first-described incidents of gouty disorders manifest themselves, some uric acid solvent, as lithia or potash, is indicated with a vegetable tonic.

The great matter both in the temporary neuroses and the chronic organic disease, is to grasp the whole morbid condition in its complexity and entirety. To recognise the whole from a part, on the principle *ex pede Herculem ex ungue leonem;* and when we have grasped what we have to deal with, to know how to treat the case before us: no matter what the most prominent morbid phenomenon, Whether it is the rocks of Scylla, the risks of apoplexy, angina, and aneurysm which we have to avoid; or the shoals of Charybdis, the fatty degeneration of the heart-wall, on which the case will ultimately drift, if not wrecked before; we must keep our eye steadily fixed on the condition of the blood, and attend to that—no matter what other measures the exigencies of each case may require. Underneath the manifest clinical phenomena a slow, progressive pathological process is steadily marching on; which will, despite all we can do, bring the patient to his grave in the end; but if we possess the requisite knowledge we can do much to defer and delay that inevitable day.

NOTES FROM THE HISTORY OF MEDICINE AND OF MEDICAL OPINION.

By Surgeon-General CHAS. A. GORDON, M.D., C.B.,
Honorary Physician to Her Majesty the Queen.

IN ancient Egypt, Isis (the emblem of the moon) was believed to have bequeathed her medical potency to her son Orus (the emblem of the sun). From a comparison of dates, it would appear that anatomy had been studied even before practical medicine—that is, the "healing art" became established as such. Thus, according to Manetho, the study of anatomy was assigned to a son of Menes, and consequently to a date 2717 or 2412 B.C., the actual recognition of the art of medicine being, according to other authors, due to Sesostris, otherwise Rameses 2nd, about B.C. 1245. A considerable period previous to the latter date, however, the art of healing had evidently attained to a recognised position, for according to a work on medicine dated in the time of the 18th dynasty—that is, about B.C. 1400, and known as the "Papyrus Ebers," there is evidence that a knowledge of the treatment of disease was nearly in as advanced a state as it had attained long subsequently, namely, in the days of Galen, in the second century of our era. The ancient Egyptians were also the first apothecaries, and chemistry itself takes its name from the land of Kham (Khemi = Egypt). There were then in existence primitive, and indeed, sacred, books containing prescriptions and remedies. Some of the Hieratic numerals, also, exhibit a considerable similarity to the kind of notation, especially to those in use as signs for drachms and scruples, in prescriptions of the present day. Prescriptions were in those distant periods made out in the same form as are those of our modern physicians. The medicines used were of four

"Botch of Egypt." Elephantiasis "disjunctive amputation." evidently lil India, called in Arabic "Jusain."

"Blindness," as in ancient times, is sti as a result of ophthalmia.

"A consumption." The precise sig term uncertain, supposed to refer to pla

"Emrods." Doubtless hæmorrhoids.

"Scab and itch." Porrigo and scabies.

"Possession by the devil." Demono and epilepsy.

The madness of Saul was melancholia, c of fortune, soothed temporarily by the m the harp.

Disease of Job, about 1520 B.C., or acc 2130 B.C. By some writers is considere small-pox.

Disease of Nebuchadnezzar. Madnes hallucination, namely, that he was an ox.

Disease of King Jehoram. Chronic dy lapsus ani?)

"Epilepsy," is described in St. *Luke*, existing with mania.

Disease of Hezekiah. Supposed to h terminating in abscess.

Disease of Herod. Entozoa, or phthiria thought the former; Mead agreed in t (*Medica Sacra*).

(To be continued.)

NEW SELF-ADJUSTING TONGUE I

By J. WARD COUSINS, M.D. Lond.,
Surgeon to the Royal Portsmouth Hospita

THE engravings illustrate the construction a of the tongue depressor. The instrument is

and in oper both mani consi meta comb wire The tongu polish upper this a illumi mouth under rough vent ward

mental, plate is curved to fit easily and secure chin behind the maxillary symphysis. The occupies very little space, and is bent downwa be out of the way of the surgeon. The blades

opened, a their exp of wire each side to suppor and finger is not sh plate.] ment can b for depr tongue in tion, and, t will be fou able in m tions about and also copic and copic exa The sub-m

¢." Elephantiasis with ulceration,
tion." evidently like the leprosy of
'c "Jussain."
ancient times, is still very prevalent,
nia.
The precise significance of the
ed to refer to plague with bubos.
ess hæmorrhoids.
orrigo and scabies.
devil." Demonomania, madness,

was melancholia, caused by reverse
orarily by the music of David on

1520 B.C., or according to Hales,
ers is considered to have been

iezzar. Madness with specific
at he was an ox.
am. Chronic dysentery. (Pro-

d in St. Luke, chap. ix., as

Supposed to have been fever

zoa, or phthiriasis. Josephus
d agreed in this conjecture

ontinued.)

TONGUE DEPRESSOR.

, M.D. Lond., F.R.C.S.,
tamouth Hospital, &c.

construction and application
instrument is self-adjusting,

and when placed in position, the operator can use both hands for any manipulation. It consists of two metallic plates in combination with a wire recoil spring. The larger, or tongue plate, is polished on the upper surface, and this assists in the illumination of the mouth, and, on its under side, it is roughened to prevent slipping forward on the tongue. The smaller, or sub-
nd securely under the
is. The wire spring
downwards so as to
blades can be easily
pened, and to assist
heir expansion a loop
f wire is fixed on
ch side of the spring
support the thumb
d finger. [This loop
not shown in the
te.] The instru-
nt can be employed
depressing the
gue in any posi-
, and, therefore, it
be found service-
in minor opera-
about the mouth,
also in rhinos-
and laryngos-
examinations.
ub-mental pres-
sure is especially useful in patients who are intolerant of oral instruments, and this method of fixing the tongue often appears to reduce the reflex irritability of the parts. The tongue depressor is very neatly made by Messrs. Maw, Son, and Thompson in the three convenient sizes, and can be obtained from that firm at a very moderate price.

Clinical Records.

HOSPITAL FOR SICK WOMEN AND CHILDREN, PIMLICO.

Anteflexion—Conoidal Cervix.

Under the care of Dr. G. DE GORREQUER GRIFFITH.

(Reported by Miss K. M. CLARK, Clinical Clerk.)

Mrs. E. K. J., æt. 30, married. No children. No miscarriages. Has never conceived. Symptoms: Dysmenorrhœa, lumbago, vaginismus, dyspareunia. Father and mother living and in good health. Patient has three married sisters, only one of whom has children. Was healthy as a child. Had the usual children's complaints. Catamenia commenced when 14. She has been regular, but suffered from severe pains in the back and head, pains in the ovarian regions, in fact, all the symptoms of severe dysmenorrhœa. Married when 19, since which time the patient states she has had nephritis, cystitis, hepatitis, ulceration of the uterus, and that for the latter she had been cauterised. Medical advisers have told the patient she has stricture in the neck of the uterus.

Dec. 1st, 1884.—Patient consulted Dr. Griffith as to the prospect of relief, and if it could be obtained without the cutting operation. Dr. Griffith made a digital examination, and found anteflexion with conoidal cervix and narrowed canal, excessive tenderness on introducing the sound through os and cervix, tenderness of both ovaries, thickening and enlargement of anterior lip of os, abrasion of it, the latter running up along interior of cervix.

She was admitted as an in-patient Dec. 29th, 1884. Examination by Dr. Griffith by means of 2nd-sized Ferguson's speculum showed a raw patch on anterior lip of os, which is enlarged, such enlargement as attends anteflexion. Os greatly congested, and exquisitely sensitive; glairy, clear, raw, white-of-egg-like discharge issuing from os, betokening acute endocervicitis. Patient was scarified, but very little hæmorrhage resulted. Two tampons of aconite cum glycerino placed in vagina. The use of the aconite was followed by special symptoms of aconitism—viz., prostration, some intestinal pains, tingling in the hands and feet, as if "pins and needles" were pricking them—the same all over her, and as if she were being galvanised inwardly.

Jan. 2nd, 1885.—Dressing removed and then all the parts swabbed with glycerine. There is still extreme hyperæsthesia. Patient was scarified and a tampon of glycerine placed in vagina to encourage depletion and to promote the watery discharge which takes place from the use of glycerine. The dressing was removed the same night, as it was thought to produce pain by its presence.

5th.—Examination under chloroform, owing to the intense hyperæsthesia; os and cervix scarified freely, and quite ʒij. of blood drawn.

7th.—Digital examination. No heat in vagina, and decidedly less tenderness; the anteflexion also relieved, the uterus being more upright; not fallen forward and flexed; this straightening often obtains when that organ is engorged and venesection practised to relieve the engorgement.

9th.—Patch of ulceration on anterior lip of the uterus greatly diminished; still great tenderness on introducing sound. Lips of os not so swollen as they were; still even the touch of wadding tends to produce pain. Scarified freely. Speculum left in two hours, with the object of deadening the hyperæsthesia by its pressure.

10th.—Patient complained of intense pain in the back and abdomen. Catamenia commenced at 9 p.m. Dover's powder (gr. 5) was given at the time, and another at 11 p.m. She was relieved and slept through the night. Had prescribed in the morning bromidi potassii ʒiv., sp. ammoniæ aromaticæ ʒij., tc. gentian co. ʒiv., aquæ ad ʒviij. ʒiv. ter die ante cibum.

therefore brought the edges of the ring t
For the first 24 hours the child was app
but it rallied. In a few days fluid ac
scrotum and was let out by puncture, thi
few days later still, and was again let out.
was no trouble from this source, but th
came away one by one. The wound was
five weeks, and now, after the lapse of s
of the canal was so complete that, on th
the cicatrix went in instead of out. I
this in one other case, that of a woma
second case was that of a man, æt. 6
ruptured for some years. The patient ca
one morning with the hernia down and w
that he could not return it. No sympt
tion were present. He (Mr. P.) determ
hernia were not readily reducible he woul
herniotomy. On seeing his patient at
afternoon he found the hernia not read
cut down upon it. He found a loop of lar
sac and also adherent omentum. The latt
and all returned. He found at the same ti
a tumour of the spermatic cord *the size o*
which later on proved to be a myxo-sarco
progressed favourably for a month, after
considerable swelling in the abdomen, and
a recurrence of the sarcoma in the abdo
the swelling finally subsided.

Mr. BICKERTON then related a case of

COLOUR BLINDNESS

in a youth who proposed to enter the M
Service. The eyes were sound in everyt
perception of colour. In this, on bei
Holmgren's coloured wools he was in ho
He thought men with such optical de
prevented from entering an occupation in
of perception of colour might prove disastro
and the lives of others.

Mr. SHEARS also made some concurring r

Dr. WIGLESWORTH then made some obs

THE USE OF CARBOLIC ACID IN SCARL

He claimed that carbolic acid was capab
complete period upon those germs, whateve
that gave rise to scarlet fever. Two years a
results of the carbolic acid treatment of ab
scarlet fever. These results were: no death
fevers, two cases of albuminuria, no puruler
discharges, no ophthalmia, no permanen
suppurating cervical glands. The patients a
in their usual health at the end of ten or tw
subsequent experience had amply confirme
and he now felt justified in answering
carbolic acid a specific in scarlet fever? in
provided the case was seen at the outset
out in its integrity. He had lately had th
prophylactic employment brought under his
outbreak of the disease in a family, those n
isolated (in the same house) the usual prec
infection were taken, and in addition the
were given one grain of carbolic acid thr
The results were eminently satisfactory
break was kept within bounds in the sar
proofs of its efficacy as a prophylactic wer
adults he had given at the commencement
three grains of carbolic acid every two hour
6½ grains were given by mistake every fou
dose was followed by vomiting of mucus and
discovering the error the dose was reduce
subsequently did well. The dose he usually
three grains to young children and four gra
given with sp. chloroformi and tincture o
invariably gave it every two hours, night an
first few days and longer if the case was seve
smaller dose and less frequently until the pat
In the case of a patient who had taken 72 gra
urine analysed by Mr. Abraham who found o
in ten ounces of urine.

Mr. ROBERT JONES gave

AN ANALYSIS OF 105 CASES OF COLLES'S

Having entered into a comparison between t

the edges of the ring together by suture. ›urs the child was apparently moribund, ı a few days fluid accumulated in the et out by puncture, this occurred again a , and was again let out. After this there m this source, but the deep sutures all ' one. The wound was healed in four or w, after the lapse of six months, closure ›o complete that, on the child coughing in instead of out. He had only seen case, that of a woman of sixty. The hat of a man, æt. 60, who had been years. The patient came to Mr. Parker the hernia down and with the statement return it. No symptoms of strangula- . He (Mr. P.) determined that if the ıdily reducible he would at once perform seeing his patient at his home in the d the hernia not readily reducible, and He found a loop of large intestine in the ent omentum. The latter was separated He found at the same time in the scrotum ermatic cord the size of a pigeon's egg, ved to be a myxo-sarcoma. The patient ›ly for a month, after which there was ıg in the abdomen, and he was afraid of sarcoma in the abdominal glands, but subsided.

then related a case of

COLOUR BLINDNESS

›posed to enter the Mercantile Marine were sound in everything except the ›ur. In this, on being tested with l wools he was in hopeless confusion. with such optical defects should be ering an occupation in which deficiency ır might prove disastrous to the interests ers.

made some concurring remarks.

H then made some observations on

ARBOLIC ACID IN SCARLET FEVER.

arbolic acid was capable of putting a n those germs, whatever they might be, rlet fever. Two years ago he gave the ic acid treatment of about 100 cases of › results were: no deaths, no secondary albuminuria, no purulent nasal or aural thalmia, no permanently enlarged or glands. The patients as a rule appeared at the end of ten or twelve days. His ce had amply confirmed these results, ustified in answering the question, is fic in scarlet fever? in the affirmative, is seen at the outset and was carried He had lately had the subject of its nent brought under his notice. On the se in a family, those not attacked were house) the usual precautions against and in addition the healthy children ı of carbolic acid three times a day. ninently satisfactory A second out- in bounds in the same way. Other as a prophylactic were narrated. In at the commencement of the disease ic acid every two hours. In one case by mistake every four hours. Each vomiting of mucus and diarrhœa. On the dose was reduced and the case . The dose he usually gave now was children and four grains to adults, oformi and tincture of orange. He ery two hours, night and day for the ger if the case was severe, and then a frequently until the patient was well. nt who had taken 72 grains he had the Abraham who found only ·221 grains

gave

05 CASES OF COLLES'S FRACTURE.

a comparison between their frequency and that of other fractures he had treated during the same time, he mentioned that 69 out of the 105 cases occurred in females; the majority being between the ages of forty and fifty. Seventy fell on the palmar aspect of hand, four of these on the fingers with unextended arm. Four fell on the fist with extended wrist. One occurred by striking a boy on the back. An acrobat disabled his arm by hyper-extending his wrist in the act of throwing himself off parallel bars. A somersault was answerable for another case. The deformity was a variable quantity in Colles's fracture, and could often be increased with great facility. Cases sometimes appeared with fracture of the lower end of the radius without any displacement whatever. Mr. R. Jones discussed the pros and cons of the impaction theory, and while admitting its exceptional occurrence, denied its frequency. Against its common occurrence had to be mentioned the ease with which most deformities could be increased. He asserted that the direction of fracture and its causal force accounted for the position of the lower fragment and that muscular action, per se could rarely produce the deformity. After criticising a case of Mr. J. Hutchinson quoted by Mr. Clement Lucas, Mr. R. Jones detailed experiments which he had performed on the dead body in proof of the limited power of muscles in producing the deformity. The occurrence of fracture of the lower end of radius without displacement was additional evidence. He agreed in the main with Professor Gordon regarding the mechanism of the fracture, although the propulsion of the carpus on the posterior border of the articular surface of the radius was doubtless on occasions a cause. The instance of the acrobat could only be accounted for by Gordon's hyper-extension theory. After discussing the degrees of mobility Mr. Jones stated that 23 cases complained of most pain over the inner side of the wrist. Twenty-nine over the seat of fracture in front, nine over the seat of fracture behind. In 23 cases pain was general. He maintained that inefficient reduction accounted for the very frequent absence of crepitus alluded to by writers. He combatted the pessimist views of recent writers in regard to after results of treatment in old people. As a routine method of reduction, it was best to seize the lower end of the radius, draw it from the neighbourhood of the upper fragment, using the knee as a fulcrum, and forcibly pronate, keeping the upper fragment fixed. The secret of the success consisted in the unrelenting effort of the surgeon to obliterate the deformity. In old and obstinate cases, Mr. Jones used a two pronged wrench, invented by Mr. H. O. Thomas for the cure of club-foot. Once thoroughly reduced the much talked of recurrence of deformity rarely appeared. In the rare cases where it did, great obliquity of fracture or extensive comminution explained the symptom. The reduction once thoroughly effected, and any splints would suffice. In his hospital practice he used cheap flexible sheet iron splints which could be bent to any suitable shape. The anterior splint should be continued beyond the wrist so as to secure complete rest. The splints should be kept on five weeks. Taking them off to exercise the parts as recommended was wrong in theory and bad in practice. Passive motion should be condemned. Mr. Jones concluded by drawing attention to the restored movement in old and obstinate cases.

Special Correspondence.

[FROM OUR CORRESPONDENT.]

BASE HOSPITAL, SUAKIN, *April 27th*, 1885.

THE continuous increase of heat since the middle of April is beginning to tell upon the health of the troops, and has some effect upon us all. Besides my ward work (I have taken over the medical charge of three tents), some systematic observations upon the climate engage my time and attention. The barometer stood at 30 inches from March 30th to April 12th. The highest temperature in the day was from 86° to 92° during that time, and the lowest at night from 60° to 70°. We have had the night temperature above 80° outside. The daily range of temperature has been about 24° F. We generally keep the ward tents a few degrees

GERMANY.

[FROM OUR OWN CORRESPO

FOURTEENTH SURGICAL CONG

AMONGST the other papers enumerated (p. 354) some were of special interest. of Würzburg, related a remarkable cas

PLASTIC OPERATION ON THE URETHE BOURING PARTS.

The patient had the misfortune a few we to violently flex the root of his penis w erection against the symphysis of his some pain, but he was able to go to w afterwards. Difficulty of micturitio however, a catheter was introduced, b wards catheterisation was *no longer* flammatory swelling appeared at the which was opened, whereupon urine urinary infiltration of the scrotum took plete gangrene of it as also of the adj right thigh. When the speaker first little of the scrotum was remaining, t uncovered and the urethra was destroy of 3 cm. He was afraid to risk cover parts with one flap from the thigh, s smaller ones, one from each thigh an lower part of the abdomen. *The defec* was also repaired. Healing by first int in all parts, with the exception of a sma ing into the urethra, and which was ca of the penis. In order to prevent the re a misfortune the penis was now stitched planted flap of skin, and was not separ was complete. When the speaker saw t the cicatrices were become soft, and the tum was loose over the testicles.

In a discussion that followed the dem

A TUMOUR OF THE KIDNI

removed by Dr. Claus (Elberfeld), in whi took place after the operation, Prof. Kö had two cases in children. Removal w cases, both did well. Prof. Bergmann th tion of removal although sometimes eas much more difficult than the removal on account of the great hæmorrhage, ad tent of the tumours. Prof. Schönborn (successfully removed a sarcoma of the 7 years old, and without any special diffi

Dr. Landau (Berlin) confessed himself the operation of extirpation in hydronephr for the retention of the hydro-nephroti tained important structures that would r selves later on, and again become functio renal fistula that he had made six years a æt. 69, was still well borne.

Dr. Rydygier (Culm) showed specimens

TWO CASES OF RESECTION OF THE

The first case was one of ulcer of the py the channel had become so contracted t sound could be passed. The second was or of the stomach. At the operation the s into apparently healthy tissue, a piece of was also cut through and removed. The p resected, measured 20 cm. along the lowe cm. along the upper. The case did well could then eat anything, and do hard wor

GERMANY.

OUR OWN CORRESPONDENT.]

SURGICAL CONGRESS, BERLIN.

her papers enumerated in a former notice
e of special interest. Dr. Rosenberger,
ted a remarkable case of

ION ON THE URETHRA AND NEIGH-
BOURING PARTS.

misfortune a few weeks after marriage
root of his penis whilst in a state of
e symphysis of his wife. There was
as able to go to work for some days
ulty of micturition soon came on
was introduced, but shortly after-
n was no longer possible. An in-
appeared at the point of flexion
whereupon urine escaped. Then
the scrotum took place, and com-
s also of the adjoining skin of the
he speaker first saw the case very
was remaining, the testicles were
ethra was destroyed over a length
aid to risk covering the denuded
om the thigh, so he took three
each thigh and one from the
men. The defect in the urethra
ling by first intention took place
ception of a small fistulous open-
d which was caused by erection
o prevent the recurrence of such
as now stitched into the trans-
was not separated until union
e speaker saw the patient later,
e soft, and the skin of the scro-
sticles.

lowed the demonstration of

OF THE KIDNEY,

erfeld), in which case recovery
tion, Prof. König said he had
. Removal was easy in both
Bergmann thought the opera-
sometimes easy was generally
he removal of ovarian cysts,
morrhage, adhesions, and ex-
. Schönborn (Königsberg) had
oma of the kidney in a child
special difficulty.
ssed himself an opponent of
hydronephrosis, and pleaded
dro-nephrotic sac, as it con-
hat would regenerate them-
ome functionally active. A
e six years ago in a patient,

d specimens from

ON OF THE STOMACH.

er of the pylorus, in which
ntracted that only a fine
cond was one of carcinoma
tion the speaker cut wide
a piece of the meso-colon
ved. The piece of stomach
g the lower curve and 10
did well and the patient
hard work.

Dr. Von Haecker then demonstrated preparations from Prof. Billroth's resections of the stomach and gastro-enterostomies. Of the eighteen resections of the stomach that had been performed in Billroth's klinik eight had recovered and ten had died. Three of the cases were for cicatricial stricture, all recovered; fifteen were for carcinoma, and of these seven recovered and eight died. Two of the cases of carcinoma, in which there were no adhesion, recovered completely. Of seven cases with easily separable adhesions, four were healed whilst three died within from four to twelve months. The other cases in which the adhesions were extensive and to the liver, intestine, &c., all died of collapse or in consequence of the operation, and he would therefore exclude such cases for the future, and in stenosis of the pylorus perform gastrostomy in preference to resection.

Professor Bergmann read an exhaustive paper on

COMPRESSION OF THE BRAIN.

The modern doctrine of pressure on the brain was of great importance from a surgical point of view, as in recent years twenty-two cases of subcutaneous brain injury were operated on, and large masses of extravasation were removed from the brain cavity, a successful result following in twenty cases, that must otherwise have ended fatally.

He founded the doctrine of compression on the fact that there were within the cavity of the cranium two changeable and one unchangeable mass, the blood and the liquor cerebro-spinalis on the one hand and the brain mass on the other, and that the brain was exposed to constant and relatively important pressure from the two fluids, and could not undergo change without injury. The address was mainly a refutation of the views of Professor Adamkiewicz, of Cracow, who has taught that any pressure within the cranial cavity exercises no injurious influence on the brain, as there are present so many channels through which, as pressure increases, blood and cerebro-spinal fluid are able to find their way out.

Club-foot was a subject that claimed considerable attention, Drs. Bessel-Hagen and Wolff, of Berlin, both showing cases operated on.

Professor Esmarch showed some new apparatus for

MILITARY SURGERY.

First an elastic bandage of hemp and nickel-plated spiral wire. This was as readily applied as his well-known india-rubber one, and possessed the advantage that it could be kept in store for a long period without deteriorating. For military purposes, where bandages had to be kept in readiness in stock, the liability to become useless by long keeping was a great disadvantage. A second appliance was a splint made of bent telegraph wire. A third ingenious contrivance for splints was the flower-pot lattice or trellis used for a decoration for placing round flower-pots. They possess some advantages as first dressings in the field. They are light, and can be stowed away within small compass; can be easily expanded so as to be readily passed over an extremity; and when over the fractured part simple pressure causes them to fit closely all round.

A further communication by Professor Esmarch was on the subject of transplantation of large flaps on to recent wounds, principally as a method to be followed in times of war, when the material for flaps would be afforded on a large scale by "amputated extremities" and "fresh bodies."

Dr. Bidder (Berlin) reported a case of colo-utero-vaginal fistula. The patient, a young woman, æt. 22, had borne her first child without artificial aid. Rupture of the uterus took place with enclosure of a piece of intestine. The intestine became necrosed resulting in a prænatural anus. Fæces and flatus passed through the uterus and vagina, and the finger on exploring passed directly into the descending colon. After several attempts the fæcal fistula was closed successfully.

the space of one calendar month, in order to prepare such defence as he may be ad the serious charges now laid against h Farrar be instructed to communicate t without delay."

On the motion of Dr. LYONS, second PITMAN, the debate was adjourned until

Moved by Dr. HUMPHRY, seconded b and agreed to:—"That with reference to Chambers, respecting a decree passed by the University of Oxford, February 24th, prevent misunderstanding, the represen versity of Oxford be requested to mak University that there is not, at the Examining Board for England."

COMPULSORY INSTRUCTION IN

The following resolution from the Fac and Surgeons of Glasgow—"That in th Faculty instruction in insanity should be n medical education, and that an expressio transmitted to the General Medical Counc on the motion of Sir HENRY PITMAN entered on the minutes, and the Council a

EIGHTH DAY.—WEDNESDAY, M

THE LEGAL BUSINESS OF THE

The proceedings commenced by the r lowing letter from Sir Henry Pitman, as Business Committee of the Council:—

"DEAR MR. PRESIDENT,—The experie session compels me, as Chairman of the Bu to draw your serious attention to the tim legal business of the Council.

"The Council was summoned this sessi consideration and revision of the recomm to professional education and examinatio days' sitting, scarcely any progress has b work, owing to the legal proceedings on advice of our solicitor, the time of the C occupied.

"It rests with the Council to determine what course can be devised in reference to they ought to take on such matters, havi economy of their time and the due discha imposed on that body by Parliament.

"May I, therefore, suggest that you wo to bring this subject at once before the their permission to take the opinion of th the Crown as to the readiest mode of ca the penal clauses of the Medical Act.

"Believe me, yours faithf

"HENR

"To Sir HENRY ACLAND, K.C.B."

This letter was ordered to be entered on th

ERASURE FOR INFAMOUS CONDU

The case of Daniel Sutherland, Glasgo were referred to some time since in these c taken, and the following decision arrived a

"(*a*) That the Council have heard the e sidered the defence of Daniel Sutherland letter received on May 18th instant, and do due inquiry, to have been guilty of infam professional respect.

"(*b*) That as it has been proved to the sa General Medical Council that Daniel Suth guilty of infamous conduct in a professio Council does, by this order in writing, direc erased from the *Medical Register*, and giv Registrar to erase his name accordingly."

THE AGE FOR QUALIFICATION AND TIME OF EDUCATION.

The Council next resumed the further cons Reports by the Branch Councils for England Ireland, in regard to the General Medical C mendations on the age of licence for practice sional education and examination.

On Dr. HALDANE'S motion that "No lic obtained at an earlier period than after th forty-five months subsequent to the registrat

lendar month, in order to give him time fence as he may be advised to do against s now laid against him, and that Mr. ed to communicate this notice to him

of Dr. LYONS, seconded by Sir HENRY was adjourned until the next day.

UMPHEY, seconded by Mr. MARSHALL, hat with reference to the motion by Dr. g a decree passed by the Convocation of ford, February 24th, 1885, in order to nding, the representative of the Uni- requested to make it known to the re is not, at the present time, any England."

Y INSTRUCTION IN LUNACY.

ution from the Faculty of Physicians sgow—"That in the opinion of this insanity should be made compulsory in l that an expression of this opinion be eral Medical Council,"—was read, and HENRY PITMAN was ordered to be , and the Council adjourned.

.—WEDNESDAY, MAY 20TH.

USINESS OF THE COUNCIL.

menced by the reading of the fol- Henry Pitman, as Chairman of the the Council:—

NT,—The experience of the present hairman of the Business Committee, ntion to the time occupied by the ncil.

moned this session for the special of the recommendations relating and examination, and, after seven progress has been made in this proceedings on which, under the e time of the Council has been

ill to determine whether any and in reference to the action which matters, having regard to the the due discharge of the duties rliament.

st that you would be so kind as ice before the Council, and ask opinion of the law advisers of st mode of carrying into effect lical Act.

ie, yours faithfully,

"HENRY A. PITMAN.

K.C.B."

entered on the minutes.

FAMOUS CONDUCT.

land, Glasgow, whose doings oe in these columns, was then ion arrived at:—

heard the evidence and con- Sutherland as stated in his tant, and do judge him, after ty of infamous conduct in a

ed to the satisfaction of the Daniel Sutherland has been a professional respect, the riting, direct his name to be er, and gives orders to the rdingly."

D TIME OF PROFESSIONAL ON.

urther consideration of the For England, Scotland, and Medical Council's recom- For practice and on profes-

it "No licence should be a after the expiration of e registration of the can- didate as a medical student, and his commencement of study at a medical school;"

And on Dr. BANKS' amendment "That the course of medical study after registration should occupy at least five years, if the subjects of elementary physics, chemistry, and biology are included in that period, or at least four years if a satisfactory examination in these subjects has been passed previous to registration;"

This amendment was eventually carried, and having been then put as a substantive motion, was affirmed.

Dr. HERON WATSON required that the names and numbers of those who voted against and for the amendment respectively, and of those who did not vote, be taken down. For, 11.—Mr. Marshall, Dr. Chambers, Dr. Humphry, Dr. Storrar, Dr. Aquilla Smith, Rev. Dr. Haughton, Dr. Banks, Dr. Quain, Mr. Simon, Mr. Teale, Dr. Lyons. Against, 8.—Dr. Haldane, Dr. Heron Watson, Dr. Scott Orr, Dr. Struthers, Dr. Pettigrew, Mr. Macnamara, Dr. Matthews Duncan, Dr. Fergus. Did not vote, 4.—The President, Sir Henry Pitman, Mr. Bradford, Mr. Collins. Absent, 1.—Dr. Pyle.

The following note to the foregoing resolution was, on the motion of Sir HENRY PITMAN, carried:—"Exception may be allowed in the case of any graduate in medicine of an Indian, colonial, or foreign university, or of any student who, having completed the full time required by the Medical Council, and having given satisfactory evidence of general education, shall have spent the whole or three-fourths of that period at an Indian, colonial, or foreign university, the several licensing bodies being requested to communicate to the Council annually, in the month of January, a statement of the action taken by them respectively during the last preceding calendar year, in regard to such exceptional cases."

The following existing Recommendation (21) was then read: The course of professional study required for a licence shall occupy at least four years, of which at least three winter and two summer sessions shall be passed at any school recognised by any of the licensing bodies mentioned in Schedule (A) of the Medical Act,

When it was moved by Sir HENRY PITMAN, and seconded by Mr. SIMON:—"That Recommendation 21 be as follows:—"At least three winter and two summer sessions shall be passed at some school or schools recognised by one or more of the licensing bodies."

To this an amendment was moved by Dr. HALDANE, and seconded by Mr. MACNAMARA:—"That Recommendation 21 be as follows:—At least four winter and three summer sessions should be passed at any school recognised by any of the licensing bodies mentioned in Schedule (A) of the Medical Act."

On the motion of Mr. SIMON, seconded by Dr. PETTIGREW, the further consideration of this motion and amendment was adjourned till the next day.

It was next moved by Sir HENRY PITMAN, seconded by Mr. MACNAMARA, and agreed to:—"That the following report be received and entered in the minutes:—

"*Report by the Preliminary-Examination Committee.*—At the October meeting of the General Medical Council, held in 1884, a circular was ordered to be sent to each of the bodies in the United Kingdom whose examinations in Arts are recognised by the Council, asking for information on the following points:—(1) The numbers passed and rejected in 1884; (2) The highest and lowest percentages of those who passed; (3) Copies of the examination papers set. 1. The bodies addressed were twenty-two in number, and answers to the first question were sent by all the bodies except five. Independently, however, of the probable errors in the returns, your committee do not attach much importance to the percentage of rejections, which depends on so many factors which are unknown that the percentage represents no tangible result. 2. Nine of the bodies furnished the percentage of the lowest pass marks, which range from 25 per cent. to 50 per cent., the highest percentages occurring chiefly in Scotland, where it is customary to allow the candidate to pass the several subjects at several times; whereas in England and Ireland all the subjects must be passed at the same time. Nine of the bodies were unable to furnish the information; two of the bodies were not authorised to do so, and, finally, two of the bodies sent no answers whatever to the questions. 3. Copies of the examination papers were sent by nineteen of the bodies and three bodies did

Special.

MATTERS MEDICAL, MEDICAL HOSPITALS IN JAPA

From the "Supplement to the the Sei 2 Kivai, or Society for the Medical Science in Japan," Transactior ment No. 3, we find that the study of n in that country. According to recent 31 schools, established by the local gov fectures, besides which there are a fe schools; and a faculty of medicine form the University of Tokio. The hospita the local governments number 350, o general hospitals, 124 venereal, 2 insan phantiasis Græcorum), 1 ophthalmic, a institute. There are also 294 self-supp 266 of which are general (including one 6 venereal, 4 insanity, 5 *kakké* (beri-b ophthalmic, 1 lying-in, 1 fracture and d general surgical hospital. Besides these, hospitals with 14 sick quarters, 2 navy also 2 general hospitals, under the medic Tokio University. From the establishme cal department in the University of Tok graduates have received the title of Igaku Medicine), 389 have received the certificat plishment of the special course, and 178 been graduated in pharmacy. The to students attending is, in the general and 972, and in the course in pharmacy 89. of the Central Sanitary Bureau of Infec tagious Diseases the following are the figu

	Since Jan. 1st New Cases.
Cholera	919 ..
Typhoid fever.. ..	21,813 ..
Dysentery	23,095 ..
Diphtheria	2,026 ..
Eruptive Typhus ..	1,147 ..
Small-pox	1,297 ..
Total	10,297 ..

Typhoid, dysentery, and diphtheria seem t very prevalent and very fatal. In 1857 (the Meiji) the Government established a medi Tokio, with the view of promoting the med but there was then no special board or officer control. In March of 1863 (6th year of Mei department was founded under the Educatio ment, and put in charge of all sanitary wor (8th year of Meiji) the sanitary control w from the Educational Department, and att Central Sanitary Bureau. Since then san sanitary affairs have made great advances. T Sanitary Board (Chin-O-Yei-Sei-Kuwai) was during (the 12th year of Meiji) 1879, and i were some Japanese and a few foreign phy ployed by the Japanese Government. At the a local health board was established in every and also local health associations were founde officers were elected in every district all ov Health laboratories were established in Tokio, Y Osaka, and Nagasaki, where all the imported d examined in connection with other sanitary analysis; also the vaccine establishment is fo Tokio, whence the lymph is distributed to th districts. Moreover, there is a Medico-Botanica in Tokio. The above-mentioned, except the Sanitary Board, are entirely under the contro Central Sanitary Bureau. Japan also boas Japanese Sanitary Association, whose first meet place in May, 1883, when there was a membe 1,426. Meetings have since been held on the las day of each month, at which four or five ad

Special.

)ICAL, MEDICAL SCHOOLS AND SPITALS IN JAPAN.

ıpplement to the Transactions of or Society for the Advancement of Japan," Transactions No. 38, Supple- that the study of medicine flourishes ccording to recent reports there are ıed by the local governments or pre- ich there are a few self-supporting ty of medicine forms a department of okio. The hospitals established by its number 350, of which 221 are 4 venereal, 2 insanity, 1 lepra (ele-), 1 ophthalmic, and 1 vaccination also 294 self-supporting hospitals, al (including one charity hospital), , 5 *kakké* (beri-beri), 4 lepra, 8 , 1 fracture and dislocation, and 1 al. Besides these, there are 6 army quarters, 2 naval hospitals, and , under the medical faculty of the m the establishment of the medi- University of Tokio in 1882, 151 the title of Igaku-shi (Doctor of ived the certificate of the accom- d course, and 178 students have rmacy. The total number of n the general and special course n pharmacy 89. In the Report Bureau of Infectious or Con- wing are the figures for 1884:—

	Since Jan. 1st, 1884. New Cases.		Deaths.
..	919	..	419
..	21,813	..	5,251
..	23,095	..	5,787
..	2,026	..	1,096
..	1,147	..	240
..	1,297	..	299
..	10,297	..	13,092

phtheria seem to have been al. In 1857 (the first year of ablished a medical college in noting the medical sciences, l board or officers of sanitary 6th year of Meiji) a medical ler the Educational Depart- all sanitary works. In 1865 itary control was separated tment, and attached to the Since then sanitation and t advances. The Central ei-Kuwai) was first opened ji) 1879, and its members w foreign physicians em- ment. At the same time, ished in every prefecture, s were founded. Health district all over Japan. hed in Tokio, Yokohama, the imported drugs were ther sanitary chemical lishment is founded in ributed to the various edico-Botanical Garden d, except the Central ler the control of the an also boasts of a ose first meeting took was a membership of eld on the last Satur- ur or five addresses, bearing upon public and personal hygiene, have been usually delivered. Reports of the addresses are sent to all members. Before the end of its first year of existence there were 4,514 members, and over 21 branch societies were formed in the provinces. The membership a short time ago was reported at 5,620. The Regulations of the Association have been published in English. Evidently medicine and the allied branches of knowledge are not neglected in Japan, and, from the specimens of Japanese contributions to medical clinical literature we have seen we may look for good work from our Japanese *confrères*, and anticipate a high position for the art in Japan.

FOURTEENTH SURGICAL CONGRESS, BERLIN.

AT the concluding sitting Herr Adelmann reported that the invested effects of the Congress amounted to the sum of 56,173 marks.

On proceeding to the choice of President for the ensuing year Herr von Langenbeck declined the honour on grounds relating to his health, but on being pressed in a flattering manner by Professor Volkmann to reconsider his decision, he consented to undertake the office for another year.

Dr. Hoffa, Würzburg, then read a paper on Resection of the Knee-Joint, in which he claimed that the operation was, generally speaking, preferable to that of arthrotomy. Of thirty-one cases ten had recovered with useful limbs, and three with movable joints, whilst of thirty-four arthrotomic, three died, seven were healed, and the remainder were still under treatment.

Professar Albrecht, Brussels, then discussed some points of comparative anatomy. The first point was diverticula of the pharynx. He showed that, although these were generally acquired in the human subject, they were inherited in many of the mammalia, as for example the hog and the elephant. So long as the animals possessing them went on all fours they were of no moment, but when they assumed the erect posture, like the anthropoid apes, food regularly lodged in them. They were to be looked upon as atavistic. He then pointed out the complete homology between the hand and the foot, as shown by the fact that the process of the astragalus was in reality a distinct bone, and that the number of bones in the carpal and tarsal joints was thus equal. He also mentioned as a return to an earlier form of developm ent a contracted female pelvis possessing only one pelvic vertebra. When animals first emerged from the water and began to creep on the land they required for support of their posterior extremities a prolongation of the spinal column. Then originated a single pelvic vertebra, which, with increasing complication of movement, became later on articulate, and finally ended in the nine vertebræ of the sacrum and coccyx. The same explanation of atavism served for the survival of two roots to the incisor and canine teeth.

Dr. Riedel, Aachen, showed a cyst of the pancreas that had been diagnosed as ovarian, and removed. The case did well to the third day. She then died of collapse. At the autopsy a portion of the pancreas was found ligatured.

Professor Maas reported a case of resection of the ninth and tenth ribs for sarcoma extending from the scapula to the tenth rib. For the purpose of avoiding bronchitis, the healthy lung adjoining was not washed out. Rapid recovery took place.

Finally, Professor Kraske, Freibug, discussed extirpation of high-seated cancer of the rectum. After Kocher had proposed that in such cases the coccyx should be removed, the speaker had perfected the method. He not only removed the coccyx, but also a portion of the sacrum. Two cases of operation had run an uninterruptedly favourable co urse. Return of the disease had unavoidably taken place in one.

At the close some papers still remained unread.

MAY 27, 1885.

REGISTERED FOR TRANSMISSION

The Medical Press and

Is published every Wednesday morning. Pri

POST FREE TO ANNUAL SUBSCRIBERS .

„ IF PAID IN ADVANCE .

Post-office Orders and Cheques to be drawn

A. A. TINDALL, 20 King William Street, Stran

A. H. JACOB, 3 Molesworth Street, Dublin.

Agents for Scotland:—

MACLACHLAN and STEWART, South Bridge, E

A. and W. STEENHOUSE, Hillhead, Glasgow.

Sole Agent for the Continent:—

JOHN F. JONES, 31 Bis, Rue du Faubourg Mo

ADVERTISEMENT SCALE—Whole Page, £ £2 10s. 0d.; Quarter Page, £1 15s. 0d.; Or

Small Announcements of Practices, Assistan &c., of Seven lines or under, 4s. per insertio

Considerable reductions are made from the orders are given for a series of insertions. ment should be addressed to the Publisher

SUBSCRIPTIONS FOR FRANCE are received by M Hautefeuille, Paris—post free in advance, £

The Medical Press and

"SALUS POPULI SUPREMA

WEDNESDAY, MAY 2

THE AMALGAMATION SCHEME (CIATION OF FELLOWS AND THE ROYAL COLLEGE OF S ENGLAND.

ON Wednesday last there was held, in Medical Society of London, a general Association of Fellows of the Royal Co of England, and the business then tra bably the most important of any that attention of the Association since its principal object of the meeting, after he had already been taken to arrest the acti of the College in proceeding with their a a new charter independently of the discuss the bases on which an agreemen ciation of Members could be arrived at united action in the emergency which l by the Council's proceedings. After a co of time had been spent in deliberatio resolved, "that while it is inexpedient for of Fellows of the Royal College of Surge the Association of Members in their d versal suffrage, and for equal represe Council, yet in the opinion of the Associa it would conduce to the welfare of the R Surgeons, and tend to promote the inter

RED FOR TRANSMISSION ABROAD.

ical Press and Circular

'ednesday morning. Price 6d. Post free, 5½d.

NNUAL SUBSCRIBERS . . . £1 2 6

' PAID IN ADVANCE . . . , 1 1 0

ld Cheques to be drawn in favour of—

g William Street, Strand, London, W.C.

'orth Street, Dublin.

VART, South Bridge, Edinburgh.

Hillhead, Glasgow.

:—

Rue du Faubourg Montmartre, Paris.

LE—Whole Page, £5 0s. 0d. Half Page
Page, £1 15s. 0d.; One-eighth Page, 12s. 6d.

Practices, Assistancies, Vacancies, Books
nder, 4s. per insertion; 6d. per line beyond

re made from the foregoing Scale when
ries of insertions. Letters in this depart-
ed to the Publishers.

are received by Messrs. BAILLIERE, Rue
s free in advance, £1 8s. 6d. per annum.

Press and Circular.

ULI SUPREMA LEX."

.Y, MAY 27, 1885.

SCHEME OF THE ASSO-
OWS AND MEMBERS OF
EGE OF SURGEONS OF

was held, in the rooms of the
, a general meeting of the
e Royal College of Surgeons
s then transacted was pro-
any that has engaged the
since its formation. The
g, after hearing what steps
st the action of the Council
ith their attempt to obtain
of the Fellows, was to
agreement with the Asso-
arrived at, with a view to
y which has been created
After a considerable space
liberation it was finally
dient for the Association
of Surgeons to join with
their demand for uni-
representation on the
Association of Fellows
of the Royal College of
he interests of medical polity and education if Members of the College were empowered to take part in the election of members of Council, provided that no Member of the College shall be elegible to vote until he has been such Member for at least ten years."

It is hoped that the arrangement thus sketched out may be found to meet the requirements of the Association of Members, and it cannot be said against it that it either fails to give to the latter a fair share in the control of the College, or that it is wanting in recognition of the important interests of Members themselves. It is not impossible that the latter will at first regard it as conferring too little on them, since they constitute so large a numerical majority. On the other hand however, it must be urged that even the present stake in the College possessed by Fellows is considerably greater than that of the Members, who, in fact, have actually no status except the nominal one conferred by their diplomas. They have everything to gain in the future, and while fully admitting the justice of the abstract demands they advance, it still remains to us to say that in comparison with the Fellows of the College theirs is a less important position. It is thus less than just that they should demand to be on equal terms with the Fellows of the College, who have, in order to obtain a right to the title, made sacrifces of time and money considerably above and beyond those necessary to securing the membership, and having thus materially shown their higher interest in the institution, they should surely receive a larger share in its direction.

The abstract argument of the Members in support of their claim, moreover, is in itself fallacious. It amounts practically to this: that being in numbers as 18 to 1 compared with the Fellows, they ought at least to rank equally with them in administrative affairs. But should this be acted on, it would henceforth be impossible for the Fellows to exercise any sway over the College affairs, for at each election their nominees must necessarily succumb before the overwhelming numbers of votes given to the chosen representatives of the Members; so that, should any occasion demand a special exercise of the Fellows' prerogative, it would be powerless before that of the Members'. The whole question, indeed, turns on this one consideration; and it clearly shows that the Fellows cannot in fairness to themselves entertain a proposition which practically converts them into a mere offshoot of the numerically powerful body of Members.

It remains, therefore, to inquire if a means cannot be found whereby the wishes of the Members can be met without undue interference with the rights of the Fellows. The first suggestion that presents is, naturally, that Members shall at each election vote in their own representative; but the objection to this course is, that it would have the effect of splitting the Council in appearance into two sections, one representing Fellows and the other Members. However nearly of this description the actual constitution of the future Council may be, it is indisputable that an express machinery for bringing the result about would be eminently undesirable; and hence it must be avoided, especially since there is every reason for believing that in the reformed College but one set of interests

Notes on Current

The Darwin Mem

AT the meeting of the General Darwin Memorial Fund, held a fe announced that the sum of £2,200 v Treasurer's hands after payment of t which Mr. Boehm has executed for was subject for consideration hov amount in conformity with the inte The following resolutions were ul (1) That the statue of Darwin l trustees of the British Museum in (2) That the balance of the fund statue and medallion and incider ferred, under the name of the President, Council, and Fellows o trust, to invest the same in or upc securities authorised by law as moneys; (3) That the Presiden Royal Society apply from time to interests of such investments in to them appear best calculated studies and research; (4) That a a statement of the accounts be together with the resolutions woodcut, or some other repres accompany the statement. I already deposited in the hall Museum, South Kensington, ceremony.

The Political Aspect of

THE House of Lords in pa last week, divided upon the qu the Commons in the negative, the parochial doctor's service from exercising the franchise. the principle of pauperisatio charity; and as the Lower H remodel the measure, the Lo porated in the Bill, which statute. This is no place to apparent anomaly by which the recipient in England, with it no political disqualif of the decision, however, profession, seeing that so gratuitous: and this item very much to the burden o for it is plainly certain t anxious to exercise the eager to secure the village without the least intentio invoke the aid of the paris But, on the other hand, t of voting at elections ma can well afford the ordinar rather than to endanger by calling in the rate-s

Topics.

rial.

Committee of the
days ago, it was
uld remain in the
cost of the statue
committee, and it
best to apply the
ions of subscribers.
iately agreed to:—
made over to the
st for the nation;
er payment for the
expenses be trans-
win Fund, to the
e Royal Society, in
ny stocks, funds, or
estments for trust
id Council of the
e the dividends and
h a manner as shall
promote biological
of subscribers and
ted and circulated,
passed, and that a
tion of the statue,
Boehm's statue is
ie Natural History
for the unveiling

uitous Medicine.

he Registration Bill
already decided by
er the acceptance of
d disqualify a voter
esult was to affirm
spect to this kind of
I not see its way to
ndments are incor-
practically a legal
the features of the
ical relief pauperises
in Ireland it carries
hatever. The effect
ie importance to the
its work is already
ation is likely to add
munerative services,
mpecunious peasant
will be much more
ervices for his family,
ig for them, than to
in time of sickness.
osing an opportunity
influence many who
ner's fees to go to him
at the polling-booth
ttendant, and which

otherwise would naturally have been done on economica grounds.

The Diet of Nurses.

IT is curious that while the most eminent physicians of the present day are constantly insisting on the absolute necessity of an appropriate diet in the case of everyone engaged in exhausting labour, there is scarcely a single hospital in the country where the nursing staff is fed in a way to assist the preservation of health under the trying circumstances of ward work. It is indeed high time that this subject received the consideration its importance deserves, and it is worthy of note that the meeting of the Hospitals Association on Wednesday last was occupied with the question, which was introduced by a thoughtful and interesting communication by Mrs. Louisa Twining, entitled, "Thoughts on the Diet of Nurses in Hospitals and Infirmaries." The nature of the work they are called upon to perform is of a kind to diminish the appetite with which hospital nurses approach their meals, and it is in the highest degree necessary in their behalf that they should be tempted by good cookery and variety of food, to eat an amount adequate to their nutrition. This end is, however, defeated in nine cases out of ten by the miserable cookery and the constant repetition of joints displayed on the tables of the nursing department; and hence, as a consequence, it is, that a considerable proportion of the nursing staff in these institutions is always on the sick list, to the annoyance of the medical and surgical officers, and to the manifest inconvenience of patients. Should Mrs. Twining's essay be conducive to creating general interest in this subject it will effect a great service to practical medicine, and we trust this result may be found to follow from it.

Direct Drain-developed Typhoid.

AN endemic of bowel disorder closely allied to, but not exactly resembling, typhoid fever, is described by the Philadelphia *Medical Times* as having broken out in a Pennsylvanian town, and from which many persons have died. Contaminated water supply has been shown to be the source of the disease, the drinking-water being taken from wells which indirectly receive the drainage of the town, or from the river which contains the sewage from other places not far distant from the infected centre. Our contemporary adds that, owing to the low level of the river during the outbreak the sewage has been consumed by the people in a less diluted form than usual, and argues from the effects produced that they should be accepted as a warning to procure an efficient and safe supply of water for domestic purposes in Philadelphia itself, where it appears that pumps exist in densely populated quarters and in churchyards.

Death of Professor Henle.

ON the 13th inst. Friedrich Gustav Jakob Henle, the celebrated anatomist, died at Gottingen in his seventy-sixth year. He was born July 9th, 1809, at Fürth in Franken. In his youth he acted as assistant to Rudolphi, and afterwards to Johanna Müller. In 1840 he became

at present—in respect to its working an
is; but that much of the drinking, wi
evils, that is almost inseparable from en
wet weather would be avoided thereby i
reflection.

Fees of Medical Officers of Heal Labourers' Act.

SEVEN civil bills have been served on t
law Guardians by the dispensary medi
£149 15s., being the amount of fees clain
inspections under the Labourers' Act.
ment obtained in the Appeal Case of
Youghal Guardians there can be no doubt
dians will have to pay any reasonable am

Dissolution of Irish Uni

WE lately announced that the Newport
to be merged in the Westport Union, and
our belief that there would be more or le
shrinkage for some years in the number of
We learn that this anticipation is about to
the merging of the Oughterard Union in
Unions of Galway, Clifden, Ballinrobe and
view of the probability of the same policy
to other unions, it is of great importance t
tion of compensation to the disestablis
officers should be urged upon the Gover
Irish Medical Association has, we understan
the Local Government Board on the subject,
to have a short Bill passed in the present ses
liament for the purpose of providing for thes
tions if the existing law is insufficient for th

The Royal Medical Benevolent Fun of Ireland

Will hold its annual meeting at the Irish
Surgeons on Monday, the 1st of June, the
occupied by the President of the College.
gratified to learn that, though the resour
Society fall very far short of the claims upon
lence, yet its finances have been maintained in
ing condition by the judicious caution in mal
which the Council has exercised. We hope fo
attended and influential meeting, and for th
prosperity of the Society in its coming year.

The Health of Dublin.

ACCORDING to the report for April issued by Dr.
Superintendent Medical Officer of Health for D
deaths within the metropolitan registration area a
during the five weeks to 31·98 per 1,000 perso
The death from the seven principal zymotics we
ratio of 4·4 per 1,000 persons. In the city the
5·1 per 1,000 persons. On the northern side of
the rate was 3·9, on the southern side 6·1. As c
with the previous month, the mortality caused by
continued unabated. There was about an equal
number of deaths per week in both months. Th
a trifling decrease in the mortality caused by
fever. The deaths from whooping-cough, typhoi
and diarrhœa were about equal in each month

ding arrangements, that
ding, with its attendant
rom enforced idleness in
ereby is an unavoidable

f Health under the Act.

ved on the Carlow Poor-
ary medical officers for
fees claimed by them for
s' Act. After the judg-
Case of Rogers *v.* The
no doubt that the Guar-
nable amount claimed.

ish Unions.

e Newport Union is about
Union, and we expressed
e more or less continuous
number of Irish Unions.
is about to be verified by
d Union in the adjoining
inrobe and Westport. In
same policy being applied
importance that the ques-
e disestablished medical
n the Government. The
we understand, addressed
n the subject, urging them
the present session of Par-
viding for these compensa-
ufficient for the purpose.

volent Fund Society land

g at the Irish College of
t of June, the chair being
of the College. We are
ugh the resources of the
the claims upon its benevo-
en maintained in a flourish-
s caution in making grants
ed. We hope for a largely
ting, and for the increased
ts coming year.

of Dublin.

April issued by Dr. Cameron,
er of Health for Dublin, the
n registration area amounted
98 per 1,000 persons living.
rincipal zymotics were in the
ns. In the city the rate was
he northern side of the city
hern side 6·1. As compared
mortality caused by measles
was about an equal average
in both months. There was
mortality caused by typhus
ooping-cough, typhoid fever,
equal in each month. The
number of cases of measles, scarlet fever, and typhus fever admitted show a slight decrease as compared with the previous month; the cases of typhoid fever increased slightly. An epidemic of measles has raged in Dublin since the beginning of the year. It has not, however, assumed to anything like the same proportions as in former years. The rate of mortality during the month, though high, was 3·3 per 1,000 persons less than in the previous month.

AT the Royal College of Surgeons of England the lectures for the present year will be resumed on Monday, the 1st of June, by Professor Edward Lund, who will deliver on that day and on the 3rd and 5th of June three lectures "On Some of the Injuries and Diseases of the Head and Neck, Genito-Urinary Organs and Rectum." Professor John Wood, F.R.S., will deliver three lectures on "Hernia and its Radical Cure," on the 8th, 10th, and 12th of June. Mr. A. E. Schafer, F.R.S., will deliver three lectures on "Secretion," on the 15th, 17th, and 19th of June. Professor Charles Stewart will conclude the course for the present year by delivering three lectures on "Inflammation," on the 22nd, 24th, and 26th of June.

THE annual general meeting of the British Medical Temperance Association was held in the rooms of the Medical Society of London, yesterday, May 26th, at 4 p.m. The President, Dr. B. W. Richardson, F.R.S., read "A Short Commentary on Recoveries from Alcoholic Paralysis under Total Abstinence;" and Dr. C. R. Drysdale read a paper entitled "A Medical Reply to Lord Bramwell."

THE annual meeting of the Irish Medical Association will be held on Monday, June 1st, at 12 o'clock, in the College of Surgeons of Ireland. The members will meet for breakfast at the Shelborne Hotel at 9 a.m., and, in the evening, will dine together in the College at 7 o'clock. The meeting is expected to be numerously attended, and there is much business of interest to be transacted.

IT has been decided to build a new chemical laboratory and museum in connection with Cambridge University, at a cost of £70,000.

THE reported case of cholera in Durham is proved to be without the shadow of foundation, and the two cases at Marseilles were only of sporadic cholera, always more or less prevalent there at this time of year.

ST. MARY'S HOSPITAL, Paddington, had a narrow escape from destruction by fire last week, owing to the promptitude by which the hydrants on the premises were got to work before the arrival of the Fire Brigade.

MORE than £7,000 was announced in subscriptions at the festival dinner last week presided over by the Duke of Edinburgh, in aid of Charing Cross Hospital; and upwards of £2,200 was announced at the dinner in aid of King's College Hospital, presided over by the Duke of Cambridge.

imperfectly-laid sewers were certainly present sufficiently marked to have determined the break of enteric fever in Beverley. *On seeki* general cause, the condition of the Water Co and reservoir was examined, but nothing li danger to the water was found. But it was the disposal arrangements of the adjacent Asylum were in close apposition to the Wa plant. The sewage of the asylum was receiv tling tank, from which a "carrier" conveyed mittent filtration plot. The "carrier" had *plug* from which sewage could be let out into an intervening between it and the Company's small cesspit received periodically *the conter* tling tank, and was distant from the Compa reservoir respectively 560 and 640 feet. The mere hole in the clayey ground, and *its liquid* occasionally run off into the field by a drain e the Company's main. Broad irrigation of the the Asylum's sewage plant and the *Company's* w ments was practised from time to time, and w the middle of April to the middle of June, 18 had the main opposite the *termination of th* the cesspit exposed for 30 feet, but found the and no evidence of infiltration of sewage visible The upper part of the well-shaft *leading to* then examined, but nothing but slight trickling appeared. The value of this evidence was dim to the lapse of time since the *outbreak, and the* which succeeded it. Experiments of adding cr settling tank and cesspit, and of then disch contents to the outlet drain of *the latter*, wer up to the date of Dr. Page's report, no creosote in the well. It is significant, however, that th reservoir was made water-tight *on March 8th* nearest the irrigation-field, and that the re emptied and cleansed on July 23rd, for reasons to have been withheld. Altogether, *Dr. Page h* that the Company's plant was fouled by the Asy And strong corroboration of the general view being the cause of enteric fever origination in B afforded by the fact that cases of undoubted e existed in the Asylum in March and April *in th* two of the attendants.

(To be continued.)

TOTTENHAM SANITARY ASSOCIATI

THE Eleventh Annual Report of this Associati been issued. The Committee estimate *the po* 69,783, which shows an increase of 7,549 over t year 1883. Fewer new houses were built, but the of unoccupied houses is less than before. *The gen* rate during 1884 was 16·4; 30 per cent of the d under one year, and 18 per cent. over 60 years. Th death-rate was 3·45 per 1,000, which *is higher th* twelve other suburbs taken for comparison. This is caused by an abnormally large number of de enteric fever and diphtheria, as many as 29 deat place in 1884 from the former, and 48 from the lat diphtheria death-rate is three times as high as th metropolis. The Local Board are instructing thei inspector to make special inquiry into the sanitary of the houses attacked by enteric fever and *di* which it is hoped will be of some utility. But w stand that a special investigation into the condition high mortality is about to be made by one of *the* inspectors of the Local Government Board, and therefore every probability of full elucidatior effected.

Department of Lunacy.

LUNACY LITERATURE.

PSYCHOLOGICAL INSTRUCTION FOR MEDICAL ST

By E. E. Moore, M.D.

DR. MOORE'S reprint from the *Journal of Science*, on "the Necessity of all Medical St Attending a Course of Lectures and receiving Instruction in Psychological Medicine," is now be

:sent, but were not
the extensive out-
seeking some more
er Company's well
ng likely to cause
; was noticed that
acent East Riding
e Water Company's
received into a set-
veyed it to an inter-
d plugged openings,
to an adjacent field,
any's plant. Also a
contents of the set-
Company's well and
. The cesspit was a
s liquid contents were
drain emptying near
of the field between
pany's water arrange-
e, and was done from
June, 1884. Dr. Page
on of the drain from
ound the joints sound,
ge visible in the trench.
ading to the well was
t trickling of the walls
was diminished owing
k, and the dry weather
adding creosote to the
then discharging their
latter, were made; but
o creosote has appeared
ver, that the Company's
March 8th on the side
that the reservoir was
, for reasons which seem
r, Dr. Page had no doubt
d by the Asylum sewage.
general view as to this
rigination in Beverley was
f undoubted enteric fever
nd April in the person of

ed.)

Y ASSOCIATION.

f this Association has just
stimate the population at
e of 7,549 over that of the
re built, but the percentage
before. The general death-
per cent of the deaths were
over 60 years. The zymotic
hich is higher than that of
comparison. This high rate
ge number of deaths from
s many as 29 deaths taking
and 48 from the latter. The
times as high as that of the
are instructing their sanitary
ry into the sanitary condition
nteric fever and diphtheria,
some utility. But we under-
on into the conditions of this
made by one of the medical
ernment Board, and there is
of full elucidation being

of Lunacy.

ITERATURE.

ON FOR MEDICAL STUDENTS.

Moore, M.D.

from the *Journal of Mental*
ty of all Medical Students
ectures and receiving Clinical
al Medicine," is now before us,

and we have perused it in an inquiring spirit. We are not convinced, however, as a result of the perusal, that he has made out a strong case for universal instruction in psychological medicine, nor are we likely to find ourselves out of sympathy with the prevailing tone of the profession if we protest against his too ready assumption that a medical man, because he lacks the formal, and often too abtruse, teaching of the schools, is incompetent to observe or weigh the facts in a case of doubtful sanity. It is true that a novice is often a little at sea when writing his first certificate, but as a rule his bewilderment arises more from the formal intricacies of the document on which he is to swear away a man's liberty, than from any doubt as to the mental condition of his patient. Difficult cases do arise as in other branches of medicine, but the remedy is on all hands the same—recourse to expert assistance. The proposal to add psychological medicine to the already over-weighted curriculum should not be made lightly, ways and means, the claims of other specialties, over-pressure and cramming, would have all to be considered, and what the end would be no one could forseee. Dr. Moore is not happy in his arguments, and proves strongly the weakness of recourse to reason from analogy.

THE MOTION OF THE BRAIN.

By David Goyder, M.D.

PROMPTED by the researches of Swedenborg, and the investigations of Franck Mosso, and other graphists, Dr. Goyder, having pondered the subject carefully, has already contributed his views in this journal. The present reprint is distinguished by a succinct, yet clear and excellent, survey of this interesting phase of brain life. The writer explains in detail the double movements of the dura mater discovered by the graphic method, and the relation of those movements to those of the heart and lungs. He dispossesses, to his own satisfaction, the supposition which comes naturally uppermost for the moment that the brain movement is produced by the action of the lungs, but he has done more. We think that in his eagerness to scout such a theory, he has been led into a too easy assurance that he can make use of a host of arguments to support his contradiction. There is such a thing as attempting too much in the way of proof. It is proverbially difficult to prove a negative, and we must have more light before we can think of accepting the assertion that there is "no adequate channel by which the lung force can be transmitted to the brain." Nor does it follow, giving all due weight to the presiding greatness of the brain, that because "respiration itself, like all other bodily acts, can be shown to be dependent on nervous influence for its initiament," the influence should not be mutual. The inherent movement of the brain, and its divergent and convergent currents, are attributed by the writer in confirmation of Swedenborg to a subtle nervous fluid. The influence of the cerebellum on the sympathetic, and other doctrines, are preached in this little treatise, which, take it all in all, is cleverly written, and though full of debatable matter, is suggestive, fresh, and interesting.

THE POSITION OF THE MEDICAL PROFESSION IN REGARD TO CERTIFICATES OF MENTAL UNSOUNDNESS OR CIVIL INCAPACITY.

By T. S. Clouston, M.D.

DR. CLOUSTON with his usual force of expression and good sense has come into the field of the lunacy discussion at a very opportune time. He has contributed an excellent paper on a phase of this burning question, which has a direct and near interest to every member of the profession. All registered practitioners are qualified to certify, and in virtue of this qualification, all are liable to be called on publicly to defend themselves in respect of any exercise of this qualification. The profession has been surrounded by many candid advisers who agree only in that they differ. The *Lancet* advises

increased, as Mr. Malley suggests, by using
when the owners of old-fashioned objectives
would at once secure the modern desid
apertures by the ready expedient of using m
in the illumination. The suggestion, h
ignorance of the subject. Angular apert
depending wholly on the construction of th
extent to which it may be rendered invalua
the condition of the radiant pencil of rays fr
but in no proper sense can it be held till
the illumination *increases* the angular a
objective. As to Mr. Malley's further sug
achromatic condenser increases the obliquit
here again he brings confusion *into* th
obliquity of the light depends on the cons
condenser without reference to its being "ac
extent to which the obliquity can be render
the object depends on the conditions of
whether from air, water, or homogeneo
assuming always that the base of the slide i
right angles to the optic axis.

We can but regret that the compilation
treatise on photo-micrography *should have* c
so ill-qualified for the task as Mr. Malley. Phot
is a subject of considerable interest to a large
scopists, and we have no doubt a fairly good
meet with much success. The volume be
be regarded as wholly disappointing, and
calculated to advance scientific microscopy.
Plate II, as a sample of the photo-micrograp
which the author would promulgate, we can
practice in photo-micrography, like his theori
scopical optics, stands sadly in need of improv

ON MAMMALIAN DESCENT: THE HU
LECTURES FOR 1884.

WE have read the work of this distinguished b
pleasure and instruction, not, however, we r
unmingled with a feeling of disappointment, th
dard reached by this production is not quite s
had been lead to expect from our former acqua
his works. We had anticipated a fascinating pc
a master hand of the various transition stages b
mammals of our present acquaintance were gr
veloped from their lower ancestors, but in this p
think the book has entirely failed. Almost eq
pointing is the manner in which the differential
istics between mammals and other contemporary
of the higher orders are dealt with, although thi
we can more easily excuse. But another less
omission is observable in the absence of any enu
the distinctive characteristics of man, and of a
attempt to trace his relationships to inferior
which we thought would have formed the most
features of the Hunterian Lectures. Of the ni
which compose this volume the first is *introducto*
last *concluding*, while of the remaining seven, th
voted to the insectivora. The facts referred t
chapters all relate to the skeleton, and nearly
embryonic skull, in tracing the development of
author has already done so much valuable scient
As these lectures are offered to the author's "non
friends as slips and cuttings from the biological
venture to think that a more judicious treatmer
subject-matter might have been chosen. The inf
conveyed is of the greatest interest to the already sk
phologist, but will, we suspect, rather bewilder th
scientific amateur, and still more so the non-
reading public, more particularly as very minute ost
descriptions are frequently given without sufficient
tion which would be absolutely essential to make
at all intelligible to a reader not within reach of
tomical museum.

While, however, making these apparently capt
marks about the work from what we consider to
point of view of a non-scientific reader of average
gence, we have no wish to detract from the real meri
work as a contribution to science which we conside
very high indeed, or to under-rate the value of the i
tion which we have derived from it for which we o
thank the author.

"oblique light,'
s of low aperture
leratum ; of high
more oblique light
nowever, betrays
rture is a matter
he objective; the
nable depends on
from the object;
l the obliquity of
aperture of the
ggestion that an
ity of the light;
he subject. The
nstruction of the
achromatic;" the
ered available on
of the incidence,
neous immersion,
e is plane and at

on of a practical
'e devolved on one
'hoto-micrography
rge class of micro-
;ood volume would
e before us must
nd by no means
copy. If we take
'ographic standard
can only say his
heorising in micro-
provement.

HUNTERIAN
t.

ished biologist with
, we must confess
nent, that the stan-
quite so high as we
acquaintance with
ating portraiture by
stages by which the
were gradually de-
n this particular we
most equally disap-
ferential character-
mporary vertebrates
ough this deficiency
ier less pardonable
any enumeration of
nd of any definite
inferior mammals
the most prominent
f the nine lectures
ntroductory, and the
seven, three are de-
eferred to in these
id nearly all to the
pment of which the
able scientific work.
hor's "non-scientific
biological tree," we
s treatment of the
n. The information
e already skilled mor-
bewilder the average
o the non-scientific
y minute osteological
out sufficient illustra-
ial to make the text
in reach of an ana-

arently captious re-
consider to be the
r of average intelli-
the real merit of the
h we consider to be
value of the informa-
r which we cordially

Medical News and Pass Lists.

The Academy of Medicine of Paris has just done honour to British Medicine by awarding a prize to Dr. Murrell, of London, for the discovery of nitro-glycerine as a remedy in angina pectoris.

Society for Relief of Widows and Orphans of Medical Men.—The annual general meeting of this invaluable society was held on Wednesday last. Sir James Paget, Bart., occupied the chair. From the report presented we gather with regard to the position of the society that the number of members, 366, shows a slight decrease of four on that of last year, the number of deaths twelve, and the number of resignations five, exceeding by four the number of new members elected. The deaths naturally influence the number of annuitants, but which nevertheless have been increased from 57 widows to 61 at the present time, and from 3 orphans to 8. It is very satisfactory to note that with the extended power of granting relief given by that recent alteration in the by-laws, the income from funded property is steadily increasing. Considerable regret is expressed in the report at the frequency of the appeals which appear in the medical journals on behalf of the widows and families of young members of the profession, who had not lived long enough to make any provision for those whom they leave behind. Had they been provident enough to join this society their families might have been protected from want. Indeed, it is quite incomprehensible to ourselves that the number of members since the scope of the society was much enlarged, has not been doubled or trebled. The election of Henry Lee, Esq., and Cooper Forster, Esq., as Vice-Presidents of the society, and of the following as Directors—Jabez Hogg, Esq., Dr. T. A. Barker, Dr. F. Roberts, Dr. Broadbent, Dr. Stokes, Dr. J. Ogle, Dr. Duka, C. W. Latham, W. H. Bennett, and J. Smith-Turner, concluded the business of the meeting.

Vital Statistics.—The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 20·4 per 1,000 of their population, and were—Birkenhead 19, Birmingham 17, Blackburn 23, Bolton 14, Bradford 16, Brighton 10, Bristol 15, Cardiff 22, Derby 15, Dublin 35, Edinburgh 17, Glasgow 29, Halifax 22, Huddersfield 16, Hull 18, Leeds 20, Leicester 18, Liverpool 24, London 19, Manchester 27, Newcastle-on-Tyne 30, Norwich 22, Nottingham 19, Oldham 23, Plymouth 20, Portsmouth 22, Preston 33, Salford 23, Sheffield 24, Sunderland 25, Wolverhampton 19. The highest annual death-rates from diseases of the zymotic class in these towns were—From measles, 2·2 in Birkenhead, 2·5 in Manchester, and 4·1 in Newcastle-upon-Tyne; from whooping-cough, 2·7 in Plymouth, 2·9 in Oldham, and 4·6 in Blackburn; from scarlet fever, 1·0 in Newcastle-upon-Tyne, 1·1 in Cardiff, and 1·7 in Sunderland; and from "fever," 1·0 in Salford, 1·1 in Cardiff, 1·2 in Sunderland, and 1·4 in Plymouth. The 38 deaths from diphtheria included 21 in London, 4 in Glasgow, and 2 in Brighton. Small-pox caused 62 deaths in London and its outer ring (not including 30 fatal cases of Londoners who died in the Metropolitan Asylum Hospital Ships and Camp at Darenth), 4 in Manchester, and 1 in Sunderland.

The Mortality of Foreign Cities.—The annual death-rates per 1,000 in the principal foreign cities, according to the last weekly returns communicated to the Registrar-General, are as follow:—Calcutta 38, Bombay 27, Madras 28, Paris 25, Geneva 25, Brussels 21, Amsterdam 23, Rotterdam 23, The Hague 21, Copenhagen 21, Stockholm 25, Christiania 20, St. Petersburg 34, Berlin 24, Hamburg 27, Dresden 23, Breslau 34, Munich 32, Vienna 33, Prague 34, Buda-Pesth 31, Trieste 28, Rome 25, Venice 30, Alexandria 29, New York 26, Brooklyn 23, Philadelphia 23, and Baltimore 19.

Royal University of Ireland.—The following candidates have passed the examination for the degree of Master in Surgery at this University:—

John Barron, W. J. Cowden, G. R. Crawford, M. H. Curtin, T. W. Dwyer, R. E. Foott, W. R. Hawkins, J. McAleer, Michael McCarthy, W. B. R. McWha, G. F. H. Marks, John Meenan, John Moore, James Musgrave, James P. O'Byrne, Robert Petticrew, E. L. Pooler, John Ryan, William Sexton, Norman Smyth, Robert Thomson, F. J. Tresilian, J. J. Walsh, M. J. Whitty.

The following have obtained the degree of Master in Obstetrics:—

Maurice Connery, Alexander Corry, M. H. Hannigan, Daniel Hennessy, Michael McCarthy, Morgan McSwiney, W. B. McWha, Robert Petticrew, John Ryan, William Sexton, F. J. Tresilian.

The Medica

"SA

WEI

CONTENTS.

ORIGINAL COMMUNICATIONS.

On the Alleged Constitutional Treatment of the Uterus and its Appendages. By C. H. F. Routh, M.D. Lond., Fellow of University College, London 483

Notes from the History of Medicine and Medical Opinion. By Surgeon-General Chas. A. Gordon, M.D., C.B., Honorary Physician to Her Majesty the Queen 486

On Migraine. By Alfred Drysdale, M.B. Lond., F.R.C.P. (Mentone) 488

CLINICAL RECORDS.

The Middlesex Hospital—A Case of Successful Œsophagotomy. Under the care of Mr. George Lawson, F.R.S. .. 489

St. Thomas's Hospital—Case of Papilloma of the Bladder. Under the care of Mr. Anderson, F.R.C.S. 489

TRANSACTIONS OF SOCIETIES.

CLINICAL SOCIETY OF LONDON—

Report on Spina Bifida and its Treatment by the Injection of Iodo-Glycerine Solution 490

A Case of Successful Œsophagotomy .. 490

A Case of Œsophagotomy 491

Original Communicatio

ON THE ALLEGED CONSTI TREATMENT OF THE UTE ITS APPENDAGES.

By C. H. F. ROUTH, M.D. Lo

Fellow of University College, Londo

Consulting Physician to the Samaritan Hospital

IN the late Gulstonian Lectures delivere College of Physicians, after a very proper out quack medicines and favourite drugs, Dr. "A neuralgic woman is peculiarly unfortuna bitter and repeated may be her visceral neu either told that she is hysterical or that it In the first case she is comparatively fortun only slighted. In the second case she is ent net of the gynæcologist, who finds her ut nose, a little to one side; or, again, like t running a little, or it is as flabby as her bi the unhappy viscus is impaled upon a sten upon a prop, or is painted with carbolic aci of the year, except during the long vacati gynæcologist is grouse shooting, or salmo leading the fashion in the Upper Engadine. fastened to a more or less nasty mystery, be apprehensive and physically introspective, and changes are rivetted more strongly than eve the uterus, and you fix in the woman the arro chondria, it may be for life.

"Now, gentlemen, it is time we completec tion from this gynæcological tyranny, and tha College, no longer permit ourselves to be s these brethren of ours, who calmly tell us superior airs, that our use of such expressions neuralgia, irritable uterus, ovarian neuralgia, ne and the like, comes of a shallow sciolism, and i upon the emptiness of our knowledge of u gnosis.

"The spirit of meekness," he continues, "alon

ical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 3, 1885.

	PAGE
Two Cases of Raynaud's Disease	491
A Case of Tumour of Bladder	491
ACADEMY OF MEDICINE IN IRELAND—	
Renal Tumour	492
Dissecting Aneurism of Skeleton	492
Sublingual Epithelioma	493
FRANCE	
Glandular Gout	494
Heroic or Poisonous Doses	494
A Physician Charged with Child Murder	494
Charge of Crim Con.	494
LEADING ARTICLES.	
CHOLERA VACCINATION	495
PAPER VOTING AT THE IRISH COLLEGE OF SURGEONS	496
MEDICAL RELIEF AND THE FRANCHISE	496
NOTES ON CURRENT TOPICS.	
The Vacant Physiciancy at Newcastle-on-Tyne	497
Gynæcological Abuses	498
Death of Professor Thorburn	498
The Darwin Memorial	498
Vaginal Hæmorrhage following First Coitus	498
Nutrition by Absorption in Granulating Surfaces	499
Carbonic Acid Pollution of the Atmosphere from Brewing	499
Buttermilk in Sick Stomach	499
Hæmoglobin in Chlorosis	499
Ptomaines	499
Atropine in Morphia Poisoning	499
The Society for Relief of Widows and Orphans of Medical Men	500
The Medical Temperance Association	501
Election of Examiners at the Irish College of Surgeons	501
Lunacy Law Amendment	501
Irish Graduates' Association	501
The Right of Property in Surgical Specimens	501
Fœtid Feet	502
Importation of Infectious Diseases into London	502
Specific Bacilli in Syphilitic Tissues	502
Pharmaceutical Congresses	502
Scotland	502
Correspondence	503
Literature	504
Obituary	504
Medical News	505
NOTICES TO CORRESPONDENTS	506

unications.

CONSTITUTIONAL HE UTERUS AND

H; M.D. Lond.,
ollege, London;
ritan Hospital for Women.

ures delivered before the
ry proper outburst against
e drugs, Dr. Allbutt adds,
ly unfortunate. However
visceral neuralgias she is
al or that it is all uterus.
tively fortunate, for she is
use she is entangled in the
finds her uterus like her
again, like that organ, is
oby as her biceps; so that
upon a stem, or perched
carbolic acid every week
long vacation, when the
ng, or salmon fishing, or
er Engadine. Her mind
y mystery, becomes newly
rospective, and the morbid
ongly than ever. Arraign
woman the arrow of hypo-

we completed our reac-
ranny, and that we of this
rselves to be snubbed by
calmly tell us with their
uch expressions as uterine
an neuralgia, neurasthenia,
v sciolism, and is grounded
nowledge of uterine dia-

continues, "alone restrains me from throwing the same stone again, and accusing our gynæcological friends of ignorance of neuropathics, and of the neurotic diathesis. That no man limited by the bounds of human intelligence can have a fine knowledge of medicine, surgery, and obstetrics is true—is as true of obstetricians as of physicians, but every man can have, and most have a good all round knowledge of a kind which will enable him to take the main bearings of any case which may come to him.

"For my own part no conventionalities arrest me when my opinion is asked for a sufferer. The speculum and uterine sound were invented as much for my benefit as for other people, and I feel it both my duty and goodwill to examine into every detail of a case whether medical, surgical, or pelvic."

I have copied this paragraph in full because it is in the main my excuse for the paper I am now reading. I am ready to admit that Dr. Allbutt is a very meek physician, but like Moses also a very learned man; but when he stigmatises a portion of our honourable profession in terms—not over charitable—really meaning that some gynæcologists are proud, tyrannical, shallow or ignorant, and bordering upon something worse, I think, he does not prove his own excellencies by the comparison, and I am inclined to conclude that in riding his hobby with so much zeal, the whole paraphrase could be with equal truth transposed, and that many would be ready enough to say *nomine mutato de te Fabula narratur.*

But I am not surprised at this opposition. Whenever any new plan is suggested in medicine or surgery it is sure to be opposed by a large number of persons. The time was when chloroform was so condemned. I full well remember the ridicule that was heaped upon Prof. Simpson when he was described with several others of the fraternity as overpowered in august company by the drug. I also remember Dr. Gream's violent tirade against chloroform, and yet he afterwards employed it largely. So likewise with regard to chest examinations by the stethoscope. It was deemed very indelicate to expose the bosoms of a number of female patients at the hospital for the purpose of auscultation, and yet what practitioner is there now-a-days who does not deem it essential

after a fall, or when she was lifting som
or when she was straining to get at some
above her reach. She has been invalided
almost confined to her bed, and unable t
degree of comfort; she finds her greate
lying down; she may have a good deal
cough or throat irritation. One docto
tells her it is all indigestion, another *man*
ful examination of her lungs and finds, n
consolidation at the apex of one lung, wh
prove the commencement of consumption
gist is next called in; he makes a caref
of the patient; he expects a displacem
the womb completely retroflexed or
reduces the organ, and all the patient's
appear. Was he justified in making th
or not? But I have known cases in whic
has existed for years, and where throu
having proper appliances used in the earli
the disease was only incipient or the or
verted or retroverted, there have resulte
local ailments, so that even a *Hodge* pe
longer be applied; and all varieties of n
health for years have continued, and, at las
a little earlier attention to the uterine co
have restored that woman to health and h
this is by no means an exaggerated state

I remember a case in which a woman wa
the Samaritan Hospital under my care.
was labouring under inflammation of the
endometritis), after displacement (antiversi
lasted over nine months. The pain was ve
had accordingly been unable to walk, in
been bedridden for six weeks. Her c
thoroughly miserable, even her digestion, w
formed, altogether she seemed like a patie
to die than anything else. I treated thi
course I did not forget to cultivate the ap
adopt other general means to increase
First, I induced her to put her feet down, a
her to attempt to walk, and was greatly p
that she could walk by means of crutches,
walks as well as I do. I might have given
all the medicine in the world; had I no
displacement and treated her locally, she
have got to the degree of recovery she has

I remember another case, treated by Dr.
liams, at the Samaritan Hospital. It was th
who had been serving in the Crimea, a very
still, and well-formed. When she presente
was unable to walk. As you may suppose,
treated and visited by many doctors, but st
not one of them appeared to have made a cl
tion of the womb. When this was done it
that there was a complete antiflexion; this w
Dr. Williams and one of his intra-uterine
troduced, and within three days that you
able to walk, and afterwards became assist
to a hospital in a large provincial town.

The case published by Dr. Thomas Chambe
cal Journal vol., 1. p. 388) is also one which fully
excessive neurotic symptoms from uterine di
After a fall on her buttocks at the age of 43,
a nobleman's nurse, noticed numbness in h
advancing up the leg and thigh, with loss of te
This, in three months, passed on to paralysis o
including the left hand, and producing a dra
face to right side and occasional epileptic fits
years, notwithstanding medical care, the cau
disease was not found out, until Dr. Chamber
examination. The coccyx was then found to
and there was acute retroflexion of the enlarg
There was also constant vomiting and profu
rhagia. So soon as her general health was a
proved, which took about twenty-three days,
coccyx, kept in position by a vaginal plug, had u
uterus was reduced under chloroform, an intr

ing some heavy weight, at some article placed invalided for some time, unable to walk with any r greatest happiness in od deal of sympathetic e doctor comes in; he her man makes a care- l finds, may be, a little lung, which he fears may sumption. A gynæcolo- a careful examination lisplacement, and finds xed or antiflexed; he atient's symptoms dis- aking this examination es in which this condition ere through neglect in the earlier stages, when r the organ only anti- ve resulted all kinds of Hodge pessary could no ties of misery and ill- and, at last, death, where uterine condition would alth and happiness; and ated statement.

woman was brought into my care. This woman ion of the womb (fundal t (antiversion), which had pain was very acute; she o walk, in fact, she had s. Her condition was digestion was badly per- like a patient more ready treated this woman; of ivate the appetite and to o increase her strength. feet down, and then I got as greatly pleased to see of crutches, and now she have given this patient ld; had I not reduced the locally, she would never very she has attained.

eated by Dr. Wynn Wil- al. It was that of a nurse rimea, a very fine woman she presented herself she ay suppose, she had been octors, but strange to say ve made a close examina- was done it was found exion; this was reduced by ntra-uterine pessaries in- ays that young lady was became assistant matron cial town.

homas Chambers (*Obstetri-* one which fully exemplifies om uterine displacements. the age of 43, this woman, numbness in her left foot, h, with loss of temperature. on to paralysis of left side, producing a drawing of the nal epileptic fits. For six al care, the cause of her ntil Dr. Chambers made an s then found to be broken, ion of the enlarged uterus. uiting and profuse menor- al health was a little im- enty-three days, and the aginal plug, had united, the loroform, an intra-uterine stem was introduced, and the temperature became normal, the hemiplegia and menorrhagia passed away, and the patient left the hospital quite cured in three months.

Another variety of disease often marked by very severe neurotic symptoms is *cancer* of the sexual organs. I mean when there is perhaps little or no outward characteristic manifestations of its presence—perhaps only a slight appearance of the catamenia. A lady once brought me her daughter for some ordinary neurotic affection. After I had attended to the young lady, the mother said to me: "I think it right to tell you that I have a very curious symptom. I have not for ten years seen my courses, but within the last two years I have become unwell regularly every month. I spoke to my local doctor, and he told me it was a very common thing among women, and refused to examine me, and that I needed not to trouble my mind about it at all. But as I am here, I should be obliged if *you* would examine me." I did so, and found her affected with incurable epithelial cancer of the womb and vagina. If this case had been investigated at an early period, she might have been cured, but owing to the neglect of this examination, she was doomed to an early death. Now I hold that the medical man who, having been asked to make this examination, and who refused or pooh-poohed it, was far more guilty than the man who made a superfluous examination, if, while doing the latter, he observed the proper rules of delicacy and morality. I could enumerate case upon case of this kind of undetected yet fatal cancer. An explanation has been given to me which accounts for this refusal to examine ladies. It is said that in many country places if a man were known to examine women he would lose all his practice, but others have assured me that they do not make these examinations because they do not understand how to make them, and that they form no part of their department of practice, and therefore they prefer sending these cases to a gynæcologist. Surely if it is so, is it right to encourage this want of knowledge by giving it out that in by far the majority of these cases are essentially neurotic, and should not be more closely investigated? The following case occurred to my son the other day:—A patient had been suffering from continual loss of blood per vagina. She had been under the care of a most eminent but pure physician, and who had treated her for some time. He had stated also that all that was the matter with her was change of life, and although she took medicines by the quart and any amount of pills she never improved. Hence she wished to see my son. He made an examination, and detected a large number of mucous polypi filling the uterus. These were the cause of all the bleeding. They were removed, and recovery was instantaneous.

Another remarkable example occurred to myself. A lady had been under the care of an eminent London pure physician for menorrhagia. She continued under his care for six months. He regularly attended her, and otherwise gave her reason to believe that he perfectly understood her disease, but he never made any examination. She got very little better, if better at all. She was then recommended to go to the seaside, which she did. But the bleeding continued, and she was compelled to consult the country physician. He was more wise than the London physician, and *made* an examination, but finding nothing external to the uterus to account for the bleeding, he stated that it would be necessary to dilate the organ, and advised her to go back to London to consult a gynæcologist, and she came to me. The first thing I did was to dilate the uterus by means of sea tangles, and then I felt on my finger that the entire uterine cavity was filled with fibroid growths. These I began by removing every second or third day, twisting off piece by piece, until at the end of about six weeks I got the uterus perfectly free. I then applied strong nitric acid to the cavity, and though it is now three or four years since the disease first made its appearance, she is perfectly well. Here is a second instance of a woman being treated as if affected by disease of a general character, and in which

nosology, diseases were arranged accor
causes, namely, those from vitiated hu
pathology); derangements of blood (bl
modern science ?); bile (hepatic ?); wi
Toxicology, and the means of distingu
food were carefully attended to, and la
special department of study devoted to
lar diseases, in the list of which chole
According to what may be called the prin
by the ancient Hindoo the individual l
own power to lengthen or shorten his
they, is like a coachman driving his own
be well made, and if he continue to dri
will go for a long time, but if he driv
roads the wheels will get injured, and
soon be worn out. He who indulges t
gratification of the senses "will die like a
its destruction by sweet sounds of the lut
rise." Diseases are produced either by
in a former state of existence (heredity), b
of the humours, or by combination of t
In order to enforce the various hygienic
people, enunciated by ancient Hindoo l
were inculcated among the sacred worl
ancient period. The influence of climate
health was fully recognised, and both foo
were modified accordingly. The relation o
eases to season was noticed, and those wh
were enumerated. The instructions laid do
personal hygiene, including rising from be
mouth, exercise, bathing, clothing, food, ar
very precise. For example, the ceremo
the feet" of travellers had *in view* t
impurities, of local diseases, and *fatigu*
"the prevention of the approach of devi
bath was used in some inflammatory feve
and locally in some external swellings.
diet relied upon, that Hindoo physicians
most diseases may be cured by following
also that "if a patient does not attend
hundred good medicines will not remove
The people were very careful about th
water, and ascribed many diseases to bad w
Veda shastras the use of wines and spirits w
but in the *Tantra* they are allowed, and th
of Siva indulge in them. According to
Jones the institutes of Menu to which
twelfth century, B.C., is assigned, certai
mead distilled from honey; of arrack
juice; rum from molasses; a spirit from
spirit from flowers. [The latter, no doul
used at the present time, called darow,
from the flowers of *Bassia latifolia*; in
Mhowa. *Soma*, the Hindoo nectar "the
mortality" was prepared from a species o
The smoking of tobacco was allowed.

In the *Ay'ur Veda*, surgery was conside
first of the eight departments of medical s
minute and precise instructions were laid
performance of operations, including venes
in some diseases "was half the treatment;"
external injuries are classified according to
and character. A special chapter is deve
"Taliacotian" operation, although not so
until many centuries after it had been p
Hindoo surgeons. The operations performe
rude, were bold and hazardous. There is eve
believe that anæsthetics were well understo
(and in China) at least six centuries before th
æra, and indeed, long prior to that perio
reference to certain "magic rituals" in conn
the worship of Maitrëya Buddha "soporific
"soul confessor," as it was called, was li
administered, recovery from its effects beir
about by means of "charms and cold water."

According to the Shasters, "Nature is liab
sional irregularities from the impurities and th

ged according as to their
liated humours (humoral
blood (blood poisoning of
tic ?); wind, and phlegm.
f distinguishing poisoned
so, and lastly there was a
voted to certain particu-
ich cholera was included.
d the principles of hygiene
lividual has much in his
orten his life. Man, said
g his own carriage; if this
ue to drive cautiously, it
f he drives it upon bad
red, and the carriage will
ndulges too much in the
die like a deer deluded to
of the lute which hunters
either by sins committed
eredity), by derangements
ation of these two causes.
is hygienic laws upon the
Hindoo legislators, they
acred works from a very
of climate and locality on
d both food and clothing
e relation of particular dis-
d those which thus prevail
ions laid down in regard to
ing from bed, cleaning the
ng, food, and sleeping were
he ceremony of "bathing
in view the removal of
and fatigue, and further
ach of devils." The cold
natory fevers, in madness,
swellings. So much was
physicians declared that
following dietetic rules;
not attend to his diet a
not remove his disease."
ul about their drinking
ases to bad water. In the
and spirits was forbidden,
owed, and the worshippers
according to Sir William
nu to which the date of
igned, certain notices of
; of arrack from palm
spirit from rice; and a
ter, no doubt, such as is
lled darow, and obtained
latifolia; in Hindostanee
ectar "the wine of im-
a species of *Calotropos.*]
llowed.

was considered to be the
of medical science. Very
ns were laid down for the
cluding venesection, which
treatment;" wounds and
according to their degree
apter is devoted to the
hough not so designated
t had been practised by
tions performed by them, if
. There is every reason to
well understood in India
turies before the Christian
to that period; thus, in
rituals" in connection with
lha "soporific incense,' or
called, was lighted and
its effects being brought
and cold water."

"Nature is liable to occa-
purities and the imperfect

manner in which the elements and qualities are mixed together. The soul of the body microcosm, like the great soul of the world macrocosm, tends to retard these derangements, or to restore such irregularities (*vis medicatrix naturæ*)." Diseases were classified as being curable, chronic, and incurable. Another classification divides them into contagious and non-contagious; and further, into mental, bodily, and accidental. The general causes of disease are referred to such as proceed from matters or objects of sense, from improper exercise, and from the seasons. Thus, "dyspepsia will be produced by being exposed to bad odours; hæmoptysis by carrying heavy weights; cholera, fever, dysentery, &c., by irregularities of the seasons." Another form of disease (easily recognised in our own day) "is produced by sin." The three means of preserving life are briefly stated to be proper food, sleep, and government of the senses and passions.

Diagnosis was arrived at "by means of the five senses," and by asking questions. Much attention was paid to the state of the pulse, which was considered to possess a peculiar character for every disease. Prognostics in a given case "are often but slightly apparent to the general eye, and can only be detected by the eye of an experienced physician." Many of the "prognostics" enumerated are extremely characteristic. On the subject of fevers, the writings of the ancient Hindoo physicians are very extensive and exact. Among the causes of fevers enumerated by them are—using improper articles of food, exposure to the morning sun while fasting, fatigue, fear, or grief; drinking stagnant water into which leaves have fallen; visiting a new climate. They recognised four principal types, namely, continued, mixed, remittent (synochus), "accidental," and intermittent fever. Each type had its varieties—one of them as many as thirteen. The *critical* days were considered to be the seventh, ninth, eleventh, fourteenth, eighteenth, and twenty-second; also that those who survived the latter period usually recovered.

Diseases affecting the mind were considered to be swooning, epilepsy, madness, and devil madness. Two kinds of spirits may enter the body and produce disease, namely, a good and a bad. Either may do so "in the same manner as the soul enters and leaves the body; as light enters water in a glass, or as heat or cold enters a body." The symptoms of cholera were exactly described, although at the ancient date now alluded to that disease, in India at least, does not appear to have prevailed otherwise than in sporadic form.

Whether the knowledge of animals possessed by the ancient Hindoos extended beyond mere acquaintance with their external forms and the names by which those animals were known, there appears to be now no means of determining. But with reference to the question which has been raised very recently as to whether or not there is anything in the writings of ancient philosophers or naturalists to indicate the acceptance on their part of theories allied to those to which the general term "evolution" has of late years come to be applied, the following quotation from Dr. Royle's work on the "Antiquity of Hindoo Medicine," p. 178, seems appropriate, and may well close the present section, namely:—"It is remarkable that the incarnations of Vishnu should be in conformity to the modern views respecting the gradation of animal forms, as displayed in ascending from the less to the more highly developed; so the incarnations proceed from the fish to the tortoise, thence to the pachydermatous boar, the carnivorous lion, dwarf, Rama, &c."

Although somewhat out of place here, yet in a measure *à propos* to the question of how far certain so-called "advanced" theories are new, reference may not inappropriately be made to the circumstance noticed in Bunsen's "Egypt," that according to the belief of the ancient Egyptians, "the first principle of things is matter. From matter the four elements separated themselves, and animals were formed." Verily scientific belief in regard to organic life advances, but it does so in a circle. It has

successful in mitigating an
not yet succeeded in con
preventive, exercise regularl
is infallible. I have known
measure. The prognosis i
intense cases seem perman
malady. I have even obse
conjunction with phthisis t
issue.

Clinical

THE MIDDLE

A Case of Succe

Under the care of Mr.

THE patient, a milkwoman,
Ward, Middlesex Hospital,
about half-an-hour previous
with three artificial teeth. O
thing hard could be felt in th
the cricoid cartilage by deep
the left side of the neck.
remove the foreign body with
gus forceps, but although h
could not grasp it, so he decid
phagus. This he did through
in length along the lower pro
mastoid muscle. The sterno-
with the carotid sheath were
colleague, Mr. Gould, drew
direction, and with his fingers
pressed the œsophagus towar
gus was now visible, and the p
the fingers. A vertical incisio
phagus on to the plate, whic
forceps, but it was so firmly fi
phagus, by the clips which had
teeth, that it could not readi
incision. Mr. Lawson then s
and, having first divided the pla
removed it in two portions. I
thyroid arteries was divided
sutures were put into the œ
wound in it being somewhat
through it such a sharp irregul
that the parts would fall tog
adjust them. The superficial w
with sutures and covered wit
which was placed carbolic ga
was ordered to be fed with
nutrient meat suppositories.
the mouth, but from time to ti
be sponged with ice-water to a
morning the wound was dress
a very free discharge of sal
wound. The patient was fed
first four days, but feeling the
was allowed to take in additio
meat, but a large portion of
escaped through the wound.
after the operation, some re
wound, and this increased for t
followed by an offensive disc
cellular tissue. On the 20th,
operation, as much of the flui
tinued to escape by the wound
œsophagus tube with a funn
projected about six inches fr
kept in, and through it the pat
tube was worn until February
the œsophagus was apparentl
During this period the tube wa
or five days for purposes of clea
night after the patient ceased
introduced four or five times du
for administering food, as the
completely cicatrised. On Fe
wound was healed, and the pat

ick though I have hitherto
ely arresting one. As a
shed to the point of fatigue,
worst cases yield to this
ellent, not even the most
injured by this strange
that where it occurs in
tter has had a favourable

ecords.

HOSPITAL.

Œsophagotomy.

RGE LAWSON, F.R.C.S.

55, was admitted into Queen
January 14th, 1885, having
vallowed a vulcanite plate
amination externally some-
ophagus about the level of
sure with the fingers on
. Lawson endeavoured to
air of long curved œsopha-
uld feel the plate, yet he
at once to open the œso-
incision about three inches
ent border of the sterno-
stoid and the omo-hyoid
awn outwards, whilst his
trachea in the opposite
the right side of the neck
he incision. The œsopha-
could be easily felt with
as then made in the œso-
vas seized with a pair of
into the walls of the œso-
eld it to the neighbouring
be extracted through the
itly enlarged the opening,
with a pair of bone forceps,
the operation one of the
l bled rather freely. No
phagus, as, owing to the
erated from the drawing
ody, Mr. Lawson thought
er better than he could
d was then partially closed
oracic lint charpie, over
and oil-silk. The patient
ient enemas and Slinger's
food was to be taken by
the lips and tongue might
thirst. On the following
nd there was found to be
and mucus through the
ly by the bowel for the
ery much exhausted, she
me of Brand's essence of
t was taken by the mouth
the 19th, the fifth day
ess appeared around the
or three days. This was
ge, with some sloughs of
e seventh day after the
aken by the mouth con-
Ir. Lawson introduced an
shaped extremity which
the mouth. This was
it was regularly fed. The
, when, as the wound in
closed, it was removed.
hanged about every four
iness. For about a fort-
wear the tube it was
ng the twenty-four hours
xternal wound had not
uary 22nd the external
nt since then has been
able to take her food as usual. She has left the hospital and is now quite well.

ST. THOMAS'S HOSPITAL.

Case of Papilloma of the Bladder.

Under the care of Mr. ANDERSON, F.R.C.S.

James S., æt. 53, caretaker at a lecture hall, was admitted into St. Thomas's Hospital on the 9th of August, 1884, with symptoms of vesical tumour of twelve years' duration. The first indication of the disease was an attack of apparently spontaneous hæmaturia in 1872. This quickly subsided, leaving the patient in his usual health for twelve months, at the end of which time it recurred, to be succeeded by a shorter intermission of six months. After the third attack the relapses appeared about four times yearly. The hæmorrhage was for a long time the only symptom, and nothing confirmatory could be educed by investigation of the urine or by vesical examination, except a peculiarly localised tenderness in the region of the trigone on contact with a sound. In June, 1884, a vesical catarrh became superadded and thenceforth the intermissions ceased, the urine always containing more or less blood and a copious deposit of muco-pus, and the patient was tormented by constant hypogastric pain and irritability of the bladder. On the 14th August the *boutonnière* operation was performed, and a soft flocculent growth was found occupying the region of the trigone, extending upwards for about an inch and a half from the internal meatus, and an inch on either side of the median line. The mass was removed by means of forceps, at the expense of considerable, but not serious, hæmorrhage. The progress of the case was satisfactory, and on the 10th September, twenty-seven days after the operation, the patient was discharged well, except for a minute perineal fistula and a trace of blood in the urine. He is still in good health, stronger than he had been for many years before, and is following his employment. The microscopical examination of the growth showed the usual characters of a fimbriated papilloma. The points of interest in the case were the extremely slow evolution of the tumour (12 years) and the absence of conclusive evidence of the nature of the disease before the digital exploration of the bladder. Under such circumstances any operation determined upon could only be "diagnostic" in the first instance, and it is fairly certain that, had surgical intervention been withheld on account of the element of doubt the patient would not now be in a condition to appreciate the precaution. The ultimate result of the ablation of non-malignant vesical tumours is still uncertain, as nearly all the more systematic operations are of very recent date. Theoretically it seems probable that relapse would take place sooner or later in a rather large proportion of cases, considering the exceptional difficulty that must frequently arise in making sure of the complete removal of every portion of the tumour by any mode of operation yet devised. Bearing in mind also the very slow development of the primary growth in many instances—sometimes protracted over a long term of years—it might be expected that the signs of recurrence would occasionally be deferred until a very late period. The statistics in connection with this point at present stand as follows:—Out of thirty-eight cases in which the nature of the tumour was sufficiently indicated in the reports, there are four instances of undoubted and four of probable recurrence, all within a year of the operation. Complete relief is noted in one case for five years up to the date of record; in one for four years; in five for two years; and in four for periods ranging between twelve and fifteen months. In nineteen other cases no signs of recurrence had appeared at the time of the report, but the observations have been limited to a term of less than twelve months. There are hence as yet only eleven cases out of thirty-eight in which is registered an immunity of one year and over, against eight cases in which relapse is noted as certain or probable. It may be hoped, however, that operators will at some future time supplement the details of cases already given by further observations where the condition of the patient can be followed.

IN 1876 the number of medical students matriculated in Paris was 1,924; in 1883-4 the number was 5,386.

with three false teeth w
swallowed and was impacted
will be found on page 489.

Mr. LEDIARD, of Carlisle, o

A CASE OF ŒS

Patient was admitted int
with a tooth-plate in the œsoj
lodged from the mouth during
previously. There was pain o
of the neck. Various attemp
admission, failed to remove th
rest somewhere behind the
gotomy was performed, but no
cervical portion of the œspha
during manipulation on the ta
unconsciously moved from it
membrane of the œsophagus
was somewhat bruised. The
was passed *per anum* on the ni
went home quite well, having b
plate measured 1½ inch by ¾
sharp points and a nook at one

Mr. BRYANT thought this w
tice. Mr. Lediard's case afford
in operating, *i.e.*, not to be in to
as it turned out, was performe
body passed down well. He had
the obstruction passed in eight
cate delayed surgery. When
the suggestion of sutures a goo
had taken place few would adv

TWO CASES OF RAY

Dr. COLCOTT FOX brought
this disorder, and read notes o
41, of extremely nervous tem
mencement of the disorder
though this was the period
attracted by her pain, it is prob
slight attacks for some years
stages all her fingers continua
This condition of recurrent lo
place to local asphyxia, and
The fingers gradually lapsed
asphyxia, which was intensified
severity, often leading to "bloo
The nutrition of the phalanges
her hands are crippled, the fing
livid, shiny, and withered, th
and the end phalanges mu
immovable. The nose and
extent on exposure. Cold a
exciting influences. The second
51, and was of considerable int
one of Raynaud's cases, he s
hands were not deformed, but
years from "dead fingers."
for symmetrical gangrenous
recurred, and later for an atta
toe and lower third of the
then it was found that he had
manner, though more severely
another occasion blood bliste
ends of his toes. Dr. FOX cor
a reference to some cases wh
scleroderma of the extremities
disease was shown to illustrat
and Raynaud's symmetrical gan

Dr. O'CONNOR would like to
history of phthisis or bloody u
Pathological Society, he had sh
gangrene. It was not entirely ur
with thoracic tumours. He had
attack which corresponded with
the symptoms were materially l

Mr. HARRISON CRIPPS thoug
cases was somewhat obscure.
minded of frost-bite and senile
a local starvation of a part, an
constitutional causes. Raynau
between the two conditions. A
lation except in the extreme bra

ı had been accidentaly
the œsophagus. This case

IAGOTOMY.

e Cumberland Infirmary
ous which had become dis-
ep some twenty-four hours
vallowing, and emphysema
prior and subsequent to
ate, which was believed to
roid cartilage. Œsopha-
g found in the pharynx or
but it was believed that
the plate may have been
sting-plate, as the mucous
ind the cricoid cartilage
ınd healed well, the plate
enth day, and the patient
in hospital a month. The
h, and presented several
l.

very useful form of prac-
ı lesson not to be too early
eat a hurry. The operation
ınecessarily. The foreign
d a case himself in which
rs. Still he did not advo-
formed early he thought
ne, but when suppuration
ite sutures.

UD'S DISEASE.

wo adults affected with
the cases. A woman, æt.
rament, dated the com-
m ten years back, but
hen her attention was
le that she suffered from
eviously. In the earlier
went "like white wax."
syncope gradually gave
e feet became involved.
nto a state of chronic
frequent attacks of more
blisters and ulceration."
s suffered greatly, so that
ı are fusiform in shape,
ails variously distorted,
atrophied and almost
s are affected to some
nerve shocks are ready
e, was that of a man, æt.
st from the fact that, like
ed from diabetes. His
had suffered for several
sought Dr. Fox's advice
hes on the skin, which
f asphyxia of one great
or side of the leg, and
n attacked in a similar
ı the other toe, and on
ıad formed beneath the
led his paper by giving
have been recorded as
ı woman with the latter
e difference between it
ıe of the extremities.
Dr. Fox if there was any
? Last year, before the
ı a case of symmetrical
ıplicated, but associated
ed nitro-glycerine in an
Fox's case, and in which
ned.
the pathology of these
was always forcibly re-
ıgrene. The former was
he latter wholly due to
disease stood half-way
ı may carry on its circu-
ıes, and he thought this
was a fair simile. The parts should, he thought, be well wrapt up, so as to guard against the changes in the atmosphere.

Dr. BARLOW would like to make a few remarks upon the therapeutic aspects of the matter. He recommended the continuous current. He had determined to try this in some cases. In a very severe case that could hardly walk, and had suffered for two years, he began by treating with the constant current, placing one pole down the spine, and the other upon one of the extremities. This did not prove very effectual, so he applied both poles to the affected parts. He galvanised for about twenty minutes every two days. Marked benefit resulted. The patient was able to go about his work and the result has been permanent. He instructed him to shampoo his feet with oil. In the acute paroxysmal attacks during the intervals the patients are perfectly well, but in cold weather there was always a liability to attacks. The attacks lasted on an average a couple of hours. There was intense pain, the patient could hardly be kept still, the feet were quite black, and there seemed impending gangrene. In one attack after ten minutes he applied the constant current for half an hour. Then the hand became quite right; the other hand remained black for a longer time. He had tried nitrite of amyl in capsules, since by this remedy the arterioles were relaxed, and it had exerted physiological effects. If it had been administered earlier it might have succeeded better. The constant current, if used at all, should be employed every day, with the addition of vigorous shampooing.

Mr. BRYANT said that he should like Dr. Barlow's remarks to be embodied as a communication to the society. This had been done before.

Dr. FOX in reply, said there was no hæmoglobinuria; the agonising pain is felt as the attack is going off. The gangrene unquestionably was not due to diabetes. He had tried the constant current with great benefit.

A CASE OF PAPILLOMA OF THE BLADDER.

Mr. WILLIAM ANDERSON read a paper on this subject which will be found on page 489.

Mr. BERNARD PITTS on

A CASE OF TUMOUR OF BLADDER.

W. B., æt. 43, a watchmaker, was admitted on Sept. 10th, 1884, to St. Thomas's Hospital, suffering from some hæmorrhage from the bladder. Patient had a blanched and debilitated appearance, and stated that he had been passing blood with his urine for more than two years, and that of late the hæmorrhage had considerably increased in quantity, and he had been compelled to give up work. He had never suffered any pain, but had been troubled of late with irritability of bladder. The urine was offensive, deep red in colour, and contained a large quantity of clot, and a microscopical examination showed traces of villi. A perineal exploratory operation was performed on Sept. 15th, and a large pedunculated tumour discovered situated on the right side, and just below the orifice of the ureter. With serrated forceps portions of the softer part of the growth were broken off, but the wire of a strong écraseur was subsequently passed round the pedicle and the whole of the tumour thus removed. The pedicle was about one inch long, and of the thickness of a finger. A soft tube was left in the wound, and removed on the fourth day. The patient made a quick recovery, and on October 7th was passing all his urine the right way. He rapidly regained health and strength, and has had not the slightest trace of further hæmorrhage up to the present time. The tumour on microscopical examination proved to be a fimbriated papilloma with the usual structure. Some remarks were made on the diagnosis of the case, which depended rather on the prominence of the hæmorrhage as a symptom than on the microscopical evidences in the urine. The probe-pointed gorget was tried, but abandoned, and the dilatation of the neck of the bladder was made with an ordinary director as a guide for the finger. There was a good deal of bleeding during the manipulation with the forceps, and the operation would have been less prolonged if the écraseur had been used in the first instance. It was not, however, until portions of the growth had been removed that the extent of the pedicle was discovered. The prognosis in this case is an extremely favourable one, for by using the écraseur the pedicle was cut off quite close to the wall of the bladder, and the rest of the bladder surface was examined by the finger and found quite healthy.

he was attacked with great pa
ing. Nevertheless, he worke
could bear the pain no long
beating in his belly, the surfa
to the touch. When he (Mr.
his abdomen a circular tum
grasped. There were distem
visible to the eye, and affecte
round the tumour in every
bruit-de-souffle, which disapp
Dr. Gordon had previously se
conditions. On the 12th of A
bency was commenced, and it
May, when he was allowed to
given to him during the interv
and assafœtida were admini
The pain, which was very se
rapidly within a few days a
horizontal position. On the 9
of town, and he came back on
no dilating tumour to be seer
there any aortic symptoms bey
where the aneurismal tumour
had no doubt that the aneuris
endeavouring to hang up the b
in such a way as to make the
favourable for the rupture. Th
was forty-four days. This yo
Zealand, in excellent health, an
With regard to the mode of trea
fault was its simplicity, for it c
If an abdominal or thoracic ane
wall of the vessel, there would
dissecting aneurism. But if it
long as the individual maintair
blood would enter from above d
full, and the action of the heart
would be no chance of the an
when a lying position was ass
reversed. The action of the he
thirty beats per minute, which
day. The blood would enter fro
sequently against gravity; and i
ting power, the deposition of la
in a few days, and the sac would
solid mass.

Dr. HENRY KENNEDY obser
very successfully applied for t
wished to ask Dr. Finny two q
patient Cheyne-Stokes' respirati
dences of fatty degenaration?

Professor FINNY, in reply, s
dissecting aneurism afforded no
knew of only one case of the ki
made and confirmed after deat
scribed by Dr. Swaine, where th
in the upper part of the aorta,
the left subclavian, and the pa
and collapse. The aneurism wa
made its way down in such a w
of the iliac vessels, so that the
legs was stopped. The diagno
confirmed by a subsequent par
circulation in the lower extrem
respiration it was well recogni
not connected with cases of fat
quently found in cases where th
was neurotic in its character, an
of fever, as well as in cases of fa
disease of the arteries. In the
mitted to the section there w
heart or surrounding vessels.

SUBLINGUAL EP

Mr. KENDAL FRANKS exhibite
Adelaide Hospital, on the 5th
40. The tumour, which was an ep
as a small sore at the root of th
the end of last October. By th
extended downwards, so as to
the chin, and in January the sk
About the middle of January it
in front of the symphysis ment

his stomach and shiver-
for a fortnight, until he
nd then he noticed the
which had become sore
ell) saw him, he found in
which could be almost
pulsations, which were
surface for two inches
tion. There was also a
l when he stood erect.
im, and found the same
he treatment by recum-
continued until the 26th
up. No medicine was
ily enemata of turpentine
l to relieve his bowels.
at first, subsided very
he was put lying in the
me he was able to go out
14th. There was then
bruit heard, nor were
a solid mass in the place
been. He (Mr. Tufnell)
ras caused while he was
his spine being then bent
lominal conditions most
otal period of recumbency
man was now in New
ble to follow his business.
ent in question, its only
sted merely in position.
sm were in the posterior
no sac, and it would be a
e in the anterior wall, as
an upright position the
rwards, and keep the sac
ehind being added, there
rism getting well. But
ied the conditions were
was reduced by about
ounted to 43,000 in the
below upwards, and con-
he blood had any fibrina-
rs of it would commence
radually be replaced by a

that pressure had been
cure of aneurism. He
stions—namely, had the
and were there any evi-

he believed, as a rule,
ounds for diagnosis. He
in which a diagnosis was
and that was the one de-
esion suddenly occurred
se to the termination of
t was affected by shock
dissecting one, and had
as to obstruct the course
sulation in the patient's
that had occurred was
restoration of heat and
s. As to Cheyne-Stokes'
that that affection was
heart alone, but was fre-
s was no fatty heart. It
occurred in various forms
heart and atheromatous
e which he had just sub-
no fatty disease of the

HELIOMA.

a tumour, excised in the
March, from a man, æt.
helioma, was first noticed
frænum linguæ, towards
end of December it had
use a hard lump beneath
over it became involved.
ad extended to the gum,
The lower incisor teeth
loosened and became very tender. The man, when admitted, was suffering acute pain in the jaw and teeth, and neuralgic pains all over the head. He had lost sleep and flesh, and urgently requested an operation to relieve him. Accordingly, on the 5th of March, Mr. Kendal Franks excised the growth, and with it the involved skin, the middle portion of the lower jaw, from the facial groove, on one side, to a corresponding point on the other, and the entire tongue, involving all its attachments, down to the hyoid bone. The patient made an uninterrupted recovery, and left the hospital on the 14th of April, the wound nearly healed, and without any appearance, so far, of a return of the disease. There were no glands involved. The tumour, which was the size of an ordinary orange, presented on section a dense white structure, which the microscope showed to be an epithelioma. It sent fan-shaped processes upwards into the tongue, none of which, however, reached the surface. In front it had completely eroded the central portion of the lower jaw, so that the two sides were freely movable. Mr. Franks drew attention to the rapid growth of the disease, to the unusual direction in which it had extended, and to the great relief afforded by operation, though he scarcely hoped that there would not be a return of the disease later on.

The PRESIDENT asked did any power of speech remain to the man after the removal of his tongue?

Mr. ABRAHAM observed that it was remarkable how little the growth had invaded the mucous membrane of the mouth and tongue. It seemed to have gone directly inwards, and formed a hard, solid tumour in the substance of the base of the tongue.

Professor STOKES said the patient was for a considerable time under his care in the Richmond Hospital, and he wished to know what was his actual condition at present, and were there any evidences of a return of the disease? He (Professor Stokes) declined to operate in the case for several reasons. The skin and the tongue were extensively engaged, the glands were also invaded, and there was a sub-lingual tumour; and besides, when the patient was in the Richmond Hospital he did not suffer such extreme pain, and his life was not such a burden to him as Dr. Franks had described. The tumour was also slow-growing, and did not show much evidence of increasing. It was interesting to learn that the operation had been successful; but the great question, after all, was how far were operations justifiable in such cases, knowing as they did the extreme rapidity with which the disease returned.

Dr. FRANKS, in reply, said the man's powers of speech were now decidedly bad—worse than they were before the operation. They knew, however, that in cases of excision of the tongue, when the patients lived long enough they often recovered their powers of speech in a most marvellous manner. But in the case in question the man was better pleased without his tongue than he was before the removal of it. He could not consider the tumour to be slow growing, when it reached the dimensions it attained between last October and the beginning of last March. The circumstances which led him (Dr. Franks) to operate were these: In the first instance the man came several times to the out-patients' department, there not being room for him in the hospital. He (Dr. Franks) told him that he did not consider his case suitable for an operation, but the man begged to be taken into hospital, and to have some operation performed on him that would relieve him of the pain he was suffering. Then he was taken into the hospital, and had no rest or sleep, but lay awake all night. He (Dr. Franks) explained to him that he would either die under the operation, or that the disease would return afterwards, and he made the same statement to his wife. She objected to an operation being performed, but the man himself begged for it, as the pain he was suffering was unendurable. His present condition, to a great extent, justified the operation. He was comparatively free from pain, and slept well, and yet there were no signs of a return of the disease. The only thing that distressed him was his longing for solid food, which he could not take. He (Dr. Franks) was convinced, however, that the disease would return; but if it did, the probability was that the man would die quietly and without suffering.

Professor STOKES brought forward a case of suicidal wound in the throat, and exhibited the head and neck of the subject of it. He was a man, fifty-five years of age, the possessor of a somewhat large farm, near Balbriggan, and in very comfortable circumstances. The only person who

REGISTERED FOR TRAN

The Medical Pres

Is published every Wednesday mo

POST FREE TO ANNUAL SUBSCI

„ IF PAID IN AD

Post-office Orders and Cheques to

A. A. TINDALL, 20 King William St

A. H. JACOB, 3 Molesworth Street,

Agents for Scotland:—

MACLACHLAN and STEWART, South

A. and W. STENHOUSE, Hillhead, Gl

Sole Agent for the Continent:—

JOHN F. JONES, 31 Bis, Rue du Faub

ADVERTISEMENT SCALE—Whole £2 10s. 0d.; Quarter Page, £1 15s

Small Announcements of Practices, &c., of Seven lines or under, 4s. pe

Considerable reductions are made fr orders are given for a series of inse ment should be addressed to the P

SUBSCRIPTIONS FOR FRANCE are receiv Hautefeuille, Paris—post free in a

The Medical Pres

"SALUS POPULI SU

WEDNESDAY, JU

CHOLERA VACC

WITHIN the last week or tw published accounts of vaccinat performed by a Spanish physici great an excitement has been nection with the subject that country have taken it under c countenanced and sanctioned t tion against cholera. More rece recognition has been withdrawn, has been issued forbidding furt ments of the kind. In oppositic of the Cortes a strong public op due mainly to the extraordinary followed from the vaccination According to the reports receiv persons have undergone the prot of them have, even after being att succumbed to the disease; where in one hospital, that of Alcira, tw to submit to inoculation subseque In these circumstances, Dr. Ca asked the Secretary to the Local he would consider the propriety o lish commission to visit Alcira an question. Whether such a commis or not remains to be decided. Th

ISION ABROAD.

and Circular

g. Price 5d. Post free, 5½d.
ms . . . £1 2 6
ice 1 1 0
drawn in favour of—
, Strand, London, W.C.
din.

lge, Edinburgh.
ow.

g Montmartre, Paris.

ge, £5 0s. 0d. Half Page
.; One-eighth Page, 12s. 6d.
distancies, Vacancies, Books
sertion; 6d. per line beyond
the foregoing Scale when
ons. Letters in this depart-
lishers.
by Messrs. BAILLIERE, Rue
nce, £1 3s. 6d. per annum.

and Circular.

EMA LEX."

NE 3, 1885.

VATION.

the daily papers have
i with choleraic virus
, Dr. Ferran; and so
used in Spain in con-
e Government of the
sideration, and at first
operation as a protec-
y, however, this State
d in its place an edict
r inoculation experi-
to this determination
on has been aroused,
fects alleged to have
already carried out.
many thousands of
ive process, and none
ked by actual cholera,
, on the other hand,
patients who refused
ly died from cholera.
ron, M.P., last week
Government Board if
nominating an Eng-
report on the whole
on will be despatched
questions opened up by this new development of the cholera problems are many and important, nor are they of a kind which it would be judicious to decide on any grounds other than those provided as the results of direct observation and experiment. It is impossible, however, to deny that antecedent probabilities rather favour the supposition that Dr. Ferran's observations are real than otherwise; but in a consideration of such vital interest as this is already become, not even the most apparently convincing proof can be received until after it has been subjected, not merely to keen criticism, but as well to actual verification by experiment. We shall be wise if at present, without rejecting all belief in the statements that have been so enthusiastically made, we defer to receive them until we can do so with implicit confidence that they describe an unassailable truth; and this, just now, is far from being the case. So far as our knowledge will carry us at the present time we are unable to argue that, in the same way as vaccination is protective against small-pox, so, *mutatis mutandis*, will it prove against cholera; but, on the other hand, we are equally incompetent to assign valid *natural* reasons to the contrary. In the minds of all, the history of Pasteur's wonderful experiments with the cultivated virus of chicken cholera, and his still later achievements among cattle, resulting from the application of his inoculation process as protective against charbon, will still be fresh, and will prepare them to view the course of events that will follow from Dr. Ferran's observations, with a reason ready to be exercised in the cause of advance.

Among the followers of Dr. Ferran in Spain are several medical men, some of whom have submitted themselves to inoculation with the attenuated cholera virus. The descriptions these subjects of experiment give of the effects produced on them are naturally more valuable than would be similar accounts derived from non-medical persons. They state that four hours after receiving the virus they experienced cramps, diarrhœa, fever, delirium, and, in fact, all the well-recognised symptoms of cholera. This continued for a few hours, but with decreasing violence, and at the end of sixteen hours they recovered their usual state of health. Judging from analogy, such a sequence of events might be expected, and so far might be held to confirm the presumption that we have here to deal with a real attack of cholera modified by the conditions under which it is induced, and mainly through the attenuation of the infecting virus. Modern progress in medical science has so far familiarised us with the effects of "cultivation" on even the most deadly infective material, that it is no longer a mystery how the disease due to virus thus minimised in intensity is relieved of its worst consequences; but we are still in darkness respecting the *modus operandi* of the conversion of the tissue of the body from a state of active receptivity to one of almost positive inertness towards influences which would otherwise be fatally destructive. Nor can we look forward to having an explanation of this great secret afforded as the result of inquiries which may arise out of the present crisis. These will be directed to proving or disproving the correctness of Dr. Ferran's assertions; and for the time it will suffice if a definite answer can be given to

litan Fellows when questions
be decided by debate and vot
and the consequent transfer o
of the metropolitans. Heretof
nearly touched the interests
teachers, who are the great
Fellows, came to be decided, th
present to decide by their vot
teaching influences, the quest
needful reforms of education
quite impossible if submitted
the Dublin teachers, have been
the provincialists, who held the
the reformers and the obstruc
reforms be effected in future,
influence exists? We appr
changes which strike at th
such, for instance, as the
dant lecture courses, will ce
Ireland by educational reform
forward through the agency of
House of Commons, or in some

If our apprehensions are
believe no one will doubt that
have acted foolishly in purch
venience of the paper vote at
influence in matters outside the

MEDICAL RELIEF AND

IN the discussion that has ta
of the daily press on the disfran
Act of the agricultural labo
medical relief, the laxity of mo
prevails among all classes of the
of charity-doles has been somew
into notice. With the rise in
place within the last few years
be gaining ground that the in
meet the incidence of sickness,
tingencies of life to which ric
posed, and which it is as neces
fire or other calamity. But t
applies equally to other classe
tradesmen of towns, and the
tricts, who in no way feel the
cepting unpaid medical advice,
scandalised if it were suggested
fying clause should apply to th
the *Spectator*, discussing the qu
political point of view, says: "I
to be self-dependent, like everyb
as the wages paid in coin sti
can afford the shilling a mont
holder subscribed, would keep
We are of this opinion, know
that the number of agricultur
receive medical relief exceeds all
of this opinion, and do not d
manners encourage the idea th
involves no stigma."

From time immemorial the ag

College policy come to
n its general meetings,
l power into the hands
› when questions which
the school and hospital
ajority of the Dublin
›rovincial Fellows were
entirely independent of
in debate. Thus the
hich would have been
the undiluted votes of
rried in the College by
lance of power between
nists. How will these
ıen no such balancing
nd that, simply, all
interests of teachers,
'uning off of redun-
› to be attempted in
, or else will be urged
› Medical Council or the
'ay outside the College.
›ly to be realised we
› Fellows of the College
ıng the personal con-
› expense of losing all
ections.

HE FRANCHISE.

n place in the columns
isement under the new
›r who has accepted
ls that very generally
›mmunity on this form
ıt prominently brought
'ages which has taken
ıe conviction seems to
strial classes ought to
ch is one of those con-
nd poor are alike ex-
to provide against as
it is said this remark
:he artisan and small
:y farmer in rural dis-
lves humiliated by ac-
who would feel greatly
ıat a similar disquali-
. Our contemporary
ion from a social and
›urers must be taught
y else, and wretchedly
are in counties, they
which, if every house-
› the medical club."
; as we do full well
cottage-holders who
›unds. We are quite
r that "the national
gratis medical relief

:ultural labourer has

appealed to the parish doctor without scruple and without diffidence of any kind, but it is only within the last half century that our town populations, including "the lower middle class," have brought themselves to believe that they are in no way humiliated by accepting hospital and other forms of unpaid medical advice. The profession has, however, to a lamentable extent given encouragement to this demoralising system which now so generally prevails, and when not directly associated with the work of the hospitals, devotes a good portion of the morning to non-paying patients. In this way and in others the provident dispensary movement is seen to be very heavily handicapped, and has certainly not taken with the working classes as it was hoped it would. It is time all this were changed, but it will, we admit, take some time to educate the agricultural labourer up to a point of thrift "which is not practised by his better paid rival in the towns, and which is discouraged by the practice of every hospital, dispensary, and cottage hospital of which he has yet heard," and it will perhaps be construed into an act of injustice to disfranchise him on this acconnt, while his town neighbour is allowed to go scot-free. The *Spectator* proposes to meet the difficulty by passing a bill postponing the operation of the disfranchising clause for two years, so that it shall only affect men who, after due warning, wilfully deprive themselves of the vote.

On the whole, we must express satisfaction with the action taken by the House of Lords in this matter, as we think with Lord Bramwell that it would be a very good thing if there were fewer charities than at present. Self-respect and self-reliance should be taught rather than trust and dependence on others.

Notes on Current Topics.

The Vacant Physiciancy at Newcastle-on-Tyne.

THE post of fourth physician to the Newcastle-on-Tyne Infirmary, which has been in abeyance for several years, is about to be filled, the necessity for this step having arisen through the addition of an extra building containing fifty beds as an extension of the medical side of the house. The principal candidate for the appointment is Mr. James Limont, M.A., M.B., M.S., and B.Sc. of Edinburgh University, and M.R.C.S. England. Mr. Limont has for the past four years been connected with the institution which he now seeks to ally himself with permanently—first, as senior house-surgeon, and latterly, for three years, as senior house-physician. During this time he has shown himself to be possessed of the highest professional skill, and is assisted in his candidature by the most flattering testimony to this effect from the collective staff and governors of the Infirmary. To the *Medical Press and Circular* Mr. Limont has occasionally contributed most valuable articles, and as a clinical teacher he has obtained also a large measure of success with students who have enjoyed the advantages of his instruction. About 120 of these have joined in wishing him the success he so well deserves, and in bearing witness to the great assistance they have received from him in

cases subsequently doing wel
the inconvenience. In cases
where a vaginal tampon wo
recommends the deep suture

Nutrition by Absorp
Surfa

ASSUMING that a granula
large, might be made use of
for the administration of n
certain such materials could b
not interfere with the proc
Hopkins (*Ther. Gaz.*), in the
ulcer, determined to employ f
of cod-liver oil, to which wa
pepsin and pancreatin to th
accordingly dressed once a d
preparation. A very decided
the appetite began rapidly to
days the area of the ulcer was
and five to seventy-seven squa

Royal Universit

AT a meeting of the Senate
27th ult., two Fellows in the
Science were elected. There w
the successful competitors were
of the Catholic University Col
Hartog, Professor of Natural
Cork. The salary attached to
£400 a year. At three o'clock
the Senate for the purpose of c
was a large attendance of visit
medical degrees, of which we
column, were conferred.

Carbonic Acid Pollution
from Bre

THE *Brewers' Guardian* show
of carbonic acid liberated int
the production of beer in this
that, in round numbers, 10,000
was produced last year, contai
cent. of alcohol, and as in the f
weight of carbonic acid produc
that of the alcohol, this may be
The volume of this quantity by
be equal to 25,000,000,000 gall

Buttermilk in Sic

DR. PEARE writes in the
An irritable stomach, it will be
serious complication in the man
occasional cases, of no particular g
in diseases of children, this di
issue. He has had some experien
milk, quite satisfactory. Four c
ing occurring in succession, intol
ment, gave way kindly to this.
buttermilk does not coagulate
new milk. This is, perhaps, its

id suffering no return of
ere the rent is external,
be useless, Dr. Mundé

n in Granulating

s.

; surface, if sufficiently
a benefit as a medium
tive material, and that
pplied to it which would
s of cicatrisation, Dr.
eatment of an extensive
his purpose an emulsion
dded five grains each of
ounce. The ulcer was
with lint soaked in the
nge was soon observed;
prove, and in fourteen
luced from one hundred
inches.

of Ireland.

ld on Wednesday, the
lepartment of Natural
e seven candidates, and
e Rev. Marshal L. Klein,
ge, and Mr. Marcus H.
istory, Queen's College,
ch of the Fellowships is
here was a meeting of
ferring degrees. There
s. A large number of
give a list in another

f the Atmosphere ing.

he enormous quantities
he atmosphere during
ntry. It is estimated
0,000 lbs. weight of beer
g on an average 5 per
nentation of sugar the
is almost the same as
aced at 500,000,000 lbs.
eight of the gas would
.

Stomach.

herapeutic Gazette:—
mitted, is often a most
gement of sickness. In
avity otherwise, oftenest
culty leads to a fatal
e recently with butter-
ses of persistent vomit-
rant of any other treat-
o far as he has observed,
the stomach, as does
nly advantage over the

latter, but one of inestimable value, since the coagulation of new milk casein, so likely to occur, utterly forbids its use in many cases. In the "summer complaints" of children, for instance, buttermilk might be found eminently appropriate."

Hæmoglobin in Chlorosis.

DR. DIONYS BENEZUR has lately made experiments in Ziemssen's klinik with the view of ascertaining the value of hæmoglobin as a remedy for chlorosis. The hæmoglobin was procured from ox-blood, and was given in the form of pastilles of the size of a hazel-nut and weight of 2·19 gm., and covered with a coating of chocolate. The daily dose was six pastilles, containing altogether 1·875 grm. (?) of hæmoglobin, or 0·0078 grm. of iron. The iron given in this form was quite unirritating, and was completely absorbed, which, as is well known, is not the case with iron given in any other form. This dose may be deemed sufficient to produce decided results when it is borne in mind that the system only requires a daily supply of 0·005 grm. of iron. The amount of hæmoglobin was accurately determined in the cases thus treated before the treatment began, and during its course. A very rapid increase of it was noted during the treatment, with a simultaneous disappearance of the morbid symptoms. Considering the rather slow improvement usually obtained in these cases, the treatment recommended by Dr. Benezur certainly seems worthy of a trial.

Ptomaines.

PROFESSOR L. BRIEGER, of Berlin, has recently published a monograph in which he gives the results of his own researches into the interesting subject. From fibrine digestion he obtained a poisonous substance named by him *peptoxin*. It crystallises with difficulty, and is readily soluble in water. It gives precipitates with most of the common alkaloid reagents. A few drops of a dilute aqueous solution suffice to kill frogs within fifteen minutes. Those experimented on became paralysed, and were insensible to irritations. Symptoms of paralysis also showed themselves in rabbits after subcutaneous injection of the solution. From human and other decomposing muscle flesh he succeeded in isolating a new poisonous substance, *neuridine*. It crystallises in hydrochloric acid combination. From the mother-liquor of neuridin a second base, *neurine*, was obtained ($C_5 H_{13} N O$), which has a poisonous action on both warm- and cold-blooded animals. A few milligrammes act on cats. 0·04 gm. pro kilo kill rabbits with a constant train of symptoms, amongst which are profuse secretions from the mucous surfaces and powerful clonic convulsions. Atropine was an efficient antidote to the poison. Three bases were obtained from decomposing fish that had been exposed to the air for 5 days:—1. *Æthylendiamine* ($C_2 H_{12} N O_2$). Frogs showed a certain tolerance of this. Rabbits were scarcely affected by it; but in the case of mice and guinea-pigs it produced a copious secretion from the nose, mouth, and eyes, dilatation of the pupils, and dyspnœa. 2. A substance analogous to muscarine. Injected subcutaneously into rabbits it produced copious secretions and excretions, dilatation of the pupils, and convulsions. Atropine prevented the

Election of Examiners at the of Surgeons.

ON last Wednesday (27th) a meeting held to witness the election by the Examiners for the ensuing year. As recorded, the examinerships are now open to lecturers, and the subjects of allotted to examiners specially selecte examining in those subjects. Furthe allow of two examiners examining each table the number of examiners nine to twenty. For the twenty exan six candidates offered themselves, t chiefly in the anatomical and surgical following were selected :—

Examiners in Comparative Anat MacDowell, L. Hepenstal Ormsby, F Robert L. Swan.

Examiners in Surgery and Surgical J B. Ball, Henry Gray Croly, Edwar William Thomson.

Examiners in Medicine and Th Boyd and Richard Hayes.

Examiners in Materia Medica, Phar William Frazer and Humphrey Minc

Examiners in Physiology and Abraham and Ed. Dillon Mapother.

Examiner in Physics, Chemistry, prudence—J. Dallas Pratt.

Examiners in Midwifery—J. J. Mason.

Examiners in Ophthalmology—Ar R. Swanzy.

Examiners for the Diploma in Croly, Samuel Mason, William Roe.

Examiners in General Educat Robert Morton, and Henry J. Twee

Lunacy Law Amer

IN our correspondence columr pertinent letter on this all-importa pen of Dr. Rogers, who has watc the several stages which mark the Bill, and his advocacy of the claim officers at the present crisis in lun nating and vigorous. The hard 9th clause of the original draft l as to meet those difficulties wh prompt in anticipating, and now on the measure in the hope th promise may be obtained from th desires to continue the practi overseers acting with a medical committal of pauper lunatics. V dispute the moral and intellectu men; nor are these called in qu of the Bill. But moral and in suffice; they do not represent th of official responsibility which agent in the new procedure. M of functionaries ensues, and the significance in proportion as th many and different persons. becomes again most painfully details, if so many optional me made available; and the lunacy la

; the Irish College ons.

eeting of the College was by the Council of the r. As we have already now for the first time ects of examination are elected as qualified for urthermore, in order to ning each candidate at ners was enlarged from examinerships twenty- es, the contests being gical departments. The

Anatomy—Benjamin G. by, Edward Stoker, and

gical Pathology—Charles lward S. O'Grady, and

Therapeutics.—M. A.

Pharmacy, and Botany— Minchin.
nd Histology—Ph. S. er.
try, and Medical Juris-

J. Cranny and Samuel

-Arthur Benson and H.

in Midwifery—Henry oe.
cation—Frank Davys, veedy.

ıendment.

mn will be found a tant subject from the tched with a wary eye e progress of the new ms of Poor-law medical ıacy reform is discrimi- and fast lines of the have been modified so ich Dr. Rogers was so he renews his assault at some further com- Lord Chancellor. He ce of clergymen and nan in the process for Ve do not for a moment l capabilities of clergy- stion by the promoters ellectual worth will not ıt clearly defined sense ust actuate the prime reover, a multiplication duties lose their legal r are distributed to so he want of solidarity parent in our lunacy ıods of procedure are s, voluminous, intricate, and perplexing as they are at present, become ultimately bewildering, and productive of endless misconstruction and confusion. We are hand and glove with Dr. Rogers in his earnest endeavour to do justice to Poor-law medical officers in the matter of certification. He speaks frankly and reasonably on their behalf, and pleads their cause in a manner which cannot be gainsaid. We shall indeed be sorry if he fails to convince the Lord Chancellor and his coadjutors of the crying injustice which will be perpetrated by ignoring workhouse medical officers in the certification of lunatics who have been under their charge, and whose cases they of all medical men are best qualified to pronounce upon.

Irish Graduates' Association.

WE understand that at the recent Council meeting of the above Association fifty-seven new members were enrolled. Amongst those elected were the following:—Surgeons-General Sir James A. Hanbury, K.C.B., and Richard Wolseley; Deputy Surgeons-General George Saunders, C.B., Sampson Roch, John Fitzgerald, H.M.I.A., and Nicholas Ffolliott; Deputy Inspector-General George Moore, R.N.; Fleet-Surgeon William Harris Lloyd; Brigade-Surgeons Austen J. Ferguson, Eugene R. O'Brien, and Acheson G. Bartley; Sir George H. Porter and William Thompson, F.R.C.S I.; Lambert H. Ormsby, F.R.C.S.I. (of Dublin); Drs. James A. Eames, R.M.S., Eglinton Asylum, P. J Cremen, T. Gelston Atkins (of Cork), and Ringrose Atkins, R.M.S., Waterford Asylum. The list includes many other names well known in various parts of the United Kingdom and both the public services. The Association is thus fulfilling the favourable anticipations as to its increasing success which we advanced after the recent annual gathering in London. There is every reason to look forward to a progressive increase in the number of members and the practical work as well as the general usefulness of the Association.

The Right of Property in Surgical Specimens.

A CASE is pending at Grahamstown which raises the question whether the parts taken from a patient in operation belong to him or to the operator. A road inspector underwent an operation for the removal of a diseased bone from his arm. Dr. Stanley, the surgeon who performed the operation, was duly paid his fee, and removed two small bones, which he took away with him as objects of study. The patient, however, does not recognise his right to retain them, and has brought an action claiming restitution.

Fœtid Feet.

IT will be remembered that Dr. Thin (Proc. Royal Soc.) proved the excessive fœtid perspiration of the feet to be due to, or at all events accompanied by, the presence of a bacterium, which he named *Bacterium fœtidum*. In the *Journal of Botany* for the present month Mr. Moore adduces evidence to show that this bacterium is identical with that found on surface soil, which reduces nitrates and sulphates and phosphates into nitrites, sulphites, and phosphites. He believes that it finds access to the sole of the foot by the penetration of fine dust containing it through the seams

Britain, or a n
Ireland, or a
druggist, regist
Regulating the
1852, the Pharı
(Ireland), 1875, ir
of drugs, and th
preparations und
sub-sections to be
the student has
practice of a
attended at least
tendence of a reg
Physiology.—That
less than fifty hours
ology and practic
Edinburgh, or in
recognised by sub-s
Ordinance No. 8, Edi
conducted by a teach
under the said sub-se

A DISPUTED BEQU
of the Northern Infir
the Clerk read an extr
late General Pope, b
bequeathed to the gover
managers on the condit
to the admission of p
Sutherland, and those o
county in particular.
testator's daughter, Mis
rights under this legacy,
If this claim should be
get something like £1,0
only be entitled to succee
father was a domiciled S
meeting to consider was
question with Miss Pope,
allowing the managers to
a brief discussion it was r
the town's Edinburgh soli
agents for the trustees, an
legatees, and endeavour to
the opinion of the Court.

THE UNIVERSITIES BILL.—
Committee of Dundee Town
town clerk reported regarding
which the committee have is
that bursaries at present a
Council are to be placed at t
authorities; and it was reso
interference with the rights
providing that University aut
local colleges, such as the Dund
latter accepting the University
of degrees, was approved of
would enable the Dundee Colleg
Andrews University if parties ag

GLASGOW DEATH-RATE.—For
Saturday, the 23rd ult., the deat
per 1,000 per annum, as against 3

ST. ANDREWS UNIVERSITY GRA
The annual dinner of graduates an
Andrews University was given on the
Hotel, Edinburgh, under the presiden

'harmaceutical Society of
hemist, or chemist and
rovisions of the Act for
Pharmaceutical Chemists,
or the Pharmacy Act
mpounding and dispensing
their officinal and other
ndence." The following
ical Midwifery.—5. That
least three months the
pital, or that he has
bour under the superin-
practitioner. *Practical*
d, during courses of not
lasses of practical physi-
in the University of
or school of medicine
d (4) of Section VI. of
, or upon classes thereof
by the University Court

neeting of the managers
erness on the 27th ult.
e will and codicil of the
legacy of £2,000 was
of the Northern Infirmary
reference shall be given
atives of the county of
ish of Kildonan in said
rk explained that the
was claiming her legal
far impugning the will.
d, they would probably
s, and Miss Pope would
hould turn out that her
. The question for the
they should fight this
her have her own way,
at they could get. After
to instruct Mr. Mackay,
communicate with the
Miss Pope and the other
oint cause submitted for

he meeting of the Law
il on the 27th ult. the
bill. The only objection
st the clause providing
disposal of the Town
sposal of the University
to object to any such
he Council. The clause
ties may affiliate other
University College, on the
iculum for the acquiring
a desirable thing, as it
o be affiliated with St.
d.

he week ending with
rate of Glasgow was 25
in the week preceding.

UATES' ASSOCIATION.—
former students of St.
27th ult. at the Windsor
cy of Professor Milligan,
Aberdeen, himself a former student of St. Andrews. The toast of St. Andrews University was proposed by Dr. Milligan, who, in doing so, said that two years ago an attempt, which he might describe as an act of Vandalism, was made to suppress their ancient University, but the members of the University had stood loyally by their *Alma Mater* in the hour of her need, and the people of Scotland had shown that they were determined to resist any such attempt. He believed the University was now in a more flourishing condition than at any previous period of its history, and he had no doubt it would long continue to be a source of benefit and advantage to the educational interests of the Scottish people. They would have observed in the University Bill a clause which would permit any university to affiliate other colleges; and he had no doubt St. Andrews would take advantage of this provision, and that a medical school in Dundee would be organised under the auspices of St. Andrews University.

HEALTH OF EDINBURGH.—The mortality in Edinburgh for the week ending with Saturday, the 23rd ult., was 82, and the death-rate 17 per 1,000. Diseases of the chest accounted for at least 40 deaths, and zymotic causes for 6, of which 3 were due to fever and 3 to whooping-cough. The intimations for the week comprised—Fever 14, scarlatina 9, and measles 42.

AN AMBULANCE CORPS AT FALKIRK.—Drs. Leslie and Peake's classes in ambulance work having been examined by Dr. Johnston, of Glasgow, fifty males and twenty-three females were awarded certificates of efficiency. It has been resolved that a centre of the St. Andrews Ambulance Association be formed in Falkirk, Mr. Brodie, of Gardoch, to be president.

Correspondence.

LUNACY LAW AMENDMENT.

WE have much pleasure in acceding to Dr. Rogers' request for publication of the following letter, which appeared in the *Morning Post* of May 26th, and have commented thereon in another column:—

"SIR,—Having just read your leading article in your this day's issue on the amendment to the Lord Chancellor's Lunacy Amendment Bill, in the provision which he at last proposes to make for the temporary detention of lunatics, or alleged lunatics, in workhouses pending the taking of the necessary steps to inquire into their mental condition prior to their removal to an asylum, I beg to forward to you a copy of a letter I addressed to the Westminster Board of Guardians, in which (*inter alia*) I pointed out the hardship and inconvenience that would be experienced by the friends of lunatics, and by all the officials concerned in dealing with demented, or presumably demented, persons if the restrictions contained in the 9th clause of the Bill as originally drafted were persisted in. The Westminster Board at once saw what must result, and forthwith adopted certain resolutions, which were forwarded to the Lord Chancellor, the Local Government Board, members of Parliament, boards of guardians, and others, in which an urgent request was made that some modifications of this clause should be made, with the result that the Lord Chancellor has given way, and has practically set these restrictions aside. But, Sir, there are other poihts in the Bill that to my mind are equally objectionable. Thus, from an experience of Poor-law medical relief administration for upwards of 40 years, during which I have certified as to the lunacy of some hundreds of poor persons, I am utterly at a loss to understand on what principle clergymen and overseers, acting in conjunction with a medical man should for the future be debarred from filling in the certificate for the admission of a lunatic to an asylum. Surely, Sir, a clergyman is intellectually and morally as capable of deciding on

There will be
the posts he le
the Royal Infi
Owens College.
being mentione
funeral which to
public character,
eloquently of the
by all classes. S
chester for many
public sympathy l
middle age, he ha
profession and
sembled in such
might be termed
for sterling worth.
University and Ow
all the medical a
hundred members
neighbourhood fo
Sunday touching
to the high, mora
deceased were mad
was but last mont
Royal College of Ph
member in 1878.
through the portals
the College of Surgeo
of numerous original
transactions of societi

Medical Ne

Royal College of Phy of the College, held on requested to express to Thorburn, of Mancheste College in their recent be the new Fellows (whose for May 6th) were forma from the Royal College of ment of seven delegates t "as to what steps, if an Colleges to obtain the l 'Doctor' to persons who s the Royal College of Diploma of the Royal C The delegates appointe Registrar, Sir A. Clark, B Dr. Ord, Dr. Norman Moo Hickman, accompanied by tioners, and students of subject as the foregoing. T on publishing the Notes was read and adopted:—"A appointed by the Royal Co the question of publishing t Lectures, present—Dr. G. Payne, Dr. N. Moore, the fo mously agreed to: 1. That William Harvey's original highly interesting contributi of medicine. 2. That while exact facsimile of the origin aid of experts in paleograp order that the lectures may gible. 3. That it would redo College of Physicians to be as The Committee accordingly n guarantee the cost of one hu each, and that a permanent superintend the publication." Trust, together with the Luna committee.

Hospital for Consumption, Br of Governors of this hospital wa report showed that the charity ha of in-patients in 1884 than in any

ion in all probability for
., Obstetric Physician to
fessor of Gynæcology at
erts and Dr. Cullingworth
ly to succeed him. His
urday last, partook of a
iversity and extent spoke
eem in which he was held
as not been seen in Man-
ough the subject of the
evinced had only reached
s won the hearts of the
ude at large, who as-
s as to constitute what
on of respectful homage
ntatives of the Victoria
) which he was attached,
ocieties, and nearly two
sion of Manchester and
heir carriages, and on
the loss sustained, and
lectual character of the
y pulpits. Dr. Thorburn
) the Fellowship of the
London, having become a
the profession in 1855
ersity of Edinburgh and
ty, and was a contributor
the medical journals and

Pass Lists.

London.—At a meeting
y last, the Registrar was
ily of the late Dr. John
sincere sympathy of the
it. At the same meeting
ere published in our issue
itted. A letter was read
is requesting the appoint-
with seven of that College
e taken to enable the two
it of giving the title of
e obtained the Licence of
is of London and the
f Surgeons of England."
) — The President, the
. Wilson Fox, Dr. Moxon,
etter was read from Dr.
rial from teachers, practi-
e, relative to the same
wing Report of Committee
ey's Anatomical Lectures
eeting of the Committee
f Physicians to consider
es of Harvey's Anatomical
son, Dr. Sieveking, Dr.
regulations were unani-
blication by autotype of
of lectures would be a
the literature and history
itotype process secures an
e interpretation, with the
s absolutely necessary, in
endered generally intelli-
o the honour of the Royal
ted with this publication.
nmend that the College
d copies at two guineas
mittee be appointed to
he report on Croonian
Bill, were referred to a

pton.—The annual Court
eld on Friday last. The
benefited a larger number
evious year, 1,901 persons having been under treatment in the two buildings, compared with 1,763 in 1883. The daily average number of beds occupied during the year reached 293½; 13,461 new out-patient cases had had medical treatment and medicines, compared with 13,314 in 1883, the number of attendances having been 72,464. There had been an increase in annual subscriptions and donations, also in the grants from the Council of the Hospital Sunday and Saturday Funds, these being the largest ever yet awarded to the charity, but a large falling-off in legacies.

McMaster's Sweet Essence of Rennet.—This is a most valuable preparation for the sick room. It will in a few minutes prepare whey by the addition of a teaspoonful of it to warm milk. Whey is usually prepared by the addition of buttermilk, which is not always easy to get on an emergency; or by acid, which is often injurious. The Essence of Rennet is also useful for several culinary purposes.

The Mortality of Foreign Cities.—The annual death-rates per 1,000 in the principal foreign cities, according to the last weekly returns communicated to the Registrar-General, are as follow:—Calcutta 41, Bombay 29, Madras 36, Paris 23, Geneva 17, Brussels 22, Amsterdam 24, Rotterdam 21, The Hague 23, Copenhagen 17, Stockholm 24, Christiania 19, St. Petersburg 31, Berlin 23, Hamburg 27, Dresden 23, Breslau 33, Munich 33, Vienna 33, Prague 32, Buda-Pesth 31, Trieste 25, Rome 25, Turin 26, Venice 23, Alexandria 29, New York 29, Brooklyn 23, Philadelphia 22, and Baltimore 16.

Royal University of Ireland.—The following degrees were conferred at the public meeting held on the 27th May, 1885:—

The degrees of M.D.

Alexander, Samuel, Belfast
Barron, John, Belfast
Burrows, James R., Belfast
Corry, Alexander, Belfast
Crawford, G. B., Belfast
Curtin, M. H., Cork
Dwyer, Thomas W., Cork
English, Robert, Belfast
Foott, George H., Cork
Foott, Richard E., Cork
Hannigan, Maurice H., School of Medicine
Hawkins, William R., Cork
Hennessy, Daniel, Cork
Loughrey, William J., Belfast
McAleer, John, Galway and Catholic Univ.
McCarthy, Michael, Cork
McWha, William B. R., Belfast
Marks, G. F. Handel, Cork
Meenan, J., Carmichael College
Musgrave, James, Cork
Nagle, James J., Cork
O'Brien, John J., Cork
Petticrew, Robert, Belfast
Pooler, Edward L., Belfast
Ryan, J., Queen's College, Galway, and Catholic University
Savage, J. Martin, Belfast
Sexton, William, Galway
Sharpe, J. B., Carmichael
Smyth, Norman, Belfast
Thomson, Robert, Belfast
Treslilan, Frederic J., Cork
Whitty, Michael J., Cork and Catholic University
Wilson, Samuel, Belfast.

The Degree of M.B.

Griffin, Richard M., Ledwich
O'Byrne, P. J., Catholic University
Walsh, James J., College Surgeons and Ledwich.

The Degree of M.Ch.

Barrow, John, Belfast
Cowden, William J., M.D., Belfast
Crawford, George B., Belfast
Curtin, Maurice H., Cork
Duyer, Thomas W., Cork
Foott, Richard E., Cork
Hawkins, William R., Cork
McAleer, John, Galway and Catholic Univ.
McCarthy, Michael, Cork
McWha, William B. R., Belfast
Marks, G. F. Handel, Cork
Meenan, John, Carmichael College
Moore, John, M.D., Cork
Musgrave James, Cork
O'Byrne, James P., Catholic University
Petticrew, Robert, Belfast
Pooler, Edward L., Belfast
Ryan, John, Galway and Catholic University
Sexton, William, Galway
Smyth, Norman, Belfast
Thomson, Robert, Belfast
Treslilan Frederic J., Cork
Walsh, James J., College of Surgeons and Ledwich
Whitty, Michael J., Cork and Catholic University.

The Degree of Master of Obstetrics.

Connery, Maurice, Cork
Corry, Alexander, Belfast
Hannigan, Maurice H., Catholic University
Hennessy, Daniel, Cork
McCarthy, Michael, Cork
McSwiney, Morgan, Cork
McWha, W. B. R., Belfast
Petticrew, Robert, Belfast
Ryan, John, Galway and Catholic University
Sexton, William, Galway
Treslilan, F. J., Cork.

This Degree was also conferred upon the following gentlemen in lieu of the Diploma in Obstetrics which they had heretofore obtained:—

Barter, William; Blackall, Patrick; Bullen, John W.; Craig, Jas.; Cromie, Thomas; Hosford, Benjamin; Johnston, G. J. W.; Le Grand, William J.; Lewers, Hugh; McKee, Samuel; McMurray, John; McVicker, Matthew; Mangan, Bartholomew; Matthews, Robert Huey; Prendergast, Joseph M.; Roulston, William; Rutherford, William; Sheedy, John; Strahan, John; White, Patrick Bernard.

The

CONTE

ORIGINAL COM

On the' Alleged Const
ment of the Uterus
dages. By C. H. F. Ro
Fellow of Universit
don, Consulting Ph
Samaritan Hospital f

Notes from the History
Medical Opinion. By
Chas. A. Gordon, M.D.
Physician to Her Ma

The Nature and Treatme
Dr. W. Ebstein, Profes
and Director of the M
the University of Götti

CLINICAL RI

The London Hospital—A l
of the right side—St
covery. Under the ca
Tay. (Reported by Mr
Dresser to the case)

DEPARTMENT O

Lunacy Legislation .....
Asylum Reports .....
Cumberland and Westmo

Original

ON THE ALI
TREATMENT
ITS APPENI

By C. H.
Fellow of
Consulting Physician

(Con

THEN take some ex
to time come before
to unfounded charge
rotic to a degree. N
nancy in its early sta
it is wished to keep it
as to a local examina
are accompanied by al
real or simulated, su
Let me mention
a remarkable case
provincial local physi
and considerable wea
sion, had positively i
neighbourhood had
necessary that this cl
the presence of anot
put down according
which she was giving
circumstantial accoun
ever to doubt that sh
men. It was necess
the examination com
the breasts, auscultati
ing to the vagina and
found that she was p
fact, was a virgo inta
the full examinatio
diagnosis. But in ju
it ought to have been

cal Press and Circular.

"SALUS POPULI SUPREMA LEX."

EDNESDAY, JUNE 10, 1885.

PAGE

TRANSACTIONS OF SOCIETIES.

WEST-LOND. MEDICO-CHIRURGICAL SOCIETY—
Trypsin and Digestive Ferments 516
Latent Vesical Calculus 516
Cancer of the Prostate 516

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY—
Sections of Sclerosed Eyes 517
Bony Union of Fractured Patella 517
Pseudo-Hypertrophic Paralysis 517
Pigeon Breast 517
Hysterectomy 517
The Spleen and Heart from the case of Leucocythæmia 518

LEADING ARTICLES.

FAITH CURES 519
CHOLERA AT HOME AND ABROAD 520
RECENT VIEWS ON DIPHTHERIA 520

NOTES ON CURRENT TOPICS.

Taxation of Hospitals 521
Volunteer Medical Staff Corps 521
Illness of Dr. David Drummond 522
Importance of a Knowledge of Sanitary Science 522
Tell! Oh! Tell!! 522
The Revised Nomenclature of Diseases .. 522

PAGE

Edinburgh Royal Infirmary and the Town Council 522
Reform in University Teaching in Edinburgh 522
Sir Charles A. Cameron 523
Hospital Accommodation for Women 523
Frerich's Successor 523
Club Doctors in Berlin 524
A Microcephalic Family 524
Licensed Experimental Physiology 524
The Council Election at the Irish College of Surgeons 524
Opening of the New Albert Palace 524
Honours to the Profession 524
Poor-law Medical Officers v. Guardians 525

SCOTLAND.

Outbreak of Small-pox in Arbroath 525
Health of Edinburgh, &c. 525

The Royal Irish University 526

Correspondence 526

Literature 527

Medical News 527

NOTICES TO CORRESPONDENTS 528

tications.

)NSTITUTIONAL
UTERUS AND

M.D. Lond.,
ge, London;
Hospital for Women.
486.)

anity which from time
, and so often give rise
s, I presume, are neu-
f those cases of preg-
r some reason or other
n which all suggestions
ully carried, and which
rotic symptoms, either
ination is imperative.
hortly. I remember
sent to me by a
ng lady of good family
ler some peculiar delu-
three gentlemen in her
r person. It became
be investigated, and in
ndertook the task. I
all the minute details
m the very minute and
ie left us no room what-
iolated by these gentle-
se, that I should make
n I did fully, examining
men, and then proceed-
o my intense surprise, I
a very small hymen—in
y here nothing short of
ould have cleared the
young lady and myself
rther still. I was not asked to treat the case; I was only requested to make the diagnosis. I fail to see how in this case constitutional treatment could have done much good. Nothing short of a full and complete sexual examination could have cleared up the etiology of her insanity, and possibly nothing short of a surgical operation could have benefited her. She is now, I believe, an inmate of some lunatic asylum, like many more, perhaps, with analogous affections.

Again, on one occasion I was called in to see a woman who had been labouring under insanity for three days. She had just got up from a confinement, but her conduct was extremely violent. She had attempted to stab her own husband. The family were very much alarmed. They did not know what to do, and they begged me to try what I could do for her. She was at the time under the care of another medical man, who had treated the case well, and gone into all its bearings but one. At his request I proceeded to investigate the case, and I did so very carefully. I soon had reason to satisfy myself that neither the head nor the liver, nor any other visceral organ were implicated, but I found that there was still a great discharge from the womb, and I decided on making a minute examination. This was cordially agreed to, and then I found that there was an ulcer of a very irritable character at the opening of the womb. This I burned freely with caustic, and from that moment she began to improve, and in three days was perfectly sane.

But cases passing on to actual insanity and idiocy are often the result of irritation of other parts of the sexual system. I will take the case of a young lady who was placed under my care. She belonged to a high family, and laboured under well-marked neurotic symptoms, violent abdominal, stomachic, and erratic pains after little exertion, very much like those described by Dr. Allbutt. Her appetite was very bad, she was losing flesh, was very weak, till at last she could scarcely walk. She was then but ten years old, but the breasts were already beginning to develope at that early age, and besides, she was labouring under continuous leucorrhœa. Otherwise she was unusually precocious and intelligent, a great reader, and in fact a very clever girl. I made up my

and like remedies, wi
much better. In
compact, ligaments
Some dysmenorrhœa
continued. She mix
hounds gently; rec
has every reason to
likely to be. But he
I say, *as well as she*
treatment only. Bu
a case treated upo
Full examinations
suppositories used.
her in the happy pos
likely to be. Now
patient had not bee
medical attendants,
been kept from soci
support a womb reli
congestion previously
and injections, that
completed, and she
dubious position, *as*
least that is my hum
who is right and wi
experience. At best
too much at first
made greatly better
measures; but we
conclude by a state
incumbent on every
cases. When a pati
time even for uterine
medical man (unless
one to make a diagno
organs), my rule is
and after a full inqu
examine the chest, li
organs, so far as o
Except the organs of
I do not at once pro
tion, but I like first t
tional measures and
these do not succeed
shall be compelled t
fortiori are these prec
virgin. If I find tha
my progress, I frankl
even here I would no
the hymen freely, b
make my specular or
further examinations
covers its contracted
the case of virgins, hov
to do this, even if no
especially under chlor
indeed, the very bes
introduced after Simc
not be overlarge. M
this, but other medi
this way my friend D
to assist me in a case
moreover, a part of
with advantage ca
handed lady doctor.
these precautions are
myself extremely guil
and the patient or
making an examinati
the good of my pati
careful examination,
manner, that anythin
at in most cases, and
who is content to rem
the disease which exis
of making the necessa
said that the frequen

positories, she got
uterus was more
clean and sound.
orrhagia, however,
Could ride with the
and appetite, and
well as she is ever
was cured, and so
with constitutional
nnot be regarded as
tutional principles.
both injections and
ie months to place
well as she is ever
believe that if this
alid by her former
lie down, had not
worn a Hodge to
lood-letting from its
o the suppositories
might have been
re been left in that
is likely to be. At
ut to decide clearly
equires comparative
of a woman treated
ires, and afterwards
cided constitutional
cured. I must now
course I think it
to adopt in these
o me for the first
aving seen no other
ssly sent to me by
dition of her sexual
begin at the head,
organs of sense, to
and other abdominal
ipulation allows me.
e *certainly* implicated
a vaginal examina-
system by constitu-
remedies, and later, if
or her friends that I
exual examination: *à*
ntial in the case of a
hymen, which impedes
of my difficulty. But
act until I had dilated
by tents, and then I
nation. This done, if
quired, the hymen re-
tient is uninjured. In
t always necessary even
. A rectal examination,
often better indications,
, if the whole hand is
t then the hand should
unately too large to do
sses small hands. In
gers was able materially
of uterus, and this is,
ient in which we might
aid of some small-
ase of married women
ary, but I should hold
a case of sexual disease
ied it, I refrained from
I thought necessary for
lieve that it is *only* by
in the most delicate
ie diagnosis can be got
superficial practitioner
orance of the nature of
clines the responsibility
ation. I have heard it
examinations made by

medical men, have caused a good deal of the immorality of the present age. If it be more immoral it is rather the publication of such works as the "The Fruits of Philosophy," the novel readings which refer to impurities, the publication of divorce cases and the like which have done the harm. But I do not believe it is a more immoral age. That these examinations degrade a woman, or at least leave her with the thought of degradation upon her own mind, I also deny. Where they are conducted as they ought to be, a woman will not feel degraded, on the contrary, she will feel intensely grateful that her medical man has so kindly performed a disagreeable duty for her relief.

Certain it is that these medical investigations have led to great and wondrous discoveries in diseases of women, and many are saved now who were previously doomed to certain death. This is certainly true for many of those diseases to which I have to-night referred to, or described in this paper. True science requires that the honest practitioner should not confine himself to any empirical mode of treatment, but bring the whole of his medical knowledge to bear upon his case. It would be cowardice in him to be influenced by the sneers or opposition of would-be-pures in the practice of his profession. His vocation is a high and holy one, and his mission to do all the good he can for his suffering patients. He should do so courageously, conscientiously, and religiously. Then may it truthfully be said of him that he is doing the best he can for the furtherance of knowledge, and this is not a mean end to hold in view. That he is also doing the best he can for tender, trustful, loving womankind, and that is a manly and generous work. Lastly, that he is doing the best he can to elevate the character of his own noble profession, and that is an achievement at once grand and glorious.

NOTES FROM THE HISTORY OF MEDICINE AND OF MEDICAL OPINION.

By Surgeon-General CHAS. A. GORDON, M.D., C.B.,
Honorary Physician to Her Majesty the Queen.

(*Continued from page* 488.)

THERE is every reason to believe that in ancient times the Chinese really possessed better and more correct knowledge of the medical sciences, including anatomy, than they have held at a later period. At a date, which is usually referred to B.C. 3100, the Emperor *Chen-nong* composed a work on Materia Medica. He is said to have discovered the good and bad qualities of medicines in the treatment of disease, and to have classified them according to their several properties into such as were cold, such as were hot, and such as were temperate. He "found out the counter poison of the earth;" he taught the means to restore health to the sick, and hence is esteemed to have been the "author and prince of physic."

About the date B.C. 2700, *Hoangti*, the Yellow Emperor, wrote on medicine. He instructed certain of his physicians, namely, *Ky pe*, *Yeu fou*, and *Ley king*, to examine the blood vessels; he directed the use of proper medicines for every distemper, and men lived out their time according to the due course of nature. The title of the work attributed to that royal author and physician is the *Soo Wán*, or "Plain questions on subjects relating to health and disease."

The *Chow* dynasty lasted from B.C. 1122 to B.C. 250. During the period thus embraced numerous works on medicine were published, many of them of deep erudition, in which the opinions, practice, and prescriptions of their authors were clearly and systematically arranged. An important work published during that period was the *Nan-king*. The actual date of the work in question is given as B.C. 1050; it is still extant, and has been largely quoted by all succeeding authors. The general hypo-

B.C. 238 and B.C. 210 lived *Chi Hoang* of the *Tsin* dynasty. He had little r with the exception of astronomy, ar that science he himself was partial. destruction of existing works on vario exceptions, however, in favour of th and physic. But as in respect to t other of these subjects, it has appe until at the present time, medicin branches of knowledge allied thereto, occupy the position accorded to the

About A.D. 220, *Chang Hae* co Theoretical Medicine, and in it gav prescriptions. From that period c numerous works on medicine have l of which is contained in the Chines Medical Authors."

(To be continued.)

THE

NATURE AND TREATM

By Dr. W. EBSTI

Professor of Medicine and Director of t University of Göttin

Non fingendum, aut excogitandum, sed faciat aut ferat.—*Bacon.*

CHAPTER III. *(con*

MY special attention was first As Meissner was able to demonst uric acid in the normal liver of occurred whether in case of obs secretion, the liver would be spec This proved to be in general co affirms that he had found uric liver, and then in the form of a my investigations the typical con almost constant, although it cann various instances the intensity stands in direct relation to the a elsewhere. These, and also thos pericardium, were most strongly of an especially characteristic find room in place of many. T surface of an otherwise healtl number of sharply defined patc of sand to a pin head and he white colour. In fine section

FIG. 1

hardened in absolute alcohol colouring matter, the patch through their paler tint. O vinced that independent of many far smaller patches, on microscope, were present. livers in which the patches scopic examination. It mu sections through fresh livers

Ti, second emperor
egard for learning,
id to the study of
He ordered the
us subjects, making
ose on architecture
ie one, so with the
rently retrograded,
at least, and the
have long ceased to
m in earlier history.
nposed a work on
also a great many
own to the present
een published, a list
"Golden Mirror of

-

NT OF GOUT.

N,

e Medical Clinic at the
en.

ventiendum quid Natura

tinued).

irected to the liver.
te large quantities of
ie fowl, the thought
uction of the kidney
lly rich in uric acid.
ct, although Zalesky
id only rarely in the
rphous deposits. In
tion of the liver was
be denied that in the
aried. This variation
ndance of the deposits
n the peritoneum and
eveloped. The report
er deposit, may here
re reposed on the cut
looking fowl's liver, a
, in size from a grain
seed, and of a greyish
ide through the organ

l coloured with aniline
t once became distinct
as at the same time con-
naked eye appearance,
isible by the aid of the
e many times examined
came to light on micro-
so be remarked that in
de with the double knife,

the patches were readily observed. In the case now described the patches were moreover, as is usually the case, not equally distributed through the liver. Frequently there were found in one preparation eight to ten such patches, more frequently one to two, and sometimes none at all. I have had such a patch delineated in Fig. 19.

In general these patches have a roundish, sometimes a more oval form, and they contain, what is at first an almost striking constituent, viz., a more or less massive patch composed of very delicate acicular crystals, arranged to some extent in clusters. These crystals do not always lie exactly in the centre of such patches, but they are generally in the centrally lying parts. These crystalline masses consist, as may be suspected from their appearance, of urates. For when these preparations are placed in luke-warm water, by acidulating this aqueous liver extract with a little hydrochloric acid, the very characteristic uric acid crystals detected in Fig 20 are obtained, which, moreover, in order to remove all doubts, give the murexide reaction.

FIG. 20.

After all the crystalline deposits of urates are dissolved in the luke-warm water, in the parts in which they have lain the changes in the liver tissue come into view, which, moreover, are always more extensive than the crystalline deposits. I do not remember a single case in which the crystals of urates had occupied the whole of the patch. This changed liver tissue, in microscopical examination, was sharply marked off from the surrounding normal tissue. The whole patch, independent of the urates, appears to be composed of a completely or almost completely structureless mass, no longer marked off in acini; of the typical liver tissue not a trace is to be found. Liver cells can no longer be traced in the spaces occupied by these patches. A great number of nuclei are seen in them, some slightly coloured, some not at all. In comparison with the normal nuclei of the liver of the fowl, these appear to be strikingly small. In addition to these nuclei a number of very dark coloured granules are observed scattered through the patches, which in size, in their whole appearance, and in their power of taking up colouring matter, have a certain resemblance to the nuclei granules of the normal liver cells, concerning which I may definitely say that they are really surviving nuclei granules. In the periphery of these patches consisting of changed liver tissue and crystalline urates, in which, generally speaking, liver cells were no longer to be distinguished, small infiltrations (Fig. 19) were frequently met with. These always appeared as is shown in the figure, of limited extent and mainly in the parts nearest the larger patches. One also finds in the liver, patches without deposits of urates, in connection with which I expressly remark all sources of error were carefully avoided in the preparation, and which I have indicated in describing the gouty changes met with in the human kidney. I have, for example, such a preparation before me stained with gentian violet, in which, besides these patches in the liver that are provided with these most exquisite crystalline deposits, there are others without urates.

For an explanation of this there are only two possibilities: either these sections are made through the patches described in which no depositions of urates are present, concerning which we know that they are confined to certain parts of them, or that they are patches

investigation into the changes that
muscular structure of the heart of fowl

FIG. 23.

by the aid of two illustrations, Figs.
the increased deposits in the state o
Fig. 22 giving the appearance of a
paration with a high power, and Fi
in polarised light with a weaker po
we see first the remnants of urate
uric acid deposits show in Fig. 22
granular form, but refract light a
doubly. In the same figure we se
refracting remnants of urates
striated muscular fibres of the my
refracting a long oval patch that r
not doubly, and that with crossed
the neighbourhood of which, ev
lying border deposits of urates
already remarked. In Fig. 22 w
remnants of urates not dissolve
oval, in which nothing of stripe
cells, nor nuclei, nor anything o
be seen. Particularly at the up
is to be observed that the disap
structure and texture has take
much as the transition of the
structureless mass can be follow
vicinity of these patches in the r
observe small-celled infiltration

After the changes describe
liver and heart in the experi
safely say that, in consequenc
from the experiments—for in
fowl, as well as in its myocar
—morbid processes—disturba
On account of the destruct
gradual accomplishment of w
liver, for example; these cha
necrosing or neurotic. We
inflammatory processes in th
trations may be demonstrat
As regards the affections of
birds experimented on, I h
especially in one case, in wh
in consequence of hypoderm
chromate of potash has tak
these localities. The mode
allowed the transmission
refracted it, I found develo
tissue of the tendons, nor
were deposited on the fre
which I could find no furt
be said of the tissue of
urates in the tendons were
tissue between the prim
fibres.

Without losing myself
not contribute anything
question in hand, I must
behaviour of the kidneys,
upon the sufficiently w
formed after ligature of
mention that patches as
in the liver, or in the hea

take place in the
ls in uric acid stasis

and 23. Both show
complete solution,
ined balsam pre-
3 the appearance
In both figures
t dissolved. The
ost everywhere a
shown in Fig. 23
tween the doubly
the transversely
lium, also doubly
ts light singly and
ls look dark. In
the most outer
been present as
see around the
tch, also a long
ular fibre nor of
al structure is to
e of the patch it
e of the normal
gradually, inas-
tissue into the
by step. In the
um we frequently
ng extent.
ring place in the
oken of, one may
n, and resulting
r of the healthy
y are not present
trition take place.
rmal tissue, the
e followed in the
be designated as
n further that
mall-celled infil-
rounding parts.
nd joints in the
these carefully,
sition of urates
ation of neutral
y abundantly in
ns that generally
id also doubly
ier in the proper
ge tissue. They
he cartilage in
id the same may
The deposits of
loose connective
lary bundles of

ils which would
solution of the
emarks on the
however, touch
rances that are
will here only
and described
bserved in the

kidneys. On the other hand, exactly analogous processes were presented when the secreting parenchyma of the kidney was injured by injection of neutral chromate of potash in the manner before described. These kidneys were distinguished by their remarkable and peculiar patchy clay colour. The changes here spoken of were observed in circumscribed patches of the cortex of the kidney, when in many places they were thick and extremely abundant, between which, still normal looking, or almost normal parenchyma was present, no fatty degeneration was seen in it. In the region of the chromic acid patches, the ordinary structure of the kidney which had never suffered in those cases in which the ureters were ligatured, was completely destroyed. In order to give the reader an idea of these patches, I had five of them drawn in Fig. 24 as they lie together within a narrow space, and in part touching each other.

Fig. 24.

Each of these patches shows a more or less abundant deposition of crystalline urates, and in their immediate circumference a very thick small-celled growth, which is in part sharply, and in part less sharply, defined from the surrounding parts, in which marked pathological changes cannot in any other way be verified. In those spots in which the uratic crystals are deposited, after solution of them exactly similar structureless patches can be demonstrated as have been described in the liver and heart of the fowl. In some places no more of the substance of the kidney was any longer present, than a homogeneous mass at most with some few stained or unstained nuclei. These uratic patches of the chromic kidney of the fowl I have never observed in the region of the Malpighian capsules, but only in the *tubuli contorti*. Very frequently the necrosing and necrosed patches—for the dead and dying parts lay close to and between each other—were of lesser extent than the zone of tissue affected in consequence of reactive inflammation which in the chromic kidney of the fowl is usually early brought about, and is of great intensity and extent.

I have never seen these patches in the kidney of the fowl when I have administered too large doses of the neutral chromate of potash. Such a fowl died in two days after two injections of the chromic acid salt of 0·06 gmms. each. Crystalline deposits of uric acid were found in it, on the peritoneum and pericardium, the ureters were empty and only in the *tubuli uriniferi*, were the typical urinary granules met with. On the other hand there was observed over the whole cortex of the kidney a diffuse wide-spread disturbance of nutrition, which I cannot characterise better than by the statement that the epithelium of the cortex of the kidney was changed in a manner exactly similar to those peripheral parts of the liver, still free from deposition of urates which I have already fully described. This diffuse necrosing process, brought about in this rapid manner, and the consequent injury to the epithelium of the cortex of the kidney caused by the employment of relatively large doses of the chromic acid salt had sufficed to inhibit the kidney function rapidly, and to

muscle is l
General heal
7th.—The
drainage tub
10th.—Th
lating up.
strapping.
Allowed to g
14th.—Ope
on moving th
in the front o
irregularity t
pectoral musc
tite good.
19th.—Pati
complaining of

De

THE local feat
gated they may
of their develop
essentially utilit
sponsibility. Loc
prise; if they are
views, it is probab
nection with lunac
extravagancies, pe
an endless roll of
lunacy; but what
swollen current?
yond the actual and
An additional hun
contemplated by th
inevitable it must
hind the scenes, no
incubus, no interest
no encouragement
is of importance on
sense that prompt
public works and co
attendance at so mu
ated to satisfy the
exhaust themselves
and are reflected by
of yesterday becom
is beginning to daw
stray glimmer here a
changes under the l
It is much to be regr
Lunacy Board does
The official thunder
track of mechanical
or aid is afforded, m
clinical and patholog
treatment. Advance
fear, public opinion
way in paths diverge
thought. In Scotland
so much aloof from m
gard new departures
them with interest and
to the cold water cu
English as well as Sc

still persevered in.

ically ceased, the normal.

Openings granu- vith dry lint and id much stronger.

'atient has no pain here is no swelling iere is only a slight f the fissure in the normal and appe-

erfectly well, and ce whatever.

inacy.

)N.

ient however varie- through the nature otive force which is d a shirking of re- ince scientific enter- ive or quasi-liberal ; only a remote con- s and other farming i architecture, and ted in the name of n or distribute the ; is really taken be- ties of the moment? beds is quiescently principle that being s is no looking be- rrow of this lunacy ures, no premiums,

In short, medicine w, and only in the iedical purposes in y a case of medical iecessary evil toler-

Nevertheless, fads e silently operate, ie bare possibilities o-day. Truly, light t be, though only a ideas are undergoing of medical opinion. ical influence of the more unmistakably. out of the beaten : no encouragement the prosecution of iospital methods of d with distrust and ority, and leads the urrents of medical iacy does not stand

It may charily re- nevertheless views eldom has recourse o inspiration from d it is bold to lead where it has once followed. In Scotland the idea of graduated supervision and control has been more fully worked out than in England, where the commissioners have not been strong to resist the growth of public sentiment in favour of huge piles of grim forbidding aspect as a solution of the question:—What shall we do with the rapidly increasing mass of chronic lunacy?

The consensus of medical opinion is coming gradually round to this point, viz., that the ideal system of local administration, in a wisely considered national scheme of lunacy direction and control, must have three essential features. These are—(1) an hospital for new cases; (2) an asylum for chronic patients who still need institution supervision and discipline; (3) a carefully managed workhouse or boarding-out system for cases of mental abortion and decay, free from risk of any kind that cannot be easily guarded against. It would be absurd to expect that such an ideal system is possible as a whole in England under present conditions. We can only look for it in microcosms, and only perhaps when the Central Board with enlightened mind, advanced views and increased powers has the courage to assert itself. The Lunacy Acts Amendment Bill is but a flash in the pan, a mere drop in the bucket, a veritable makeshift. The backbone of a greater measure is wanted, one that will silence all clamour, and raze all incongruities effectually for many years to come. A reform of central administration is the backbone required, and the sooner it comes the better for the country. While so much depends on the initiament of the Board of Lunacy a great deal is potentially in the hands of local directorates. How can these be educated? The answer obviously is, by means of the medical press and asylum medical officers. To these we must in the meantime trust; but we must express our regret that here also there is that want of solidarity, community of sentiment, of vigour and political capacity which are absolutely essential to the achievement of great reforms. Where so much disagreement or indifference exists what can our legislators think? When so little is done to bring them to book, what help is there for us unless we help ourselves? The political helplessness of the medical profession has been an object for shafts of scathing sarcasm, and not without show of reason. Until we become a recognised political force, let us proceed one step more and see what we can in a humbler way do for ourselves. If the ideal system which we have outlined, cannot yet be attained by legislation, the out-look is narrowed down to two agents who could they but see eye to eye, can do much to reduce the present chaos of our lunacy system in their respective districts to more reasonable order and more productive terms. In their corporate capacity the Committees of Asylums on the one side and their medical superintendents on the other, are the two forces which in co-operation should most effectually direct the future of lunacy treatment. Medical superintendents know how difficult it is to mould the views of Committees, how hard it is to battle with preconceived notions and precedents, and how hopeless the task too often is of inspiring them with an interest and faith in the study of insanity, pursued as it often is through doubts, anxieties and difficulties. The lay mind gleans little from wayside apparently incoherent facts, and cries *cui bono?* over generalisations which do not lead directly to the absolute mastery and cure of disease. It does not comprehend that science is not and never will be finite, that new facts are all links in the chain of science; and that the *summum bonum* can only be reached by threading the erratic mazes of a gradual evolution of scientific minutiæ, which individually are dry, uninteresting,

the bursting of an abscess in the med
symptoms never troubled him after th
formed. A post-mortem examination r
prostate with secondary growths in l
Clarke insisted upon the advantag
these cases, and thus lessening the suff
during the later stages of the disease.

An animated discussion followed in
and others took part, as to the advisa
such cases, and in reply to Mr. Clarke, I
tage of obtaining a rapid emptying of
prevention of decomposition. He did
operation shortened the life of the p
him a vast amount of ease. He mei
that the blood was uniformly mixed
clots. The patient had not noticed a
two months of death except a little freq
and discomfort in the perineum. Pati
regular life: there was no history of c

Mr. PERCY DUNN showed specimens
mortem clots in right ventricle, of absc
child of eight, of primary scirrhus of th
nomatous disease of prostate and bas
there was a fistulous opening commun
abscess in the psoas muscle on the left si
Mr. Bruce Clarke's case).

SHEFFIELD MEDICO-CHIRURGI

MEETING HELD APRIL 23R

Mr. WM. A. GARRARD, President,

SECTIONS OF SCLEROSED

MR. S. SNELL exhibited a series of scle
in gelatine according to Mr. Priestley Sn

BONY UNION OF FRACTURED

Mr. C. ATKIN, for Mr. Wm. Favell, sh
who had sustained a transverse fracture
in whom there is now an admirable exar
The union is so close and so perfect it i
to detect any difference between the
knee-cap. The joint is in every way sou

Dr. BANHAM, in commenting on Mr.
the very frequent connection which seem
disease of the middle ear and disease of
remarked upon the absence of any ante
of consequence by which disease of th
have been detected, and drew attenti
occurrence of disease of this portion of th
by any symptoms, showing, he thinks,
rance of morbid changes on the part of
nervous system.

Dr. BANHAM gave the notes of a case

PSEUDO-HYPERTROPHIC PA

The subject of pseudo-hypertrophic p
under your notice is a boy, æt. 13. Hi
he began to run alone when eighteen n
he was in the enjoyment of good hea
signs of weakness in the legs until he
old. The description that she gives se
he passed through the usual stages of u
certainty in walking followed by the lo
gait so characteristic of the disease.
friends endeavoured to assure her that h
power, as he had such well-developed le
advanced within a year or two to such a
no longer able to attend school, and ev
so far paralysed that he was unable to
by the aid of crutches, and these, unf
compelled at length to abandon owing
power in the arms. Brought, then, t
being unable to move about, day after
was spent in sitting in a little chair befo
evening he was carried to bed, his legs a
much the same flexed position that ha
during the day. The patient has four siste
and no maternal uncles, so that the pecu
dency which this disease has to attack th
transmitted through the female does not

illa, but the bladder
cystotomy was per-
vealed cancer of the
iver and lungs. Mr.
s of operating in
erings of the patient

which Mr. Edwards
bility of operation in
pointed to the advan-
the bladder and the
not believe that the
atient, while it gave
ntioned, in addition,
with the urine, no
nything until within
quency of micturition
ient had always led a
ancer.
of suppurating ante-
cess in the brain of a
he liver, and of carci-
se of bladder, where
nicating with a large
side (in illustration of

—

GICAL SOCIETY.
3RD, 1885

nt, in the chair.

ED EYES.

clerosed eyes, mounted
Smith's plan.

ED PATELLA.

, showed a young man
ture of the patella, and
xample of bony union.
it is almost impossible
he injured and sound
sound and useful.
Mr. Atkin's case, noted
eemed to exist between
e of the cerebellum. He
ante-mortem symptoms
f the cerebellum could
ention to the frequent
of the brain, unattended
nks, a remarkable tole-
rt of this portion of the

case of

PARALYSIS.

lic paralysis that I bring
His mother states that
en months old, and that
health and showed no
he was nearly six years
s seems to indicate that
of unsteadiness and un-
he lordosis and waddling
ase. At this stage her
hat he would soon regain
ped legs. The weakness
uch a degree that he was
nd eventually he became
le to move about, except
e, unfortunately, he was
wing to a gradual loss of
hen, to the condition of
after day, the year round
ir before the fire; in the
legs assuming there very
hat had been maintained
ur sisters, but no brothers,
e peculiar hereditary ten-
ttack the males while it is
oes not in this case admit

of any exemplification. At the present time the legs and thighs are fixed at about a right angle to one another, owing to contraction of the hamstring muscles. This condition of the limbs, which now adds to his helplessness, and which has favoured degenerative changes in the muscles, results doubtless from the position that the legs have so long been allowed to occupy, and might have been averted by occasional passive exercise. The calf muscles are distinctly hypertrophied, and so, I think, are those of the buttock; those of the thigh are about normal in bulk. I desire, also, to call attention to the atrophied condition of the muscles of the shoulder and trunk, and especially to the pectoralis major, which is reduced to the smallest possible dimensions. In regard to the power of the various muscles referred to, while there is an inability to extend the leg at the knee from the causes above mentioned; there is also very slight ability to produce further flexion, while the corresponding movements at the hip-joint are also feeble. There is rather more power of abduction and adduction. Sensation is unimpaired. Faradaic contraction of the calf muscles seems to be lost; at any rate, a very powerful current causing great pain induced no muscular contraction, and only a feeble response takes place at the making of the Kathodal and Anodal galvanic currents of 10 milliampères. I have only made one test experiment, as such powerful currents are required to produce any results. Examinations of a small piece of muscular tissue withdrawn from the gastrocnemius by Duchenne's "emporte-pièce histologique" showed the usual changes, the interposition of an abnormal amount of interstitial connective tissue and fat. The contraction of the muscles of the lower extremities has induced varo-equinal talipes in both feet, and well-marked "*griffe des orteils.*

Dr. BANHAM also showed for Dr. Willey, of the Borough Fever Hospital, the photograph of a boy, æt. 12, whose condition was in every way the counterpart of Dr. Banham's case.

PIGEON BREAST.

Mr. EDWARD BARBER showed a lad, æt. 15, the subject of a most marked form of this deformity; the prominence of the lower portion of the sternum, with its attached cartilages, was extreme, The mother said that the boy was quite right until two years of age, when the breast changes began: they have been rapidly increasing of late. There is no deformity of the spine, and in other respects the boy seems well nourished.

HYSTERECTOMY.

Mr. SNELL, for Mr. Woolhouse, exhibited the uterus and stomach of a woman who had been under Mr. Woolhouse's care, and read the following notes of the case:—B. W., from the country, æt. 43, single, a tall and anæmic-looking woman, was admitted into the Jessop Hospital for Women on Dec. 24, 1884, suffering from abdominal tumour. She stated that for a number of years she had suffered greatly from dyspepsia, for which she had had treatment. She was in the habit of taking soda bicarb. almost continuously, because it did her stomach good. About eight or nine years ago she noticed a swelling in the lower part of her belly on the left side, which she believed to be the result of being trodden upon by a cow. The swelling gradually increased, and had latterly become so painful as to render life almost unbearable. On examining the abdomen, a large, smooth, firm, and somewhat rounded movable tumour was found, about the size of the uterus at seventh month of pregnancy, occupying the hypogastric and left inguinal regions. On examination per vaginam, the cervix uteri was found somewhat elongated, and the sound passed with some difficulty 2½ inches into the uterus. The tumour was found to be movable with the uterus. Menstruation had been irregular. Looking at the slow growth, painful character of the tumour, and general appearance of the patient, the case was supposed to be one of malignant disease of the left ovary, involving the uterus. As the patient implored that something might be done for her, it was decided to attempt the removal of the tumour. On the 19th of Feb., 1885, the patient was operated upon. The abdomen being opened, the tumour was found to be a large uterine fibroid. Its removal was accomplished by taking up the uterus at the junction of the body with the cervix in the segments, and tying each with strong catgut ligatures, and cutting through about half an inch above. The edges of the stump were drawn together, and then dropped into the pelvis. Both ovaries were removed

The subject was further discussed by
after which Professor M'Call Anderso
thanking the Society for having invited h
munication on the subject.

REGISTERED FOR TRANSMISSION

The Medical Press and

IS published every Wednesday morning. Pr

POST FREE TO ANNUAL SUBSCRIBERS .
,, IF PAID IN ADVANCE .

Post-office Orders and Cheques to be drawn
A. A. TINDALL, 20 King William Street, Stra
A. H. JACOB, 3 Molesworth Street, Dublin.

Agents for Scotland:—
MACLACHLAN and STEWART, South Bridge,
A. and W. STENHOUSE, Hillhead, Glasgow.

Sole Agent for the Continent:—
JOHN F. JONES, 31 Bis, Rue du Faubourg M

ADVERTISEMENT SCALE—Whole Page,
£2 10s. 0d.; Quarter Page, £1 15s. 0d.;
Small Announcements of Practices, Assista
&c., of Seven lines or under, 4s. per inser
Considerable reductions are made from th
orders are given for series of insertions
ment should be addressed to the Publis
SUBSCRIPTIONS FOR FRANCE are received by
Hautefeuille, Paris—post free in advanc
SUBSCRIPTIONS FOR RUSSIA are received
FRENDLER, 13 Senatoren Street, Warsaw
annum.
SUBSCRIPTIONS FOR THE UNITED STATES are
Messrs. WILLMER and ROGERS; Phila
post free in advance, 5½ dollars (£1 3s.
from the Offices in this country for the
by International Post-Office Order.

The Medical Press

"SALUS POPULI SUPR

WEDNESDAY, JUI

FAITH CU

MANY indications exist to pr
scribe the present as the age
within the mark, for it is possibl
severing inventor of a new "
with followers, and, if he choose
tributions. Instances in poi
student of modern history, a
observer of current events; anti
tion, and the almost extinct
striking examples. The lates
moral diseases, however, is less
a revival of an old delusion,
there has unquestionably in th
vest reaped by many who hav
port to other people's money.
modern sensation is called, has
before the public owing to ce
manifestations of its powers
country. In particular it wil
pottery town of Hanley was n
of faith-healing "miracles," t
was clearly exposed at the tim

ther discussed by several speakers, r M'Call Anderson shortly replied; ır having invited him to give a com- ject.

OR TRANSMISSION ABROAD.

Press and Circular

sday morning. Price 5d. Post free, 5½d.

L SUBSCRIBERS . . . £1 2 6
) IN ADVANCE 1 1 0

eques to be drawn in favour of—
lliam Street, Strand, London, W.C.
Street, Dublin.

, South Bridge, Edinburgh.
ıead, Glasgow.

du Faubourg Montmartre, Paris.

Whole Page, £5 0s. 0d. Half Page , £1 15s. 0d.; One-eighth Page, 12s. 6d. ctices, Assistancies, Vacancies, Books r, 4s. per insertion; 6d. per line beyond nade from the foregoing Scale when ı of insertions. Letters in this depart- ło the Publishers.

› received by Messrs. BAILLIERE, Rue ee in advance, £1 8s. 6d. per annum.

e received by Messrs. RAJCHMAN and reet, Warsaw—post free £1 5s. 0d. per

STATES are received in New York by ERS; Philadelphia, by Dr. BRINTON: ars (£1 8s. 6d.) per annum; or direct ry for the same amount, if remitted Order.

ress and Circular.

[SUPREMA LEX."

JUNE 10, 1885.

CURES.

› prove that those who de- ge of credulity are entirely sible to any sufficiently per- "fad" to surround himself oses, to live upon their con- oint will occur to every and even to an ordinary ti-vaccination, anti-vivisec- t æsthetic craze affording st addition to this list of s an original invention than out of which at intervals ıe past been a goodly har- e found in it a sure pass- "Faith-Healing," as the recently been prominently tain so-called remarkable in various parts of the be remembered that the de a centre for exhibition delusive nature of which y Mr. Spanton, F.R.C.S., in these columns. For a time since that exposure the faith-curers have been quiet; but now they have developed what is called an "International Congress" at the Agricultural Hall, in Islington, where a number of "cures" have been wrought and testified to, mainly by hysterical women.

On many accounts these miserable exhibitions of duplicity and ignorant fanaticism are to be condemned; but on none more strongly than for the reason that they appear to lend a tentative support to the theory that disease is a mystery altogether beyond mundane control, and so to engender a belief in fatalism as a substitute for that in the natural disposition of an injured organ or tissue to recovery. There is, moreover, associated with these displays of miracle healing a very unpleasant air of charlatanry, and of exhibition sensationalism which cannot fail to react very disastrously on the moral natures of all who submit themselves to the influences brought to bear upon those who attend the gatherings. It is indeed sufficient to say that, whoever does so submit himself or herself to these influences is immediately thereupon a ready convert to faith-healing doctrines; and any fancied ailment, or even a real affection, if not actually disabling, will at once vanish from the imagination, and will be banished from the mind so long as the excitement aroused by the circumstances of the conversion retains a hold upon the senses. In every case of real disease, however, the time rapidly arrives when the physical condition becomes once more powerful to assert itself, and to conquer the emotional, and the invalid again resumes his usual state. He, will, however, very probably persist in asserting the reality of his cure, and ascribe the return of symptoms either to a new affliction, or to his own moral degeneracy, the renewal of suffering taking for him the form of punishment of his backsliding. To the prophets of the faith either explanation will of course be eminently satisfactory, especially since the gratitude of the patient, excited by his temporary forgetfulness of pain, is often enough permanent; and hence it is we find this account of the circumstances assiduously circulated wherever faith-curers conduct their performances.

There is undoubtedly, however, a class of cases who *do* get well after attending the faith-curing entertainments, and such cases form the principal examples of the efficacy of this form of practice. They represent that assemblage of imaginary diseases, often enough continuing for years, which are included under the head hysterical; and one of the most striking and loudly applauded of the cures at the recent "conference" was that of a woman who had suffered for nine years, by her account, from "disease of the spine." Suddenly, however, on becoming a believer, she heard a crack, and lo! she was healed. What practitioner is there who is not only too familiar with such cases, and knows that they can only be treated by moral means, as well as that they are entirely unassociated with any kind of real disease? Again, a woman suffered from "a tumour"—where, for how long, or of what character, are details all alike regarded as unimportant. She believed in the doctrine of faith-healing, and she became well. Probably a whiff of chloroform would have been a serious rival to belief in this instance. Another woman was cured of a hernia; but this particular sample of

system was ever observed, though th
given in full doses. In mild cases, or th
diphtheria, pilocarpine is not indicate
those cases which from the start are
serious or dangerous symptoms. The
be carefully watched, and an abundan
be drunk. Koszutzki has found blowing
calomel into the throat most beneficial.
sprayed or gargled with a two to five
of chloride of sodium to wash away th
membrane. He applies from 2-10ths
grain thus twice daily, the quantity
age of the patient, the extent of the m
gree of necrosis, and the intensity of t
tion of the calomel unites with the chlo
form corrosive sublimate, the remainde
stomach, and produces free action of
consequent lowering of temperature.
sodium gargle should be used every
treatment was used in thirty-six cases
diphtheria with scarlet fever, with e
all the patients recovered. Chap
alcohol, given as "whiskey aling," c
as hot and strong as could be
limited by the amount which could
the patient without producing intoxi
nation with other remedies, such a
febrile remedies, chlorate of pota
most useful; the mortality of the dis
He found that the alcohol caused
shrivel up like burning leather, and to
thirty-six to forty hours. He also me
dry sulphur to the throat and nostr
our personal experience of the us
remedy in the treatment of a relat
this disease. The impression left u
been one most favourable to its use.
mencement of its application the ten
formation of the membrane seemed
tions of what already existed were co
throat showed a decided inclination t
brane seemed to cling to the surfa
nares, to which it was difficult to se
plication of the sulphur. In young c
of dry sulphur is easier and decidedly
attempts at gargling, spraying, or
throat. With this treatment was
doses of the muriate tincture of iro
with ℥ss. of port wine every hour at his
two hours at other times, equalling
hours. Raw beef juice, beef essence,
at frequent intervals to sustain the
three weeks' hard fight our patient re
ptoms remaining as sequelæ, these we
of accommodation in the eyes, para
palati, and want of co-ordination in
the muscles of the lower extremities
symptoms have since gradually disa
now in the enjoyment of good healt
perience in one's own family gives
terest in the nature and treatment
can well be realised when such ex
Decidedly the sulphur treatment is w

a the medicine was
or the later stages of
eated; it is useful in
are characterised by
The perspiration must
dance of fluids should
wing finely pulverised
ial. The throat is first
ive per cent. solution
y the mucus, pus, and
Oths to 4-10ths of a
ity ranging with the
he membrane, the de-
of the fever. A por-
chloride of sodium to
ainder passes into the
on of the bowels with
ure. The chloride of
very two hours. This
cases of diphtheria, or
ith entire satisfaction;
Chapman has found
g," or "milk punch,"
l be borne, and only
could be tolerated by
intoxication, in combi-
uch as diuretics, anti-
potash, gargles, &c.,
he disease was lessened
used the membrane to
and to disappear within
lso mentions the use of
l nostrils. We can add
the use of this latter
a relative stricken with
left upon our mind has
its use. From the com-
The tendency towards the
eemed to cease, large por-
were coughed up, and the
ation to clean. The mem-
e surface of the posterior
lt to secure the proper ap-
oung children the blowing
idedly more preferable than
ng, or mopping out the
t was combined 10 minim
of iron every two hours,
ur at his worst, and ℥j. every
alling 12 ounces every 24
essence, and milk were used
ain the strength. After a
atient recovered, nerve sym-
hese were, loss of the power
yes, paralysis of the velum
ation in the movements of
tremities in walking. These
ally disappeared, and he is
od health A personal ex-
ly gives a much deeper in-
eatment of this disease than
such experience is absent.
ment is worth trying.

Notes on Current Topics.

Taxation of Hospitals.

WRITING to the *St. James's Gazette* in connection with a protest raised against the taxation of hospitals in Liverpool, Mr. J. S. Wood, Secretary of the Chelsea Hospital for Women, points out that heavy rates are levied on all metropolitan hospitals in respect of poor relief. In the case of the institution which he himself represents, Mr. Wood says that it is rated at £500, while the adjoining Hospital for Consumption pays poor's rate on no less than £2,000. This anomalous condition of things is assuredly one which calls for amendment, for it amounts to nothing short of a double taxation of the funds provided by the charitable towards the cure and support of the sick poor, the contributions given to maintain hospitals having already, in nearly every instance, paid income tax. Mr. Wood's argument against any increased burden in this direction, such as that contemplated in a Bill unsuccessfully introduced in 1879, and which provided for the exaction of a tax of 1 per cent. on the gross income of charitable institutions, is unanswerable; and it is to be hoped that not only may the Liverpool charities be able to defeat the action of the local authorities in attempting to extort additional taxes from their resources, but also that a movement may be excited to secure the repeal of those measures under the powers conferred by which rates are now recovered at other centres of medical relief.

Volunteer Medical Staff Corps.

THE movement initiated some time since to provide a Volunteer Ambulance Corps from medical men and hospital students, and to which frequent reference has been made in these columns, has steadily progressed, until the Association is now so far a recognised body that a grant of £400 in its favour is included in the Government estimates for the current year. The "Volunteer Medical Staff Corps" was conspicuous in the recent Easter Monday manœuvres, and was complimented on its appearance and efficiency by the Commander-in-Chief; and in order to carry on the work so well begun and supported by a few individuals, an appeal is about to be made for a wider public recognition of its merits. To this end a meeting will be held at the Mansion House, London, on June 19, at 3 p.m., under the presidency of the Lord Mayor, when the principal officers of the corps and many friends of the movement will be present to explain and urge its claims. A sum of about £1,000 is required in order to provide a permanent head-quarters, *matériel*, &c., and the profession is invited to assist this object by becoming members of the Association, the subscription for life members being £5, and for honorary members £1. The importance of the Volunteer Medical Staff Corps as a reserve to the Army Medical Corps in times of war or emergency is sufficiently obvious; and we trust that the result of the forthcoming meeting may be such as to show that public interest in the movement has been aroused to an extent commensurate with the merits which entitle it to universal recognition as a most valuable institution.

the proposal to form the extra-mural sc
College, Edinburgh, and would prefer
sity a corporation of all the academic
burgh." In supporting the resolutio
tained that the teaching in Edinburgh
through the commercial spirit abroad.
graduation, at present existing, led dir
as the University was concerned. In
system of pure commercialism was ke
professors within, and the conditions
extra-mural teachers were unfair. Th
teaching institutions must be something
aggrandisement. The establishment o
lege, Edinburgh, on the proposed basi
continuation of the baneful system. T
the outcome of a purely commercial spi
if accepted, could only lead to greater
James Clyde opposed the motion. He s
the question practically, apart from th
tions as to motives for action. He depr
by which attendance at certain specified
pulsory before admission to examinatio
argued that the power of granting de
not with professors and lecturers, but
examining boards. Free competition
things, was the best means of bringing
men. A numbers of speakers followed
the feeling of the meeting was evidentl
more conservative position. *On the vot*
ayes numbered 58, and *the noes 14, giv*
44 in favour of the motion.

Sir Charles A. Camer

THE Knighthood which Lord Spenc
week on Dr. Cameron, President of th
Surgeons, and Superintendent Medical
for the City of Dublin, is a mark of pu
less than Dr. Cameron's scientific positio
and official relation to the College o
deserved, but, considering the difficultie
grant of a higher distinction, we are
decoration has been conferred, and we
Cameron our warmest congratulations
the sciences of chemistry and hygiene t
Charles Cameron have been continuou
and most valuable, his originality of ide
research having supplied abundant
prolific pen. To the public and the c
his services have been invaluable, as any
by a comparison of the sanitary organis
before and since his access to office as
tendent Officer of Health. In that cap
has been effected by him than anyone c
pated—the Corporation has been educa
the public have been made to under
approach to cleanliness is expected fr
indispensable to the health of the commu
titude of detail improvements have bee
city's sanitation. The popularity of Sir
with his fellows has been so recently n
advancement to the Presidency of the C
needless for us to assert its existence

ols into Queen's
see the Univer-
eachers in Edin-
Mr. Buist main-
was degenerating
The monopoly of
ctly to this, so far
virtue of this, a
pt up among the
of competition for
ıe chief end of our
ıg higher than self-
of the Queen's Col-
sis would involve a
The suggestion was
spirit of rivalry, and,
r degeneracy. Mr.
e said they must face
theoretic considera-
leprecated the system
ified classes was com-
ıtions for degrees, and
g degrees should rest,
but with independent
ıtion here, as in other
ıging forward the best
owed on each side, but
identy in favour of the
he vote being taken, the
14, giving a majority of

Cameron.

d Spencer conferred last
nt of the Irish College of
Medical Officer of Health
rk of public favour much
ic position, public services,
College of Surgeons have
difficulties surrounding the
, we are pleased that the
d, and we offer Sir Charles
tulations on the event. To
l hygiene the services of Sir
continuous, comprehensive,
ıality of idea and industry in
abundant pabulum for his
ı and the citizens of Dublin
ıable, as anyone can ascertain
itary organisation of the City
to office as Medical Superin-

In that capacity much more
ıan anyone could have antici-
as been educated to progress;
ade to understand that some
is expected from them, and is
ı of the community; and a mul-
nents have been effected in the
opularity of Sir Charles Cameron
en so recently manifested by his
sidency of the College that it is
ert its existence. Many of his brethren will regret that the title conferred upon him has not been made hereditary. Not one man in his profession will grudge him the distinction, or will entertain any doubt that it has been well deserved.

Sir Charles Cameron is the only son of Captain Evan Cameron, a descendant of Cameron of Lochie. He took the M.D. of Dublin University in 1863, and the Fellowship of the Irish College of Surgeons in 1874, having been some time previously elected Professor of Chemistry in the College.

Hospital Accommodation for Women.

WE are not amongst those who hold the opinion that hospital accommodation in the metropolis for women is inadequate to existing requirements. As frequently pointed out, too much medical charity has a pauperising effect which it is not well to encourage. Moreover, existing hospitals are much crippled for want of funds, which is but a natural outcome of this constant agitation for enlargement and new creations. Of course the best intentions must be conceded to those who give their time and money to the management of these institutions, especially to the Duke of Westminster, who presided on Saturday over a meeting, held at Grosvenor House, to consider the enlargement of the Hospital for Women, Soho Square, which, he said, had been at work for forty-three years, and had done an immense amount of good in curing those diseases to which women were liable, the present accommodation of 66 beds being altogether inadequate to the applications received from all parts of the United Kingdom. Doubtless funds will flow in in answer to his Grace's appeal, and the hospital will be enlarged therewith; but the chief difficulty has always arisen when it becomes a question of maintenance, and hundreds of beds are at the present moment vacant because the funds for their support are not forthcoming. We trust the Soho Hospital for Women will not add to this number.

Frerich's Successor.

THE Faculty of Medicine in the University of Berlin has, at the request of the Cultus Minister, sent in a list of three names, from which the Emperor will select one as successor to the late Professor of Medicine. The Faculty awarded the first place on the list to Professor Gerhardt, of Würzburg, and the Cultus Minister has already placed himself in communication with Professor Gerhardt with a view to his appointment.

Club Doctors in Berlin.

A CLUB of 4,800 members in Berlin recently advertised for six medical officers at £75 per annum each, or a trifle under two shillings per head per annum. In response to this there were considerably more than 400 applications! We may conclude from this either that money is scarce in medical circles in Germany or that our Teutonic *confrères* are content with a very modest pittance to supply the necessaries of life.

WE are requested to announce that Mr. J. L. Clifford-Smith has resigned the office of Hon. Secretary of the Hospitals Association.

Poor-Law Medical Officers

ANOTHER instance of the persiste
persecution to which Poor-law me
liable from their Boards of Guardians
our correspondence columns. It
Davies, medical officer of the Conv
Wales, has merited the ire of his
insistence on the treatment of the sic
charge after his own judgment, and th
post as uncomfortable as possible in
Poor-law Medical Officers' Associatio
matter up, and an appeal to the L
Board is likely to be the result. As M
according to the evidence before us,
rights, we advise him not to heed the th
tion of salary and office; the guardians
carry these, and the Local Governmer
likely to be influenced by them.

THE position of Medical Storekeepe
been bestowed on Surgeon-Major P. D
Punjaub Infantry.

AN anonymous donor has just give
Hull General Infirmary, and £5,000
orphan homes in that borough.

A VERY serious outbreak of scarlatina
in the Dunmanway district of the c
has been necessary to close the schools,
seems to have been got under control.

THE Prince of Wales has fixed Satu
July, for the ceremony of opening the
and other buildings of the National H
Paralysed and Epileptic, Queen Square,

IT is announced that a Royal Comm
into the distribution of the Dublin hos
the administration of the subsidised hosp
be held in Dublin, with a view to some
subject before the vote of the grant con
ment.

THE annual collections of "The H
Fund" will take place in the metropolis
in the various places of public worshi
Jewish synagogues, at which the collecti
on the previous day, as usual. The
Sheriffs will go to the Cathedral in the
Westminster Abbey in the afternoon.
aggregate contributions reached a higher
previous year; we hope 1885 will pr
successful.

MORTALITY IN GLASGOW.—The deaths
the week ending with Saturday, the 30th
rate of 25 per 1,000 per annum of the popu
pared with 25 in the previous week, and 2
the corresponding periods of 1884, 1883, an
tively.

Guardians.
annoyance and
al officers are
referred to in
ears that Mr.
Union, North
uperiors by his
poor under his
have made his
sequence. The
have taken the
al Government
Davies is acting,
ictly within his
eats of deprivа-
ave no power to
Board are not

at Quetta has
ncan, of the 1st

£10,000 to the
ich to the two

has taken place
unty Cork. It
but the disease

rday, the 4th of
lbany Memorial
Hospital for the
Bloomsbury.

ission of Inquiry
pital grants, and
itals, will shortly
lucidation of the
es before Parlia-

Hospital Sunday
on Sunday next
p, except in the
ons will be made
Lord Mayor and
morning, and to
Last year the
r sum than any
rove even more

s in Glasgow for
ı ult., were at the
opulation, as com-
l 24, 27, and 25 in
and 1882 respec-

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

OUTBREAK OF SMALL-POX IN ARBROATH.—A family was removed to the epidemic hospital in Arbroath on the 4th inst. in consequence of its having been discovered that small-pox had broken out among them. The family are children, mostly quite young, who returned from abroad about a month ago, their father having died abroad, and their mother on the way home. Since their return to Arbroath they had been residing with a relative of their mother's, a young woman twenty-five years of age, who is now severely ill of small-pox. It appears that one of the children had been ill, but is convalescent. Since the outbreak the family have all been re-vaccinated, and other persons residing in the same building with them have been subjected to the same precautionary measure.

HEALTH OF EDINBURGH.—For the week ending with Saturday, the 30th ult., the mortality in Edinburgh was 80, and the death-rate 17 per 1,000. There were fourteen deaths under 1 year, and seventeen above 60 years, of which seven were above 80 years, and one above 90. Diseases of the chest accounted for at least 45 deaths, and zymotic causes for 6, of which 2 were due to fever and 4 to whooping-cough. Intimations for the week comprised—fever 16, diphtheria 1, scarlatina 21, and measles 28.

CONVALESCENT HOME FOR THE MONTROSE INFIRMARY.—At a meeting of the Asylum and Infirmary Board of Montrose contracts for the erection of a convalescent home in connection with the Montrose Infirmary were accepted. A site has been selected at Edzell, and the house is to be built at an estimated cost of £780.

EDINBURGH UNIVERSITY.—CHAIR OF AGRICULTURE.—The resignation is formally announced of Professor Wilson, who has held the Chair of Agriculture in the University of Edinburgh for over thirty years. Professor Wilson has also for long acted as hon. secretary to the Senatus Academicus.

BRITISH DENTAL ASSOCIATION—SCOTTISH BRANCH.—The annual meeting of the Scottish Branch of the British Dental Association was held in Dundee on Friday, 5th June, under the presidency of Dr. John Smith, Edinburgh. The profession was well represented. Mr. Campbell, Dundee, was nominated President for the year, and Mr. Andrew Wilson, Edinburgh, Vice-President. Mr. Crombie, of Aberdeen, then read a paper on "The Range of Dental Influence," and received the thanks of the society. A case of peculiar interest was shown by Mr. Macleod, of Edinburgh, where half of the left jaw of a patient had been resected by Professor Annandale, Edinburgh, and a denture had been made which largely supplied the place of the portion of jaw which had been removed. Mr. Macleod read also, as secretary, a report with regard to the recent prosecutions for infringement of the Dentists' Act. The next annual meeting was appointed to be held in Glasgow. The Association's labours were brought to a close by an address from the President. He spoke of the good work done by the Association, emphasising the important part played by the branch societies in facilitating the work of the parent association in connection with the carrying out of the provisions of the Dentists' Act.

EDINBURGH SCHOOL OF COOKERY.—The annual meeting of the Edinburgh School of Cookery and Domestic Economy was held on Friday, 5th June. The annual report stated that during the session 1883-84 public classes had been held in the school on artisan, plain and high-class cookery, and

Literature.

PETTENKOFER ON CHOL

A SECOND edition of this well-l has now appeared in English fo introduced to readers in this coun of Sheffield, who prefaces the book witl tion. The Editor distinctly asserts the guished from the purely scientific natu *brochure*, and this is easily seen on p matter, which is stated with unusual s Pettenkofer's highly original experimen of air through earth, gravel, and even for the reader, and the question of gr explained. His researches on the effect ground-water, and its connection with e (as well as typhoid) are also set forth wit As is well known, Pettenkofer disclaims luted water to cause or have aught to do of cholera, and places more reliance on as specifically polluted soil. Dr. Hime len views, which we may remark, *en passan* by the greater part of experts in publi investigation. The appearance of the d of course connected with the introductio consequently more facile intercourse wit *habitat*, though, according to Pettenkof home. The three great factors of the inci asserts to be—(1) traffic; (2) local and te (3) individual disposition. He is against of the malady, and is therefore opposed adduces instances of its conveyance b damp food, but expresses himself dubiou of the specific excrement *per se* (unaided to set up the disease. As regards se autumn are shown to be the most favour Munich is described at some length, and disadvantages pointed out, the former c from dampness, and the latter liability pollution. He is especially strenuous on a clay soil resting on limestone gravel as to cholera-breeding; and also on the impo and treating early premonitory cases of of the causes leading to diarrhœa—viz., c diet, clean and proper clothing, and car bathing, he also relies upon as lessening disposition. Careful feeding and suitab quantity and quality are also recommen dismisses slightly impure water as a mat and is here at distinct variance with both experience. The importance of pure a alive to, and devotes many pages to an laws and methods of house ventilation. to advise cleanliness and proper ventilati privies, and cesspools, and the remova habitations. He expresses himself mor efficacy of disinfectants against cholera t who remember Simon's scorn of "chemica are; sulphate of iron and carbolic acid a especially recommends.

Dr. Hime has included in the Appendix the Vienna Conference (some of w be in direct opposition to the Munich Pro the text of the Local Government Boa Sanitary Authorities relating to cholera i

CHROME WATER IN THE TRE SYPHILIS. (*b*)

FOR some years past Dr. Güntz, of treating syphilis with what he calls "c with results, as shown by the case related, extended trial than his method of treat enjoyed. The case was that of a strong n came under Dr. Güntz's care, was suffe

(*a*) "Pettenkofer on Cholera." 2nd editio annotated by T. W. Hime, M.B. London: Baillii
(*b*) "Ueber den Nutzen der Chromwasser Bei Falle von Syphilis Maligna." Von Dr. J. E. Güntz Abdruck aus Betz's Mem. 1885. 2 Heft.

A. (a)

wn little work having been by Dr. Hime n able introduc- opular as distin- of the Professor's using the subject- plicity and care. as to the passage ick, are described nd-air thoroughly of rise or fall of demics of cholera some minuteness. the power of pol- with the causation organically as well ds himself to these t, are not accepted ic health or cholera lisease in Europe is n of steam, and the h India, its original fer, not its endemic idence of cholera he emporal disposition; t the contagiousness to quarantine. He by dirty linen, and usly as to the power d by local conditions) season, summer and urable. The soil of id its advantages and comprising freedom ity to foster organic on the excellence of as being insusceptible nportance of detecting of diarrhœa, and also z., chills and errors of careful and constant ing the individual pre- ittable food as regards mended. Pettenkofer matter to be shunned, both British and Indian re air he is thoroughly an enunciation of the ion. He is also careful ilation of water-closets, noval of manure around more believing in the era than we in England, emical libations" usually cid are the materials he

endix the conclusions of of which are seen to ch Professor's views) and t Board's Order to Port olera issued last year.

E TREATMENT OF

(b)

ntz, of Dresden, has been alls "chrome water," and related, that justify a more of treatment has hitherto strong man, who, when he as suffering from "spots, infiltration, impetigo, ulcers, rupia, and a discrete vesicular eruption." His daily treatment consisted of a warm bath and a bottle of aqua chromica, as prepared in the establishment of O. Lische Plauen, Dresden. Each bottle, which is given in four doses, appears to contain 0·03 gm. of bichromate of potash, and to be charged with carbonic acid gas. By the thirty-eighth day of treatment the patient had taken thirty-seven bottles of the medicine. On the forty-sixth day of treatment the note runs as follows: "Pulse 100-108. No further abnormality of any other organ. Induration of penis much less. Appetite and digestion normal. Strength increasing. The patient declines to continue any longer the chrome water treatment, during which he has taken about forty-two bottles, notwithstanding the extraordinary results as regards the pain said to have been in the head."

Six days after giving up the treatment, Dr. Güntz learned that the patient was continuing well.

nd edition. Translated and ion: Baillière, Tindall, & Cox.
wasser Behandlung in einem J. E. Gütnitz, Dresden. Separat ft.

Medical News.

Fever and Small-pox in London.—The returns as to fever and small-pox in London were read at the usual fortnightly meeting of the members of the Metropolitan Asylums Board, held on Saturday last, and these showed the continued prevalence of cases of small-pox in different parts of London. The fever returns also showed an increase in the total number remaining under treatment. The returns as to small-pox showed that no fewer than 468 patients had been admitted, 94 had died, 71 had been discharged recovered, 518 had been transferred as convalescent to the Darenth Camps, and 1,247 patients remained under treatment. On the Hospital Ships, 313 had been admitted direct from parishes and unions, and 97 from other hospitals of the Board, 41 had died, 421 had been discharged as convalescents to the camp and 187 remained under treatment. A letter from the Local Government Board was read, suggesting that at each of the hospitals under the managers' control an interval should always be allowed to elapse between the re-vaccination of officers and servants and their entry upon their duties.

Bradford Medico-Chirurgical Society.—The annual meeting was held on June 2nd, and the following officers were elected, viz.:—*President.*—Dr. Goyder (re-elected). *Vice-President.*—Mr. W. H. Ellis. *Council.*—Mr. Miall, Mr. Mossop, Dr. Craig, and Mr. Hirst. *Treasurer.*—Dr. Dunlop. *Secretaries.*—Dr. Rabagliati and Mr. Wilmot. *Auditors.*—Drs. Foster and Whalley. *Pathologists.*—Messrs. Carter and Spence.

The Mortality of Foreign Cities.—The annual death-rates per 1,000 in the principal foreign cities, according to the last weekly returns communicated to the Registrar-General, are as follow:—Calcutta 30, Bombay 29, Madras 37, Paris 25, Geneva 20, Brussels 22, Amsterdam 22, Rotterdam 25, The Hague 24, Copenhagen 24, Stockholm 28, Christiania 24, St. Petersburg 32, Berlin 22, Hamburg 26, Dresden 25, Breslau 27, Munich 37, Vienna 35, Prague 38, Buda-Pesth 30, Rome 22, Turin 22, Venice 21, New York 24, Brooklyn 19, Philadelphia 21, and Baltimore 16.

Vital Statistics.—The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 21·0 per 1,000 of their population, and were—Birkenhead 22, Birmingham 20, Blackburn 28, Bolton 19, Bradford 18, Brighton 14, Bristol 21, Cardiff 28, Derby 15, Dublin 25, Edinburgh 17, Glasgow 25, Halifax 15, Huddersfield 21, Hull 21, Leeds 19, Leicester 19, Liverpool 25, London 19, Manchester 27, Newcastle-on-Tyne 29, Norwich 21, Nottingham 17, Oldham 26, Plymouth 26, Portsmouth 22, Preston 34, Salford 17, Sheffield 21, Sunderland 20, Wolverhampton 19. The highest annual death-rates from diseases of the zymotic class in these towns were—From measles, 2·5 in Manchester, 2·8 in Birkenhead, and 3·4 in Newcastle-upon-Tyne; from whooping-cough, 2·1 in Oldham and in Preston, 3·2 in Cardiff, and 4·6 in Blackburn. The 31 deaths from diphtheria included 17 in London, 4 in Cardiff, and 3 in Portsmouth. Small-pox caused 69 deaths in London and its outer ring (not including 17 fatal cases of Londoners who died in the Metropolitan Asylum Hospital Ships and Camp at Darenth), 1 in Bristol, 1 in Manchester, 1 in Sheffield, 1 in Hull, and 1 in Sunderland.

The Medi

W

CONTENTS.

ORIGINAL COMMUNICATIONS.

Lectures on Hernia and its Radical Cure. Delivered at the Royal College of Surgeons of England. By John Wood, F.R.S., F.R.C.S., Hunterian Professor of Surgery and Pathology; Senior Surgeon to King's College Hospital; and Professor of Clinical Surgery in King's College 521

Influence of Sea-Voyaging upon the Genito-Uterine Functions. By J. A. Irwin, M.A. Cantab., M.D. Dub. Univ., formerly Physician to the Manchester Southern Hospital for Women and Children 52

Notes from the History of Medicine and Medical Opinion. By Surgeon-General Chas. A. Gordon, M.D., C.B., Honorary Physician to Her Majesty the Queen 53

CLINICAL RECORDS.

Mater Misericordiæ Hospital, Dublin.—Five Cases of Uterine Tumour. Under the care of Dr. More Madden 5

TRANSACTIONS OF SOCIETIES.

ACADEMY OF MEDICINE IN IRELAND—

The Pathology of Multiple Exostoses .. 5

Lecture

ON

HERNIA AND ITS RA

Delivered at the Royal College of

By JOHN WOOD, F.R.

Hunterian Professor of Surger
Senior Surgeon to King's College Hospit
Surgery in King's C

LECTURE

MR. PRESIDENT AND GENTLEM
duty with which I have had the h
the Council of this College, my s
my lectures was naturally influ
twenty-four years ago, the autho
conferring upon me the Jacksonia
bodying the results of a new m
radical cure in sixty cases of in
me greatly in the investigation of

Fully and deeply impressed wit
by patient and long sustained ef
much difficulty in obtaining and
periods long enough to be worthy
factorily elucidated, I have, d
continued to modify, to perfect,
of the method of operating whic
first time.

The attention and efforts of sur
this direction from the earliest a
methods have continually been
methods resuscitated, wholly or
grees of success or failure. In n
lity of theory been more contras
The delimitation between the s
fatality of failure, has proved m
and to mark out.

Yet, notwithstanding, I think
regard to scientific exactitude,
with a view to produce a radical
ground in the confidence of th
that the disappointing results,

...l Press and Circular.

...LUS POPULI SUPREMA LEX."

...DNESDAY, JUNE 17, 1885.

	PAGE
Cutaneous Epithelioma (Tar Cancer) ..	538
LIVERPOOL MEDICAL INSTITUTION—	
Abscess of the Brain with Cortical Paralysis	539
Surgical Kidney and Bladder	539
Intra-Ocular Tumour	539
New Splint for Compound Injuries in the Neighbourhood of the Elbow-Joint ..	539
Congenital Tumour of Scalp	539
Hip-Joint Disease	539
Treatment of Certain Forms of Syphilis	540
SPECIAL CORRESPONDENCE	540

LEADING ARTICLES.

DISQUALIFICATION FROM VOTING BY MEDICAL RELIEF	541
THE COMING ELECTIONS	541
ADMINISTRATION OF THE SCOTTISH UNIVERSITIES	543

NOTES ON CURRENT TOPICS.

The Medical Council's Promises and Performances	544
The Rating of Charitable Institutions ..	544
Inquest on a Medical Practitioner	544
Cocaine in Operations for Lacerated Cervix	544
Royal College of Surgeons of England and its Charter	545
Newcastle-on-Tyne Infirmary	545
Vivisection	545
Cocaine	545
How Infection is Propagated	545
Poisoning by Arsenic	546
Board Schools as Infection Purveyors ..	546
Surgery at the "Inventories"	546
Glycerine for Dryness of Tongue and Thirst	546
The Holloway Sanatorium	547

SCOTLAND.

Glasgow Death-Rate	547
Health of Edinburgh	547
Chalmer's Hospital, Edinburgh	547
The Cartwright Prize	547
The Control of Pauper Lunatics	547
LITERARY NOTES AND GOSSIP	548

CORRESPONDENCE.

The Abrath-McMann Case—an Appeal ..	548
Medical News	549
NOTICES TO CORRESPONDENTS	550

...DICAL CURE.

...Surgeons of England.

...S., F.R.C.S.,

...and Pathology;
...l, and Professor of Clinica
...llege,

...TN,—In undertaking the ...nour to be entrusted by ...lection of the subject of ...nced by the fact that, ...ities of this College, in ... prize for an essay em... ...thod of operating for the ...uinal hernia, encouraged ...this field of research.

...the idea that it was only ...orts that a subject of so ...ecording true results, for ... of reliance, could be satis... ...uring this long interval, ... and to extend, the scope ...h I then published for the

...rgeons have been turned in ...ages of surgical art. New ... brought forward, and old ... in part, with various de... ...o subject has the plausibi... ...sted with futility of result. ... safety of success, and the ...most difficult to determine

...k I may now say, with a due ..., that operative treatment, ...al cure of hernia has gained ...the medical profession; and ...s, and repeated failures, of much-lauded methods, have not entirely established amongst us that despairing condition of opinion of which Lord Bacon says, "that he will not doubt to note as a deficience" in the practitioners of his time, "that they inquire not the perfect cure of many diseases; but, by pronouncing them incurable, do enact a law of neglect, and exempt ignorance from discredit." (*Advancement of Learning*, book ii., p. 43.)

In an age when all things are tested, and brought to proof again and again, no exception can be made in a matter which so seriously affects the welfare of the very large number of our fellow-creatures who suffer and die from hernia.

In the course of the three lectures which are allotted to me, I shall not have more time than barely to deal with my own work in the wide field of hernia. A subject absolutely overloaded with literature and bibliography will not fairly permit of scant notices and mere honourable mentions. To read out the names, and to summarise the work of the labourers in this field only, would probably occupy the whole of the three lectures, and then would only imperfectly do the work of the many excellent text-books and encyclopædias. I shall venture, however, further on, to classify very briefly the varieties of the operative treatment of hernia. I shall confine myself to the more common forms of hernia, the most troublesome, and the most disabling, and, therefore, the more urgently calling for a more complete and satisfactory treatment than constant and, usually, imperfect truss pressure, namely, inguinal, crural, and umbilical hernia.

During the twenty-seven years which have elapsed since my first operation for the radical cure of hernia, I have operated upon 391 cases, namely, 370 inguinal, 16 crural, and 5 umbilical.

In 11 cases the hernia was double, and both sides were operated upon. In 12 cases operations, which at first failed, were repeated (in two cases three times), making a grand total of 414 operations.

Of the 370 cases of inguinal hernia, 219 were found on the right side, 126 on the left side, and 23 on both sides; 10 of them occurred in females; 123 were cases of congenital origin; occurring either in children, or seen in patients above 14 years of age with a history of congenital origin; 114 occurred in males, and 9 in females; of the males, 51 were found on the right side, 41 on the left side, and 13 on both

the opposite side, and blended more
of the internal oblique and transversal
them. The muscular fibres of the ex
in an elliptical border at the level of
this point an intimate anterior sup
outermost of the tendinous fibres w
thigh, under the name of Poupart's
the deeper groin structures, to be i
spine and pectineal line. The iliac
connected with it below, from one p
ously, and holds it down in such a
surface is concave, and forms the h
accommodation of the lymphatics

At the pectineal line, the deeper
and help to form, a triangular offs
outwards (Gimbernat's ligament),
and are united to the pubic port
conjoined tendon, the triangular
fascia, namely, the fascia iliacæ
strongly bind it down, and keep it i
important parts are in relation, t
and crural hernia.

Above Poupart's ligament, the
oblique is covered by the deep, lo
superficial fascia (Scarpa's fascia)
elastic process of attachment to
the deeper layer of superficial fa
tains between its layers the lym
nerves before mentioned.

Of these vessels, the only ones
relation to our subject are the su
superficial and deep external pud
femoral. Of these, the first n
saphenous opening, or near it, pa
Poupart's ligament, and the deep
the course, tolerably closely, of
name which lie on the peritoneu

The superficial external pubi
saphenous opening, and crosse
the superficial abdominal ring
while the deeper ones of the sa
fascia lata, cross the pubis be
anastomose on the scrotum an

The cutaneous nerves in rel
inguinal, emerging from the sup
to the scrotum and lower groi
branches of the lower dorsal
abdominal aponeurosis at var
alba, with similar branches of
to anastomose with the supe
branch of the genito-crural
spermatic cord or round lig
abdominal ring, to become
cremaster muscle and dartos
crural branch of the same ne
Poupart's ligament, to be dis
part of the thigh, anastomo
branch of the anterior crura

Above Poupart's ligament
oblique forms an apertur
spermatic cord or round lig
abdominal ring. The sides
pubic crest, an elongated ob
(the external pillar of the
or is identical with, the lov

Flat at its outer half, it
the inner or lower part, w
the pubic spine. Outside th
for the passage and lodgm
on emerging from the ri
which forms an important
protecting it from injury,
found to be continuous wi
attachment of the fascia
to the deep surface of Pou
rests on its way through th
the lower boundary of th

The internal pillar of th
like, and can be traced d
bone and symphysial liga
ing in the male a part of th
The triangular opening le
ficial ring is converted int

vith the tendons
es lying beneath
blique terminate
ac spine. From
abination of the
ascia lata of the
nt, passes across
l upon the pubic
of fascia lata is
ie other, continu-
t the superficial
he groin, for the
erficial vessels.
re blended with,
a lunated border
the fibres meet,
ascia lata, to the
id to the deeper
nsversalis, which
ed shape. These
both to inguinal

of the external
movable layer of
giving off a wide
continuous with
e thigh, and con-
ands, vessels, and

l be considered in
pigastric, and the
es of the common
erge through the
s and inwards over
al ring, indicating
essels of the same

also through the
and inwards over
the *mons veneris*,
nerge through the
spermatic cord, to
h other arteries.
these are the ilio-
g, to be distributed
high. Other small
nerves pierce the
oes from the linea
interoostal arteries
stric. The genital
emerges upon the
ugh the superficial
n the male, to the
scrotum, while the
ie fascia lata below
he upper and front
internal cutaneous

osis of the external
ansmission of the
perficial (external)
ing form, with the
of which the outer
nferior, and blends
upart's ligament.
ed and cord-like at
planted firmly upon
is grooved obliquely
rmatic cord, which,
le the pubic spine,
tion to it, useful in
sis. This groove is
l in the canal by the
nd conjoined tendon
it, in which the cord
ial, and which forms

ng is flat and riband-
ie front of the pubic
he pubic crest, form-
suspensorium penis.
pillars of the super-
ning by the arrange-

ment of some curved cross fibres, in bundles of an inverted arch shape arciform fibres, closely connected by a thin but dense fascia, and deeply adherent to the tendinous pillars. The arciform fibres arise in a single bundle from the anterior superior iliac spine. They spread out to be lost in the aponeurotic fascia, over the lower part of the linea alba. Below, the arciform fascia is continued as a sleeve-like investment over the spermatic cord, forming the inter-columnar or external spermatic fascia, which passes down into the scrotum upon the tunica vaginalis, blending with the cremaster fascia, which lies next below it. When the arciform fascia is divided, the pillars of the ring separate under pressure from within, proving that they form a barrier against dilatation or separation of the pillars of the ring in the formation of a hernia.

Next in order, under the external oblique aponeurosis, come the internal oblique and transversalis muscles, with the cremasteric fibres, all covered by a thin, but dense, connective tissue layer, which connects the cremasteric fibres in a fascia, the fascia cremasterica.

The lower muscular fibres of the internal oblique arise from the deep surface of Poupart's ligament, as low down, in a well formed subject, as the lower third of Poupart's ligament, covering over the transversalis fibres, and also the deep abdominal ring. In a muscular man they are frequently arranged in a thicker layer at this point, so as, with the subjacent cremasteric fibres, to form an elevation or swelling, visible externally, so as to resemble a bubonocele somewhat. This swelling may be observed markedly emphasised in the well known athletic statue, the Farnese Hercules. The lower fibres of the muscle arch closely over the cord at the deep ring—blended, more or less, with those of the transversalis muscle which accompany them, reaching nearly as far down and separated only by the small intercostal vessels and nerves, with the plexus of the ilio inguinal and ilio hypogastric nerves. Inside the canal, they unite in a dense tough fascia to form a conjoined tendon. The outer curved border of this tendon is continuous, and blended with the fascia which covers both the surfaces of the transversalis muscle, especially with the deeper layer called the fascia transversalis. The muscular fibres of the internal oblique are inserted in strong bundles upon its superficial surface, so as to cover it, in muscular males.

If the forefinger be carried along the canal in a hernial subject, and passed as far inwards as possible, so as to lift the muscular layers, the conjoined tendon can be raised upon it, along with the combined oblique and transversalis muscles, presenting a salient crescentic margin, easily recognised by the finger.

The cremasteric muscular fibres arise externally from the lower third, or rather more, of the deep surface of Poupart's ligament; the higher fibres passing up behind the internal oblique, and connected with and sometimes receiving fibres from the transversalis muscle.

Below and internally, the fibres spread out in a fan-like way, the upper ones arching over the cord, to be implanted, continuous with those of the internal oblique, into the surface of the conjoined tendon. The lower two-thirds of the fibres pass out through the superficial ring upon the cord, forming a second sleeve-like investment, in combination with the connecting tissue. The inner ones form a more or less perfect series of loops, the recurrent fibres becoming lost in the fascia, about the angle of the pubis; while the outer or lowest are lost upon the fascia investing the tunica vaginalis. When the superjacent fascia intercolumnaris is opened, the finger can easily separate the cremaster fascia from its connections, and invaginate it into the canal as high as the deep ring.

At the outer border of the rectus abdominis muscle, the conjoined tendon splits, a little above the pubis, to form the sheath of that muscle. The separation of the layers is marked externally by a crescentic depression, "the linea semilunaris," reaching from the pubic spine as high as the junction of the eighth and ninth rib cartilages, into which it is implanted. Its posterior layer covers the deep surface of the rectus muscle as far as the linea alba, except at the lower fourth or fifth, where the muscle is in contact with the fascia transversalis.

A curved margin is here seen, called the fold of Douglas, under which the epigastric vessels pass into the rectus muscle. In a perfectly formed subject, the outer border of the rectus muscle forms a deep convex curve outwards, from the crest of the pubis, so as to bring it into pretty

constricting power upon the abdo
them downwards upon the relaxed
give way before the force, and pu
rectus also, when contracting, presse
and conjoined tendon, and so tends t

INFLUENCE OF SEA-VO
THE GENITO-UTERINE

By J. A. IRWIN, M.A. Cantal
Formerly Physician to the Manchester Ho
and Children.

IT has long been observed that
the genito-uterine functions ar
during and subsequent to a sea vo
finite is known upon the subject,
made to investigate the cause, nat
disturbances, or to ascertain the c
to them.

This oversight is the more su
sider the general interest and imp
—the extent and increasing fre
travel; the necessarily large
existence which is subservient to
"the genital sphere," or the norm
ation, utero-gestation, parturiti
lastly, the amount of intelligent
years been devoted to the speci
life.

When, six years ago, I tempo
practice in order to devote a p
and by land," I set myself the ta
subject; and incidentally the oth
interest connected with sea-
climates. During the three or
1879, 1881, and 1882, I serve
crowded transatlantic steamers,
made voyages either as surgeo
senger, to India, Africa, Madeir
distant places. In fact my opp
have been considerable, embrac
not less than fifteen thousand
this experience upon a subject
by previous research, is mani
to formulate final conclusions,
to opinions which, if confirm
will unquestionably prove of
the practice of gynæcology o
on ship-board I formed a rec
parturitions, 3 miscarriages,
missed periods occurring a
function was usually normal
whenever possible, and alwa
exceptional difficulty, wat
forms of uterine and ovaria
the sea influences, and contr
ordinarily obtained when de
on land.

I shall first consider the
the menstrual function; bu
tistics upon this part of ou
their value may not be over
the manner of their collecti
of obtaining direct informa
number of women, who fro
professional service, I dete
sistance of the stewardess i
passengers. On the day
was my custom to send h
chise those who seemed m
give information. The resu
of simple questions whic
purpose; and in this way
451 menstrual observation
I keep apart from my own
say that I regard them as

upon the abdominal viscera, forcing
in the relaxed groin-structures, which
e force, and produce ruptures. The
tracting, presses backwards its sheath
, and so tends to open the canal.

SEA-VOYAGING UPON
-UTERINE FUNCTIONS.

M.A. Cantab., M.D. Dub. Univ.,
Manchester Southern Hospital for Women and Children.

erved that serious disturbances of
nctions are apt to occur both
to a sea voyage; yet nothing de-
he subject, and no effort has been
e cause, nature, or extent of these
ertain the class of cases most liable

e more surprising when we con-
st and importance of the matter
easing frequency of transatlantic
y large proportion of woman's
rvient to what has been termed
the normal process of menstru-
parturition, and lactation; and,
telligent study which has of late
he special phenomena of female

temporarily retired from active
ote a period of travel "by sea
lf the task of investigating this
the other conditions of medical
a sea-voyaging and tropical
ree or four summer months of
served as medical officer on
amers, and at other times I have
surgeon in charge, or as a pas-
Madeira, Brazil, Chili, and other
ay opportunities of observation
mbracing the medical care of
and persons at sea; but even
bject so complex and unguided
manifestly insufficient whereon
ions. It has, however, led me
firmed by future investigation,
of value to those engaged in
r or general medicine. While
record of 104 pregnancies, 11
s, and 451 menstruations or
among women in whom the
al and regular. I have also,
vays under circumstances of
tched and treated various
an disease, while subject to
rasted the results with those
aling with similar conditions

effect of sea-voyaging upon
t before elaborating my sta-
r subject, and in order that
rated, I am bound to explain
n. In view of the difficulty
on from any but the limited
some cause had sought my
ined upon enlisting the as-
harge of the female steerage
vious to disembarkation it
among the women to cate-
t *intelligent* and willing to
were recorded upon a paper
ad been prepared for the
e *obtained 288 of my* total
These, for obvious reasons,
res, at the same time I may
g fairly reliable. No effort
was spared to insure this end. The inquiry was limit
within the narrowest compass; and of ten voyage
during which it was conducted, only six returns ha
been retained; four similar ones have been discard
altogether, owing to some circumstance which led me
suspect their accuracy.

Of the 288 women included in these returns, all
whom were supposed to be non-pregnant and to ha
menstruated normally previous to the voyage, 21 pass
the period while on board without menstruating: 4
menstruated before the period; and 224 menstruated
the proper period, of whom 23 complained of unwont
pain, and in a few instances, not accurately recorded,
increased or diminished flow; while 201 noticed abs
lutely nothing unusual which could be attributed to t
voyage. Turning now to my own 163 observations
women, also believed to be non-pregnant, the results a
as follows:—13 passed the period on board without me
struating, of whom 11 experienced more or less molime
51 menstruated before the period; and 99 menstruat
on board at the proper period, but of these 47 complain
of unusual discomfort, accompanied in 37 instances wi
increased and unusually prolonged flow, and in 2 wi
diminished discharge. Of the 13 who passed the perio
3 were still on board during the following one; of who
1 menstruated almost normally at the second period,
believe as the result of treatment; 1 came under obse
vation only at the second period, and was afterward lo
sight of; while the third, a healthy married lady had con
on board on the second day of menstruation, and four
the process both increased in quantity and prolonged
duration, but at the next period, and two subsequ
ones after landing in India, experienced complete amen
rhœa.

Thus it will be seen that while of the 288 women que
tioned by the stewardess, 201 or 69·7 per cent. declar
that they had noticed nothing unusual in their menstr
ation during the voyage; of the 163 who came under m
direct observation, only 52, or 31·9 per cent. perform
the function normally, as was usual on land. This diff
rence in results is easily explained. The former cas
were taken at hap-hazard from among women travelli
in the steerage, who were not especially complaining
the time questioned, and who were, as a rule, of t
working classes, accustomed to active habits, of hi
muscular development, and least nervous susceptibility,
fact, the class who suffer least under ordinary circu
stances. My table, on the other hand, was formed amo
women who were, with scarcely an exception, suffering
some way at the time I found opportunity to investiga
this matter, and who were for the most part of a socia
higher and more delicate class. The primary cause of th
coming under observation I find noted as follows; Se
sickness 118, menstrual aberrations or dysmenorrhœa
and various or not recorded 23. Again, it should be
membered how often unreliable are the first statemer
of even educated women regarding the type of their me
struation, and how difficult it sometimes proves even
one accustomed to question closely upon these matters
obtain an accurate knowledge upon a first interview.
however, the usual tendency under such circumstance
to represent past menstruations as not having taken pl
at all, or else having been nearer to the normal standa
than they really were, I am inclined to believe that m
skilled interrogation of the stewardess' cases would red
the proportion of amenorrhœa, and also of those who
ported nothing unusual in their sickness while on boa
Since resuming ordinary practice I have, of cour
missed no opportunity of obtaining further informati
upon this subject, both from ladies who had crossed t
ocean, and by inquiry among the surgeons in medi
charge of the large steamers.

To enter in detail upon each of the interesting fa
thus acquired would lead me beyond the scope of t
paper. I will, however, mention a single case which
particularly instructive, and of the others I may
generally that they tend in the same direction. A la

effect forms, no d
a sea voyage was
popular but unt
caused by anæmi
Holland (20) a
of cerebral anæ
worse than *non-s*
satisfied that his
correct, and that
brain and lungs
constipation, often
effects of a voyage
movements of a s
upon the ganglioni
which is altered th
volume of visceral
striking of these eff
of this essay; and h
menstrual disturb
entirely attributable
little to co-incident
to any inherent qua
tendency of this m
blood supply to the
degree from a slight,
stimulus, to a posi
but under all circums
questionably congesti

(1) "The very conceptio
tion of well-ordered action
(2) Maladies de la Matric
(3) Lib. ii., Cap. 15; Lib.
(4) Morb. Chron., Lib. i.,
(5) Medicm. Collect. Lib.
(6) De curat. morb. diut.,
(7) Tetrab. i., Serm. iii.,
(8) Lib. i., Sen. i., Doc. ii.
(9) De morbis Artificum.
(10) Observationes Med.,
(11) Hist. Nat., Lib. 28,
Lib. v.-x.
(12) Van Swieten, Comme
p. 34.
(13) De usu aquæ marinæ.
(14) Uterine Therapeutics.
(15) Hippocrates, Sect. iv.,
(16) *Kivew*, to set a going.
(17) *Lancet*, November 25th
(18) Zoonomia, 1794.
(19) An essay on Phthisis P
(20) An Experimental In
Organic Life. 1829, c. 14.

(7

NOTES FROM TH
AND OF M

By Surgeon-General C
Honorary Physici

(*Contin*

DURING the *Sung* dyn
the study of Medical J
raged in China; volumi
also published in the sa
ments of jurisprudence
joyed, as at the pres
reputation. Among oth
in this respect to which
they pretend, is the met
cover whether a man fo
been his own execution
others; whether in the c
water, death preceded
whether, in other cases,
natural causes or of f
"History of Medicine," vo

In the First Age of mar
sages of ancient China, th
but seldom used them, tha
Middle Age virtue becam

cient belief that
and also of the
ea-sickness was

a combination
congestion; and
reasoning, I am
are substantially
otion upon both
indicated. The
nd various minor
to prove that the
peculiar influence
sthetic system, by
ve-force, and the
by far the most
forms the subject
ny conviction that
oard are almost
f the vessel—very
ons, and less still
d that the constant
mine an increased
The result differs in
eneficial circulatory
rous engorgement;
ry influence is un-

ion implies a preconcep-
er: Data of Ethics.

iv., Cap. 4-5.
Cap. 14.

d, Cap. vi.; and Epist 29,

d Boerh. Aph. 1752. Vol.

98.
the Laws which Regulate

d.)

ORY OF MEDICINE
L OPINION.

GORDON, M.D., C.B.,
Majesty the Queen.
ge 511.)

nely, A.D. 960 to A.D. 1280,
lence was greatly encou-
rks on Therapeutics were
iod. In certain depart-
inese physicians then en-
y they do, a very high
ances of superior sagacity
or without good reason,
y which they affect to dis-
lead by strangulation had
r had been strangled by
f a body being found in the
followed immersion; and
th has been the result of
ious violence (Hamilton's
., p. 31).
ad, according to the medical
ancients prepared medicines,
health was so perfect; in the
degenerated, and strength

decayed; then disease arose. At the present time, medicines are used for the cure of diseases when they lurk within the body, and caustics, sharp instruments, and moxas to drive away the distemper; and yet, all these inventions bring no great advantage. In these ancient views it will be observed how closely the ideas held in China in regard to the origin of disease coincide with those entertained in regard to the same mystery by ancient Hindoo writers.

"There are six sorts of distempers"—so wrote *Chun-yn-y*. "The first of the presumptuous or haughty; the second, of the covetous; the third, of the poor, who want the necessaries of life; the fourth, of those who have the *yang* and the *yin* irregular; the fifth, of those who from weakness and want of flesh are not able to take any remedies; the sixth, of those who give credit to quacks and impostors, and have no faith in regular physicians."

In the treatment of the sick—"Regard must be had to the age and constitution of the patient; to his constitution, whether of plethora or of inanition; also whether the distemper be new or inveterate. It is necessary likewise to examine the degrees of malignity in poisonous medicines. In short, we must not obstinately adhere to the letter of this rule on all occasions; but it must be moderated as different circumstances require." The sages, or masters of medicine, when they make use of remedies to restore the health of the upper region, take special care not to excite any disorder in the lower region; when in the lower region, not to disturb the upper; when in the middle, not to affect the upper or lower.

More than a score of centuries before Hippocrates wrote of critical days, and at a period even earlier than they were noticed by ancient Hindoo physicians, allusion occurs in writings of the time now referred to indicative of the fact that "crises in disease, and the natural tendency which the body has to cure itself by critical evacuations at certain periods" were eulogised in the time of Hoangti. And from that period down to the present the Chinese have continued to lay much emphasis on the periodicity of diseases, especially febrile diseases. Fever patients are thought to exhibit a marked change every seventh day, and, according to native opinion, such affections in their progress means "seven days light and seven days heavy." In the works of the ancient Chinese physicians characteristic descriptions of particular forms of fever are given, thus intermittent fever was minutely and correctly described by them B.C. 2600. Two thousand years before our era also, the disease cholera was correctly described by them, and by the precise name by which at the present day it is known in China, namely, *hwo luan*.

A reference to the system of therapeutics and materia medica of the Chinese will suffice to indicate several important points in reference to their theory of disease, and also that on which their methods of treatment are based. For example, various diseases are by them assigned to "poisons" and "specific poisons" in the body; in regard to others the "humoral doctrine" holds sway as it did, and, indeed, still does to a certain extent among western nations. The doctrine of "blood-poisoning" involving the administration of "blood purifiers" finds favour with the public, and profit to medicine vendors in China, as elsewhere.

Throughout their ancient writings various illustrations are to be met with of the doctrine of *similia similibus*, having from very distant times been carried into practice. From time immemorial the native Chinese system of treating diseases has been strictly *homœopathic*, things being presented which in their nature are believed to resemble things in man. Talismans and charms are used, even by "the profession," against epidemics; branches of the peach tree are suspended "by authority" over the doors of houses and cattle sheds to ward off evils of various kinds, very much as twigs of the mountain ash used to be, if, indeed, they are not still, in certain parts of Great Britain. Instances are related of

frequent attacks c
had been first obs
and on examinati
pubes. The uteru
could not be pas
above the os interr
the size and portio
flexed, could read
ether, rapid dilatio
Tait's dilators, and
uterus thus laid op
culated submucous
tightly encircled by
the écraseur was
attachment to the
thick pedicle was t
of tractile force wi
Dr. Kennedy and m
freed tumour throu
were obliged to reso
and cervical zone, an
shown. In doing so
necessarily produced
couple of silver wire
mainly in hot antise
fortnight's time she w
perfectly convalescen
however, she was att
died.

Case III.—Intra-

L. B., an anæmic-
suffering from metrorr
was admitted to St.
previously she had beer
to suffer from menorrh
the intervals between t
so diminished that for
week free from hæmor
was found retroverted
and the uterine cavity g
was dilated by laminari
she was etherised, and
occupying the posterio
cervix, and bulging ou
longitudinal incision wa
lar structure into the c
firmly seized with a str
Dr. Kennedy towards t
rapidly separated the l
the tumour. This was
tracted per vaginam. I
lised water injection was
a tampon of Lawson's co
rine was introduced, and
the rectum. The hot w
daily for the next ten da
being still large, was bru
of iodine until it had n
three weeks after the ope
hospital.

Case IV.—Interstitial

In this instance I regre
myoma which were remov
patient had enjoyed good
child, four years previou
widow. She then began t
mus, and bladder irritati
which increased. At las
occupation as a farmer's s
was found completely retr
ploration a considerable sin
into the uterine cavity.
enucleation, but on makin
became obvious that the t
capsule from the uterine w
Hence, I resolved on trying
by Dr. Emmet's traction o
most prominent portion of
by a vulsellum and forcibly

ınse uterine colic. These symptoms eighteen months before admission, mall tumour could be felt above the enlarged and drawn up. The sound n any direction more than an inch ɔut, on recto-abdominal examination, the uterus, which was slightly retro- e made out. Being placed under the cervix was effected by Lawson ı by my fingers. The cavity of the ıs found distended by a large pedun- o-myoma, around which, as being uterine walls, the steel wire loop of some difficulty slipped up to its rior wall, close to the fundus. The slowly divided, but with no amount vo strong vulcella, in the hands of , could we succeed in extracting the he uterine outlet, until at last we) a free bilateral division of the os this way removed the tumour now ıe disruption of the perinæum was his was immediately treated by a res. The after treatment consisted injections twice a day. Within a ıp and going about the ward, being ter the operation, Subsequently, ıd by typhoid fever, of which she

al Fibro-Myoma removed by nucleation.

ting woman, æt. 38, unmarried, ria, pelvic pain, and hæmorrhage, abeth's ward. Until two years good health. She then commenced ı, which gradually increased, and ecurrence of the discharge became past year she has seldom been a ge. On examination the uterus a tumour in the posterior wall, ıtly elongated. The cervical canal ougies, on the removal of which submucous tumour discovered rall from the fundus to near the nto the uterine cavity. A free ade through the thinned muscu- ule of the tumour, which was vulsellum and drawn down by outlet, whilst with my finger I e adhesions around and behind v forced out of its bed and ex- ediately afterwards a hot carbo- own up to arrest the free oozing, n saturated in carbolised glyce- anodyne suppository placed in injection was continued twice at the end of which the uterus, d out at intervals with tincture y regained its normal size, and on she was enabled to leave the

Myoma removed by Emmet's ration.

can only exhibit portions of a from a multipara, æt. 42. This alth until the birth of her last Shortly after she became a uffer from menorrhagia, tenes- and bearing-down sensation, ıe was forced to give up her ant. On admission the uterus rted, and on endo-uterine ex- tumour was found bulging out I attempted to remove by n incision for this purpose it our was not separated by any with which it was continuous. effect its removal, if possible, ation. For this purpose the e tumour was firmly grasped gged down through the os as far as possible into the vagina. Here as much of the growth as could be reached was cut away with a strong curved scissors. The resulting hæmorrhage was checked by hot water injections, and the remaining portion of the tumour again similarly treated. In this way we had removed more than two-thirds of the growth, when the patient became so collapsed that I was reluctantly obliged to postpone its complete ablation. A hypodermic injection of ether was administered, and she was put back to bed. For the two days following her condition was apparently satisfactory, her pulse fairly good, and temperature not rising above 100°. On the second night after the operation she again became collapsed, and, despite the efforts made to save her, she sank, and died.

Case V.—Pedunculated Submucous Fibroid removed by Ecrasement.

A widow, æt. 50, who had had several children, was admitted, suffering from continual uterine hæmorrhage and offensive leucorrhœal discharge. On examination the uterus was found occupied by a tumour as large as the fœtal head at full term. The os was rapidly dilated, and this growth, which proved a semi-pedunculated submucous fibroid, was removed by écrasement in the usual way. After this she recovered rapidly.

Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND.

PATHOLOGICAL SECTION.

MEETING HELD FRIDAY, MARCH 13TH.

The President, Dr. A. W. FOOT, in the Chair.

PROFESSOR THORNLEY STOKER read a paper on

THE PATHOLOGY OF MULTIPLE EXOSTOSES,

and exhibited the bones of a skeleton affected by them to a remarkable degree. Most of the bones were engaged, and a great degree of symmetry existed between the outgrowths of opposite sides. The lower extremities presented the most pronounced deformities, and showed the two forms of exostoses which Professor Stoker stated to be more common than is generally supposed, and which he discovered in a great number of persons in whom no previous exciting cause could be traced—that is to say a growth projecting upwards from the lower part of the internal condyloid ridge of the femur, and one projecting downwards from the internal tuberosity of the tibia. Although these deformities and kindred ones are often begotten of some inflammatory process, the result of injury, syphilis, rheumatism, or such like, he expressed his view that they frequently arise as a result of some hyperactivity in the bone-forming tissues, and without any inflammatory cause. He referred to the objection to any classification of bony growths which divided them into hyperplastic and heteroplastic, as they belong to the connective tissue group of the structures, and are always truly hyperplastic, originating in the connective tissues, even when found in situations and organs the most remote from normal bone. Attention was also drawn to the similarity which exostotic growths show to some of the conditions found in the healthy bones of lower animals, and, when occurring in tendons, to the osseous tendons of birds, and a suggestion thrown out that such conditions give evidence that disease in many ways resembles a retrograde metamorphosis, and as such is interesting to the morphologist.

The PRESIDENT asked Professor Stoker in what condition did he find the cartilages? Were the larynx and bronchial and tracheal cartilages affected, and did the membranes of the interior of the skull show any tendency to bone deposit?

Professor BENNETT said in the case before the section there was not a shadow of evidence in favour of any inflammatory process having been the cause of the ossification. Again, the ossification was not in the muscles, but in their sheaths. On the other hand, ossifying myositis rather began by destroying the muscles, and then producing ossification of the sheaths. He therefore objected to the term myositis ossificans as descriptive of

occupied with dem
had his hands co
bodies, he used to s
of which were as l
disappear in summ
turned with the ren
Dr. FOY said it w
an acid at all.
Dr. FRAZER said
sweeps soot warts w
of the fact that a pe
Mr. STORY, in repl
in the case of his sp
Dr. BALL, in reply
in which the man fr
been employed. The
tion was due to local
produced by the acic
very weak. The str
phenol, and he saw m
came from the still w
On the motion of
the Committee of Re
Professor BENNET
of the Elbow Outwar
The Section then a

—

LIVERPOOL

The Thirteenth Ordi
on Thursday, April 23
Dr. GEE,

DR. J. WIGLESWORT

ABSCESS OF BRA

The patient from wh
female who died in Ra
She had had a previous
of the skull, from whic
removed. In February
mater was entered thro
On February 25th she
commencing on the left
and rigid, and afterwar
The dura mater was pu
let out. She died twen
attacks. On post-mort
three-fourths of its ex
convolution, was found
cavity extended to the
intact, and also the corp
was practically inactive.
views as to the centre f
Dr. JOHNSTON show
specimens of

SURGICAL

I. From a man, æt. 81, w
years for enlarged prost
the posterior part of the
a stone, the ureters were
II. A man, æt. 72, had s
the bladder was washed
crushed. He afterward
kidney was found to h
pyelitis had commenced.
Mr. J. ROSE showed a

INTRA-

springing from the choro
of it. There had been
blindness, the eye was te
eye was removed, and th

NEW SPLINT FOR COMPOU
HOOD OF

Mr. ROBERT JONES exh
very useful in hospital
compound injuries about
iron bar so twisted as to
connect two flexible she

ıcting-room, and
e juices of dead
both hands, some
and these used to
n ceased, but re-
session.
lic acid was really

lays of chimney-
here was no doubt
ɔed by soot.
on that the growth
lioma.
ıs used at the works
ın was obtained had
the cancerous affec-
› any general effect
sed, however, were
ınly 8 per cent. of
ınds in the oil which
ıy inconvenience.
ɔcimens were sent to

Complete Dislocation

—

STITUTION.

t the Session was held

ıe Chair.

.se of

'ICAL PARALYSIS.

men was taken was a
ı, in March, of mania.
: suffered from necrosis
tities of bone had been
al erysipelas. The dura
ı the left parietal region.
epileptiform convulsions
ht arm became paralysed
The leg was also affected.
l a small quantity of pus
ays after the convulsive
ation, the upper end, in
ıe left ascending parietal
seat of an abscess. The
rale; the ventricles were
. The upper three-fourths
dition quite bore out the
ınts of the arm and leg.
Ir. Damer Harrison two

ND BLADDER,

ɔen under treatment for two
post-mortem examination
was found to be the seat of
ted, and the kidneys cystic.
rom calculi for five years,
ast summer two stones were
and after death the left
fered from obstruction, and

R TUMOUR,

l pushing the retina in front
n the eye and temple, and
ınd the pupils dilated. The
subsequently did well.

NJURIES IN THE NEIGHBOUR-
ELBOW-JOINT.

d a splint which he had found
ctice for the treatment of
lbow. It was composed of an
ject beyond the elbow, and to
on supports. The advantages consisted in the ease with which dressings could be changed without interfering with the mobility of the injured part; the ready exit for any discharge that may have commenced, and the complete support it afforded the elbow at any angle which the patient, or surgeon, might desire. If the wound was large, the splint fig. 3 was used, the little sheet-iron wings being easily moulded to the patient's arm. The

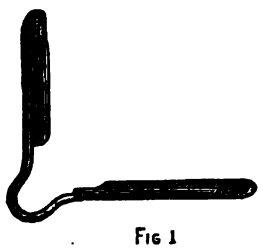


FIG 1

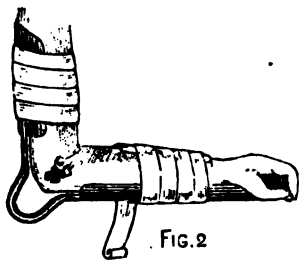


FIG.2

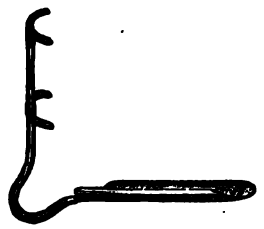


FIG.3

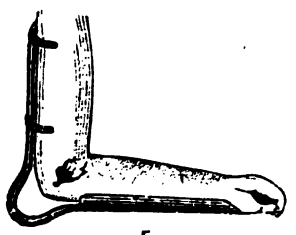


FIG.4

splints could be procured at a moderate cost from Messrs. Krohne and Seseman, London, and Mr. Critchley, of Liverpool.

Mr. R. PUGHE showed a case of

CONGENITAL TUMOUR OF SCALP.

The child (shown) was 10 months old. In January last she was brought to Mr. Pughe with a large tumour of forehead to left of middle line, implicating the left eyebrow. It had been observed for two or three months, and had grown rapidly. It was removed by circular incision, and the gap filled up by plastic operation. The tumour was found to be a round-celled sarcoma.

Dr. ALEXANDER communicated a note on

HIP-JOINT DISEASE,

with patients. He remarked that as regards the operation for excision of the hip-joint the tide had set in against it. This had arisen from the more successful treatment of the cases by rest, and this had been achieved mainly by the use of Thomas's splints, which allowed the patients to move about. The method of operation described in text-books was imperfect, and in earlier times antiseptics were not employed. A revival of the operation was now taking place, and at the Children's Infirmary a good many cases had been done successfully. He had always done it pretty extensively in suitable cases. From his position he was able to judge of the effects of prolonged rest, as cases returned to the workhouse hospital and could be observed. Such cases were often said to be cured, they went about for a time, but came to the hospital to die. He at first performed the operation in the old way, as still described by Bryant, but after the operation the limbs were often useless, and there was not much subsequent growth. The disease rarely attacked the bone, but usually the joint itself. If the joint was dislocated, if the head of the femur was removed, leaving the periarticular muscles, the limb would be almost as long as if a cure had been brought about by prolonged rest. For a long time he had operated in this way, leaving all the muscles, making an opening posteriorly for drainage, and sawing off the head of the bone just above the trochanter. All the cases operated on in this way got flexible joints; false joints formed, and the patient could flex the legs at the thighs. His own cases showed that about as many now had been treated by rest alone as by excision, out of 72 cases, 35 were excised, and 37 treated by rest; of the 35 excisions, 29 recovered, and 6 died, but only one within a month (of hæmorrhage soon after the operation), thus showing that the 5 that died recovered from the effects of the operation; of the 29 recoveries, 5 required amputation, 3 recovered, and 2 died, 3

REGISTER

The Medica

Is published every Wedn
POST FREE TO ANNU
" IF P.
Post-office Orders and C
A. A. TINDALL, 20 King W
A. H. JACOB, 3 Molesworth
Agents for Scotland:—
MACLACHLAN & STEWART,
A. & W. STENHOUSE, Hillhe
Sole Agent for the Continent:—
JOHN F. JONES, 31 Bis, Rue d
ADVERTISEMENT SCALE—
£2 10s. 0d.; Quarter Page, £
Small Announcements of Practice
of Seven lines or under, 4s. p
Considerable reductions are made
are given for a series of inse
should be addressed to the Pu
SUBSCRIPTIONS FOR FRANCE are re
Hautefeuille, Paris—post free
SUBSCRIPTIONS FOR RUSSIA are rec
FREUDLER, 18 Senatoren Street,
annum.
SUBSCRIPTIONS FOR THE UNITED STA
Messrs. WILLMER & ROGERS;
post free in advance, 5½ dollars
from the Offices in this country fo
by International Post-Office Order.

The Medical Press

"SALUS POPULI SUP

WEDNESDAY, JUN.

DISQUALIFICATION FROM MEDICAL RELI

MR. JESSE COLLINGS, as represen
about to reopen the settlement arrive
to medical relief disqualification. It w
that when the Registration Bills were
tion in the Commons, Sir Charles Dilke
altogether the voting disqualification nc
the receiving of Poor-law medical relie
of the Government and the House of C
tested in the Upper House by the Co
who did not see that a person who wa
public charity in any shape or form co
claim the right to vote. The medical rel
tion was therefore restored to the Engli
Bills in the Lords, but not to the Irish B
Irish medical relief system was thus oper
persons as far as their voting rights wer
while in England and Scotland the acceptan
medical relief involves the loss of the fra
Jesse Collings thinks, with his party, that a
has as good a right to vote as anyone else, and,
said, he will try to reopen the question by a n

In forming a judgment as to the compa
medical pauperism with the exercise of the
marked distinction must be drawn between th

OAD.

Circular

5d. Post free, 5½d.
. . £1 2 6
. . 1 1 0
favour of—
London, W.C.

burgh.

martre, Paris.

0s. 0d. Half Page,
ighth Page, 12s. 6d.

Vacancies, Books, &c.,
d. per line beyond.

going Scale when orders
ers in this department

dessrs. BAILLIERE, Rue
£1 3s. 6d. per annum.

Messrs. RAJCHMAN and
-post free, £1 5s. 0d. per

received in New York by
phia, by Dr. BRINTON:
d.) per annum; or direct
ame amount, if remitted

nd Circular.

EMA LEX."

E 17, 1885.

OM VOTING BY LIEF.

esenting the Radicals, is
rrived at with reference
It will be remembered
were under considera-
Dilke agreed to remove
tion now associated with
ical relief. That decision
use of Commons was con-
the Conservative peers,
n who was in receipt of
r form could reasonably
medical relief disqualifica-
the English and Scotch
the Irish Bill, so that the
as thus opened up to all
g rights were concerned,
d the acceptance of pauper
loss of the franchise. Mr.
is party, that a beggar-man
anyone else, and, as we have
e question by a new Bill.
as to the compatibility of
exercise of the suffrage, a
drawn between the circum-

stances of Great Britain and of Ireland. In England, Scotland, and Wales no one but an absolute pauper receives gratuitous public medical relief; that relief is afforded by the relieving officer *only* to persons whom he knows to be destitute, and is almost never granted to artisans or other persons who are capable of winning their bread. For the medical care of such persons abundant provision is made by their own voluntary efforts, for they can, for a few pence weekly, obtain the benefits of a sick club for their families, and, if they do not make this provision, they have within reach medical help of a certain sort, by the hands of the cheap general practitioner or the prescribing druggist, either of whom will supply advice and medicine of a certain quality at a fee as low as 4d. per visit.

Inasmuch as medical advice and medicine is thus brought to the door of everyone, even the most lowly, in Great Britain, and that no one who occupies the position of a citizen of even the humbler class is beyond the reach of sick attendance, it is not easy to see what Mr. Jesse Collings wants to do by his new Bill, unless it be to assert the right to a vote of the person who contributes nothing whatever to the commonwealth, but is rather a burthen upon those who do contribute, and we, therefore, earnestly trust that the voting disqualification will not be removed from English, Scotch, or Welsh paupers, and that the existing restrictions against the enlargement of the pauper medical relief system in these countries will not be in any way reduced.

In Ireland, however, the state of medical relief law and custom is altogether different, for in that country there does not exist any ready means by which the humbler classes can make provision in advance for sickness, nor is there any accessible resource for the lower classes to obtain medical advice outside the Poor-law system. In Ireland there are few general practitioners keeping open shops, fewer unqualified assistants, scarcely any prescribing chemists, and—Heaven be thanked!—no fourpenny doctors. There are not even—which everyone must regret—any considerable number of provident sick clubs, and, in fact, those individuals who are unable to pay private fees to medical men are driven—in time of sickness—in upon the rates in order to obtain the medical aid which legitimately belongs to the destitute. It is unnecessary for us to discuss here the causes of this anomalous condition of things or to fix the blame on anyone. Some will, no doubt, say that the anomaly arises from the improvident habits of the Irish people and their want of independence and self-esteem, by which they lack the necessary stimulus to voluntary effort; others will say that the absence of such voluntary provision for time of sickness is the outcome of the Irish Poor Law, which has for the last half century encouraged the humble classes in Ireland to sponge on public charity for many of their wants; others will, no doubt, attribute the existing condition of affairs to the artificiality of the Irish medical system, which has hitherto prohibited medical men from coming down to the level of the wants of the community amongst whom they live.

This latter cause for the extent of the Irish Poor-law medical relief system has only a modicum of truth in it. It is quite inaccurate to say, as has been said by

Mr. Francis Mason,
mara, and Mr. Olive
Mr. Pemberton hav
taken a most active p
of Fellows, and hav
with the movement t
their views on the subj
able; so that the possib
trines they have identi
moment be entertained
in the memory of all ho
defence of the principles
of the members of the
shown themselves; and i
that they are not again
whose force of character
tect them against that
as we have already show
succumb. In Mr. Macnam
Pemberton, the party of refo
supporters in the Council;
whose honesty of purpose car
vigorous action cannot fail t
some fruit. At this juncture,
it would be idle to deny, the
depend, to a large extent, on
of the several candidates; and
guide us it seems difficult to
gentlemen who have not by t
announced their attitude towa
are entitled to demand the suffr
is, however, a simple and satisfa
the problem, by adopting whic
and to future recrimination can
each candidate take steps to
concerning the exact nature of
one important subject of collegia
for this are ready at hand, and ou
receive any such manifesto from
names are given above. Mr. G
Rouse, and Mr. Cowell cannot
besought to explain in what lig
problem of the hour, and in what
to discharge the duties they seek
Macnamara and Pemberton have a
this act by their unceasing exertion
promote the redress of grievances; w
a pronounced antagonist of every mo
the abuses from the existence of whi
has so largely benefited. In this matte
to office the many personal qualifica
to fit him for the post have, unfor
forgotten, memory dwelling chiefly or
determined opposition shown in his publ
question of reform; and on account of
are led to wish, in the best interests of
Surgeons itself, that his candidature may
and he himself replaced by a fellow of the
conservative prejudices are of a less injuri

THE French Association for the Advanc
Sciences holds its fourteenth session at Grenob
under the presidency of M. Verneuil.

'ell, Mr. Macna-
Macnamara and
: its foundation,
f the Association
n their sympathy
ıtely certain that
ound and unalter-
g in office the doc-
with, cannot for a
ıection it is fresh
vanting in faithful
ly espoused certain
cted in 1884 have
lectors to be sure
ıto voting for those
ong enough to pro-
influence to which,
were too willing to
fully as much in Mr.
possess two energetic
representatives also
impugned, and whose
plentiful and whole-
ritical nature of which
t of the election will
iews, real or supposed,
th past experience to
ermine, in the case of
ir past actions directly
s reform, how far they
ges of reformers. There
story method of solving
ı the liability to error
be wholly averted. Let
inform the profession
: his convictions on the
giate reform; the means
. our columns are open to
m the gentlemen whose
. Gant, Mr. Mason, Mr.
ıot complain if they are
.t light they regard the
hat manner they propose
y seek to fulfil. Messrs.
have already accomplished
xertions and sacrifices to
ınces; while Mr. Savory is
every movement to amend
e of which he, with others,
this matter of his re-election
l qualifications he possesses
ıave, unfortunately, to be
g chiefly or entirely on the
n in his public bearing on the
account of which, solely, we
interests of the College of
ıdidature may be unsuccessful,
a fellow of the College whose
of a less injurious type.

ı for the Advancement of the
th session at Grenoble in August,
M. Verneuil.

ADMINISTRATION OF THE SCOTTISH UNIVERSITIES.

THERE is a growing feeling in favour of a reorganisation of the administration in the Scottish Universities. It has long been felt that the burden of the management in this department should be removed from the overloaded shoulders of the professors, whose energies, more properly directed towards literary work and original research, have been hitherto thus unfairly dissipated. It is further evidently disadvantageous that the business concerns of developing institutions should be in the hands of those who are, so far as regards their teaching offices, essentially passing elements in these. The fact that professors and lecturers are the paid servants of the Universities has been too much ignored, and the senates of the different Universities have practically become all-powerful and irresponsible courts. This has led in more than one instance to the prosecution of a short-sighted policy, by which development has been seriously checked, and it is to be feared that the baneful influence begotten by the soul-destroying strivings after individual aggrandisement is at present weakening the springs of healthy action. On these accounts we have welcomed the announcements from time to time that the *alumni* of the different Universities are bestirring themselves with a view of correcting the evil. It is obviously absurd to maintain, as has been unwisely attempted, that the movement owes its origin to the jealousy of disaffected members of the extra-academical teaching body. The weight of historical evidence is opposed to this view. The recommendation of past Royal Commissioners in favour of a transference of executive and administrative power from the Senatus Academicus to the University Court stands in black and white. More especially, the very general sympathy expressed by graduates in the action of their several University Council Associations renders evident that what is now being proclaimed from the rostrum by our reformers, and on the housetops through the press, had long been brewing in the minds of the thoughtful, and been discussed in the more retired corners where kindred spirits have met together amid the calming fumes of the kindly weed.

The Edinburgh University Council Association has already taken up a most decided position on the question, and we are glad to learn that, but a few days ago, the kindred association in connection with Glasgow University has sent a petition to the House of Commons in reference to this point. The petitioners maintain that no subsequent inquiry has in the least shaken the argument of the report prepared by the Royal Commission of 1830, in favour of transferring all executive and administrative power from the Senatus Academicus to the University Conrt, and they crave that the ordinary government of each University, including the administration of the property and revenues, be vested in the University Court, reconstituted so as to represent in large measure the General Council, and, through the Council or otherwise, the public, and that for this purpose there should be amendments made upon clause 5 of the Bill.

suture, the patient
quantity of drug used
and Dr. Roeth is so
declares his intention
ether when performin

Royal College of

It will be remembere
of the Royal College o
failure of its endeavour t
College any promise to e
the Association, and lea
about to be applied for
needed reforms was made,
to refuse to sanction the
first hearing the Associa
Pollock, Honorary Secretar
received a letter from the P
communication in question ha
President, and adding that n
of a supplementary charter, o
the College, has yet been rece
Office.

Newcastle-on-Ty

On Wednesday last the Gov
on-Tyne Infirmary went throug
a gentleman to fill the post of
Institution, the number of beds co
of a new ward making such a step
two candidates for the appointmen
in a recent issue there was never a
be the choice of the electors, and t
named, Mr. James Limont, M.A., B
ingly elected by 572 votes to 94.

Vivisection.

A LADY who evidently feels very
ject of vivisection has recently gon
trouble of sending from abroad a ci
"her" colleagues and fellow-workers
the human race and animal emancipa
confine her kind attention, however, t
alone, or else she has been gravely mis
sentiments, and it may be to this tha
for our copy. This lady makes a star
sibly not a novel proposition—she pr
abolition of vivisection on animals, and
condemned criminals, whom she would
agents to offer their degraded bodies whi
the advancement of science as some aligh
to Society for the wrong they have don
they survive the experiments (a point the
entertains some very serious doubts upon)
would be their reward. Anæsthetics would
but not encouraged. The author of the cir
upon a vexed question when she advances
are at least as worthy of protection as m
having no soul, their lives are doubly precio
This is more novel than her first suggestion,
some answering—we will not attempt it h

in. The total
half-a-drachm,
results that he
using cocaine for
future.

England and

iation of Fellows
England, on the
the Council of the
ns demanded by
new charter was
mention of the
ie Home Secretary
question without
est. Mr. George
ssociation, has just
cil, stating that the
rwarded to the Lord
on for the granting
art of the Council of
the Privy Council

nfirmary.

rs of the Newcastle-
ie process of electing
urth physician to the
equent on the addition
ecessary. There were
t, but as we intimated
doubt as to who would
the gentleman we then
M.B., &c., was accord-

on.

ery strongly on the sub-
gone to the expense and
a circular addressed to
rkers "for the benefit of
ncipation." She did not
ever, to those and those
ely misinformed as to our
this that we are indebted
s a startling though pos-
—she proposes the total
nals, and would substitute
she would solicit as free
bodies while still living for
s some slight compensation
ey have done her. Should
(a point the lady evidently
doubts upon) a free pardon
esthetics would be allowed,
uthor of the circular touches
n she advances that animals
protection as men, because
are doubly precious to them.
er first suggestion, and takes
not attempt it here. She

harrows unnecessarily the feelings of the scientific student by depicting in glowing colours the disgust that would be felt and shown by the "fair pure girl" to whose hand he has dared to aspire, if only his revolting practices were brought to light. This is her *argumentum ad hominem*, and is calculated to act seriously as a deterrent to all but determined bachelors. She holds up to merited opprobrium those operators whose names are published in the "book of infamy," which would seem to be a directory containing their names and addresses, and is anxious under the *lex talionis* to provide for their future unhappiness. The author in her anxiety to wipe out what she characterises as a "hideous blot" on our fair humanity, occasionally oversteps, like many of her fellows in England, the limits of both courtesy and justice. Looking upon suffering as a means of regeneration, she anathematises those whose profession and pride it is to alleviate it, and condemns its professors to unhappiness in this world and acute suffering in the next.

Cocaine.

THE inertness of some preparations of this alkaloid is said to be due to the use of the fixed alkalies in its manufacture. Henry Maclagan was the first to call attention to the singular fact that, during the preparation of this alkaloid, benzoic acid and other compounds will eventually be formed. Among the latter propylamine is likely to be included. If a small quantity of cocaine is dissolved in alcohol, and concentrated solutions of either soda or potash are added, the characteristic odour of benzoic acid is distinctly perceptible.

The addition of an acid in excess produces a loose, pearly precipitate, possessing the peculiar odour and chemical properties of benzoic acid, and further testing detects no trace of an alkaloid. This alkaloid is liable like atropine and eserine, to the formation of a fungus in the solution which, besides involving occasional filtering, reduces the strength and activity of the solution. Mr. Tichborne, of the Dublin Apothecaries Hall, has, in great measure, remedied this inconvenience by dissolving the alkaloid in salicylic acid instead of the hydrochloric acid, which forms the usual solvent. Messrs. Burroughs, Wellcome, of London, have also produced the cocaine in the form of compressed tabloids, which contain 1-6th of a grain each, and are for hypodermic or ophthalmic purposes —as convenient and satisfactory as possible. The tabloids are very readily soluble in warm water, and, according to our tests, may be depended on to produce the desired anæsthetic effect rapidly and effectually. We believe that they are quite stable in all climates, and may be carried in the pocket case for any reasonable time without deterioration.

How Infection is Propagated.

ONE of the most forcible illustrations ever given of the way infectious diseases may be indefinitely extended was afforded on Thursday last at the hearing of a charge brought at Worship Street Police-court against a tailoress, for exposing the clothes she was engaged in making to contamination by small-pox. The woman, apparently in a condition of extreme poverty, inhabited a single room in which her child lay suffering from small-pox. It came

membrane, dissolvi
coating.

The H

ON Monday last t
the Princess, paid a
reception of person
sanity, erected at Vi
the Holloway Sanator
parts of the building,
clared it open, in the pr
specially invited to w
among whom were num
fession, including Sir Sp
Drs. Broadbent, Down
Dawson Williams, Mr. F
stitution has been erected
Mr. Thomas Holloway, b
£300,000, was defrayed.
posing edifice, standing in
grounds, and affords accomm
The internal decorations ar
ornate character, and are des
the attention of patients fr
supposed maladies. As far a
porting, and is under the medi
Sutherland Rees Phillipps.

WE are asked to announce t
the West London Medico-Chir
place next Wednesday; membe
requested to notify the same to

WE are pleased to announce th
health for St. Pancras, Dr. Shirle
up his appointment because the
obstructing him in his duties, has
inspectorship under the Local Gov

IN our correspondence column w
signed by Dr. Potts, J.P. (Treasure
members of the profession, appealing
Dr. Abrath to carry his case against
Railway Company. The letter fully
to which we beg to refer our readers.

WE understand that Dr. Thomas
Surgeon of Dr. Steevens's Hospital, h
by the Lord Lieutenant of Ireland to
of the Commission of Inquiry into the
System. The scope of the Commission i
but, from the total absence from it of a
we must assume that its inquiries will be
as none of its members can know anything
ministration.

Royal College of Physicians of London.—
of the College on Thursday last, the following
transacted:—A communication was read fro
of the British Association for the Advanceme
on a proposal to hold in London in 1888 "
tional Scientific Congress." A report from th
on the Croonian Trust was adopted. A report o
Act Amendment Bill was read, ordered to be
the President was requested to transmit a copy
of Shaftesbury.

ɔg an artificial

ım.

accompanied by
titution for the
ble forms of in-
to be known as
ing the principal
ess formally de-
umber of visitors
gural ceremony,
atives of the pro-
r Risdon Bennett,
Tilner Fothergill,
&c. The new in-
gestion of the late
o the whole cost,
handsome and im-
beautifully laid out
r over 200 patients.
most elaborate and
assist in distracting
ding on their own
le it will be self-sup-
perintendence of Dr.

the annual dinner of
cal Society will take
intending to dine are
he Hon Sec.

t the medical officer of
y Murphy, who threw
guardians persisted in
been appointed to an
vernment Board.

will be found a letter
irer), and several other
ling for funds to enable
ainst the North-Eastern
fully explains the case,
ders.

Thomas Myles, Resident
pital, has been appointed
land to the Secretaryship
into the Dublin Hospital
mission is not yet defined,
om it of any medical man,
ies will be purely financial,
w anything of hospital ad-

of London.—At a meeting
t, the following business was
was read from the Council
the Advancement of Science
ndon in 1888 "An Interna-
A report from the Committee
pted. A report on the Lunacy
d, ordered to be printed, and
o transmit a copy to the Earl

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

DEATH-RATE OF GLASGOW.—The death-rate of Glasgow for the week ending with Saturday, the 6th inst., was 25 per 1,000 per annum of the population, the same as the week before; while in the corresponding periods of 1884, 1883, and 1882 it was 25, 34, and 24 respectively.

HEALTH OF EDINBURGH.—The mortality in Edinburgh for the week ending with Saturday, the 6th inst., was 95, and the death-rate 20 per 1,000. Diseases of the chest accounted for at least 50 deaths, and zymotic causes for 9, of which 1 was due to fever, 1 to diphtheria, 2 to scarlatina, and 5 to whooping-cough.

CHALMER'S HOSPITAL, EDINBURGH.—At a meeting of the Directors of Chalmer's Hospital, Mr. John Shaw M'Laren, M.A., M.B., presently Demonstrator of Anatomy in the University of Edinburgh, was unanimously appointed to the post of Resident Medical Officer, in room of Mr. A. Cowan Watson, M.B., whose term of office closes at the end of July.

THE CARTWRIGHT PRIZE.—The College of Physicians and Surgeons of New York has this year awarded the Cartwright prize of 500 dollars to Dr. William Russell, of Edinburgh, for an original thesis on "The Heart in Debility." The prize is open to universal competition. Dr. Russell is a graduate of Edinburgh University, and practised for some years in Carlisle, previous to settling in Edinburgh.

THE CONTROL OF PAUPER LUNATICS.—A deputation from all the large Parochial Boards in Scotland waited on the Lord-Advocate on the 9th inst. with a view to urge on the Government to introduce a Bill into Parliament giving Parochial Boards a more complete control than at present exists over the pauper lunatics in their districts. The Lord-Advocate indicated that the Government was favourable to the proposal made, at least to a considerable extent, but pointed out that no legislation could be proceeded with on the subject at present.

Literary Notes and Gossip.

THE Queen has been pleased to contribute, by General Ponsonby, through Dr. W. H. Russell, chairman of the recent Annual Dinner of the Newspaper Press Fund, a donation of £50 to that institution.

* * *

THE first part of a "New Universal Pharmacopœia," edited by Bruno Hirsch, is announced by E. Günther, of Leipsic. It will embrace all the pharmacopœias of Europe and North America. It is spoken of by competent authorities as likely to prove a very useful compilation.

* * *

"BATH Creuznach—Handbook for Physicians and Visitors," is the title of a small guide-book issued by Maurer—Greiner, of Berlin. The names of seven doctors are given as the authorities for the medical statements, so that they ought to be reliable. Views and maps illustrate this guide which will be useful to visitors to Creuznach.

* * *

SPEAKING of baths, we hear that there will shortly appear a reprint of Turner's black-letter book on Bath, published in 1568, and Dr. Jones's work on the same subject, 1572, also in black letter. The reprint will contain also a map of the period and memoirs of the authors, and will make a small quarto.

* * *

WE understand that Dr. Prosser James's new work on "The Therapeutics of the Respiratory Passages" was originally written for Messrs. Wood's (New York) Standard Library of British Authors, of which it forms the most

Dr. Abrath was
was seen in con
Newcastle-on-Tyn
M.R.C.S., of Su
Francis, M.R.C.S.
An action was br
McMann, but the
come on for trial se
special jury had be
The Company in th
counsel and medica
damages, and £300
was, four months a
McMann and Dr. Al
the railway company
man was a malingere
ing. At this time it w
pendent medical men
seen by Mr. Jabez Hog
Royal Westminster O
Dr. Ridley Dale, of Sund
the Durham Assizes wit
quitted by the jury an
crowded court, and with
left the court without a s
smarting under the malic
in his innocence and integ
brought an action for m
Railway Company. This
Durham Assizes, and he fai
than on the merits of his c
and won the appeal, but t
manner of their kind, appeal
sult that this previous decisi
now trying to take the case t
been advised by his counsel t
lieve that he will succeed in ge
of misdirection, and the suppre
of a material document which
to the jury. The law expenses
put in contesting these cases
pounds. We need hardly add t
posed to a similar danger of an u
against him, and it behoves us
shoulder, and show the world th
pany or individual to wrong one o
all in our power to obtain redress

We ar

JOHN POTTS, J.P., M.R.C.S. Eng.,
RIDLEY DALE, M.D., M.R.C.S.E.,
J. TAIT MACKAY, L.R.C.S.E. and
JOHN RANKINE, M.R.C.P., L.R.C.S.
EDWARD PILKINGTON, M.R.C.S. Eng
SAMUEL WILLANS, L.F.P. and S., L.
H. BLYTH ALLAN, L.F.P. and S. and
W. D. LAMBERT, M.D., L.R.C.P. Lo
PHILIP A. PEARCY, M.B., C.M. Ed.,
JAS. A. MATHER, L.R.C.P. and S. E
JAMES NORIE, L.R.C.P.E., Southwick
RICHARD R. SAGE, L.R.C.S. and L.R
ROBERT WILLIAMSON SHELLEY, L.S.A
A. J. E. PARKER, L.R.C.P., M.R.C.S.,
T. BERKELEY MARTIN, L.S.A.L., Sund
THOMAS GIBBON, M.R.C.S. Eng., Seah
FRED. W GIBBON, L.S.A. Lond., &c., T
JAMES L. DINGWALL, L.R.C.P. Edin.,
Penshaw Fence Houses.
JAMES T. REED, M.R.C.S., and L.R.C.P.
JAS. ROBERTSON, M.B., C.M., (Glasgow)
R. S. C. ROWEL, M.R.C.S. and L.S.A. Lon
W. FRENCH, L.R.C.S.E., Seaham Harbou
M. M. BRADLEY, M.D. and C.M., Jarrow-o

The following subscriptions have already

	£	s.	d.		
Mr. John Potts ...	25	0	0	Mr. R. W	
Mr. John Rankine ...	10	10	0	Mr. R. R.	
Mr. Jabez Hogg ..	10	10	0	Mr. P. A.	
Dr. M. M. Bradley ...	0	10	6	Mr. James	
Mr. H. Blyth Allan	1	1	0	Mr. Thoma	
Mr. James Mather ...	0	10	6	Mr. W. Fr	
Dr. Ridley Dale ...	1	1	0	Mr. James	
Mr. J. Berkeley Martin	0	10	6	Mr. Samuel	

Subscriptions may be sent to
John Potts, Esq., J.P., M.R.C.S., &c., St
June 5th, 1885.

medical attendant, and in addition he
ation by Drs: Heath and Philipson, of
and also by Mr. John Potts, J.P.,
erland, and the late Mr. Matthew
Surgeon to the Sunderland Police force.
ight at the Newcastle Assizes by Mr.
ilway company rather than allow it to
tled it at the very last moment, after a
empanelled and sworn to try the cause.
s settling acted under the advice of their
men, and paid over a sum of £725 for
owards costs. A charge of conspiracy
ter this settlement, instituted against
rath at the Sunderland Police-court by
on the ground that this unfortunate
r and Dr. Abrath was aiding and abett-
vas considered advisable that two inde-
should examine McMann, and he was
gg, M.R.C.S., Consulting Surgeon to the
Ophthalmic Hospital, London, and by
nderland. This was eventually heard at
vith the result that Dr. Abrath was ac-
amid the unrestrained plaudits of a
ith an expression from the jury that he
a stain on his character. Dr. Abrath
alicious blow to ruin him and confident
ntegrity, and acting under legal advice
or malicious prosecution against the
This was tried before a special jury at
he failed more on a technical objection
his case. He appealed for a new trial
but the Railway Company, after the
appealed to a higher court with the re-
decision was reversed. Dr. Abrath is
e case to the House of Lords, and has
unsel that there is good reason to be-
ed in getting a new trial on the ground
e suppression by the Railway Company
at which should have been submitted
expenses to which Dr. Abrath has been
e cases amount to several thousand
dly add that every medical man is ex-
er of an unfounded charge being made
hoves us all to combine shoulder to
e world that we will not suffer a com-
rong one of our brethren without doing
ain redress for him.

We are, Sir,

C.S. Eng., and L.S.A., Sunderland.
R.C.S.E., &c., Sunderland.
.S.E. and L.M., Sunderland.
., L.R.C.S. Ed., Sunderland.
.R.C.S. Eng., L.S.A., Sunderland.
. and S., L.M. Glasg., Sunderland.
. and S. and L.M., Sunderland.
.R.C.P. Lond., Sunderland.
., C.M. Ed., Sunderland.
.P. and S. Ed., Sunderland.
., Southwick, Sunderland.
.S. and L.R.C.P.E., Sunderland.
ELLEY. L.S.A.L., Sunderland.
P., M.R.C.S., Easington Lane.
S.A.L., Sunderland.
S. Eng., Seaham Harbour.
Lond., &c., Tyne Dock, South Shields.
R.C.P. Edin., L.F.P. and S. Glasg.,
es.
., and L.R.C.P., Ryhope.
C.M., (Glasgow) New Herrington.
and L.S.A. Lond., Houghton-le-Spring.
Seaham Harbour.
C.M., Jarrow-on-Tyne.

ons have already been received :—

s.	d.		£	s.	d.
0	0	Mr. R. W. Shelley ...	1	1	0
10	0	Mr. R. R. Sage ...	1	1	0
10	0	Mr. P. A. Pearcy ...	1	1	0
10	6	Mr. James Reed ...	0	10	6
1	0	Mr. Thomas Gibbon	0	10	6
10	6	Mr. W. French ...	0	10	6
1	0	Mr. James L. Dingwall	1	1	0
0	6	Mr. Samuel Willans	0	10	6

to
, M.R.C.S., &c., Sunderland.

Medical News.

Royal College of Surgeons of England.—The follow
Members of the College having passed the neces
examination for the Fellowship were, at a meeting of
Council on the 11th June, admitted Fellows:—

Barlow, John, Elmbank Crescent, Glasgow, M.R.C.S. 1874.
Penny, Wm J., Caledonia Place, Clifton, Bristol, M.R.C.S. 18
Galpin, George Luck, Great Marlborough Street, M.R.C.S. 18
Pedley, Frederick Newland, Finsbury Square, M.R.C.S. 1881.
Bass, Frederick, Union Road, M.R.C.S. 1882.
Collier, Joseph, Manchester, M.R.C.S. 1882.
Thring, Edward Thomas, Torrington Square, M.R.C.S. 1882.
Voss, Francis Henry Vivian, Clapton Square, M.R.C.S. 1882.
Worthington, Sidney, Pattensweir, Enfield, M.R.C.S. 1882.
Saneyoshi, Yashuzumi, St. Thomas's Hospital, M.R.C.S. 1883.
Pigeon, Henry W., Royal Infirmary, Manchester, M.R.C.S. 188
Wynter, W. Essex, Templecombe, Twickenham, M.R.C.S. 188
Vogan, James Norman, Hatchlands, Redhill, M.R.C.S. 1883.
Paget, Stephen, Grosvenor Street, M.R.C.S. 1884.
Steedman, J. Fras., High Ercall Hall, Wellington, M.R.C.S. 1
Muspratt, Charles Drummond, Nightingale Lane, M.R.C.S. 1

Three other candidate passed the examination, but
not having attained the legal age (twenty-five), and one
possessing a medical qualification, will receive their diplo
at future meetings of the Council when qualified. Se
candidates failed to reach the required standard, and w
referred to their professional studies for one year.

Royal Medical Benevolent Fund Society of Ireland
The following office-bearers have been elected for the ens
year:—Committee: the Presidents of the Colleges of Ph
cians and Surgeons, E. Adrien, L. Atthill, J. T. Ba
J. Hawtrey Benson, E. Bennett, D. Brady, E. Brunker, He
G. Croly, B. G. Darley, J. Denham, G. F. Duffey, J. F. Dun
T. Fitzpatrick, S. Gordon, T. Grimshaw, J. Harvey, A
Jacob, H. Kennedy, G. H. Kidd, J. Little, J. M'Donnel
M'Donnell, W. J. Martin, E. D. Mapother, A. H. Ma
William Moore, G. Morrogh, J. F. Pollock, Sir G. H. Po
P. C. Smyly, W. Stokes, R. Tagert, J. Tufnell, J. H. Whar
Trustees: J. F. Duncan, John M'Donnell, J. H. Whar
Hon. Treasurer: W. Thomson. Hon. Secretaries: J.
Finny and J. W. Moore. Hon. Secretary for India and
Colonies: Henry King. Acting Secretary: A. H. Benso

St. Thomas's Hospital Medical School.—On Monday
Lord Mayor of London distributed the prizes at
popular school, at which a large company had assem
including the Governors and medical staff, to welcome
lordship and to witness the ceremony. The following w
the principal prize-takers:—*Prizes for Summer Sess*
1884: First year's students—F. Fawssett, College Prize
and certificate of honour; W. W. Ord, College Prize
and certificate of honour. Second year's students—E
Stabb, College Prize £15, and certificate of honour; I
Smyth, College Prize £10, and certificate of honour. T
year's students—S. H. Jones, College Prize £15,
certificate of honour; J. S. Hutton, College Prize £10,
certificate of honour. *Prizes for Winter Session*, 1884-
Entrance Science Scholarships—F. C. Abbott, Scholar
£100, and certificate of honour; C. J. Martin, Scholar
£60, and certificate of honour. First year's students—I
Abbott, the Wm. Tite Scholarship £30, and certificat
honour; E. A. Roberts, College Prize £20, and certificat
honour; T. P. Cowen, College Prize £10, and certificat
honour. Second year's students—F. Fawssett, the Musg
Scholarship 40 guineas, and certificate of honour; C
Eccles, College Prize £20, and certificate of hon
R. V. Solly and W. W. Ord, College Prize £10,
certificate of honour. Third year's students—H.
Hawkins, 2nd Tenure of the Peacock Scholarship,
guineas, with College Prize £20, and certificate of hon
H. J. Macevoy, College Prize £15, and certificate of hon
J. H. Tonking, College Prize £10, and certificate of hon
Surgery and Surgical Anatomy: S. H. Jones, the Chese
Medal, founded by the late George Vaughan, Esq.; I
Nichol, Special Mention and certificate of hon
Practical Medicine: F. D. Crowdy, the Mead Me
founded by Mr. and Mrs. Newman Smith. *For Gen
Proficiency and Good Conduct:* S. H. Jones, the Treasu
Gold Medal; J. S. Hutton, Special Mention, qualifie
receive the Medal.

Hospital Sunday in London.—We regret to see, so fa
present returns enable us to judge, a falling off in
year's collections.

The Medica

"S

WE

CONTENTS.

ORIGINAL COMMUNICATIONS.

Lectures on Hernia and its Radical Cure. Delivered at the Royal College of Surgeons of England. By John Wood, F.R.S., F.R.C.S., Hunterian Professor of Surgery and Pathology; Senior Surgeon to King's College Hospital; and Professor of Clinical Surgery in King's College 551

On Acute Arthritis in Infants. By Charles Atkin, F.R.C.S., House Surgeon, Infirmary, Sheffield 554

Influence of Sea-Voyaging upon the Genito-Uterine Functions. By J. A. Irwin, M.A. Cantab., M.D. Dub. Univ., formerly Physician to the Manchester Southern Hospital for Women and Children 555

CLINICAL RECORDS.

North Eastern Hospital for Children—Case of Tubercular Meningitis with Tubercle of the Choroid—Death. Under the care of Dr. Armand Semple 557

TRANSACTIONS OF SOCIETIES.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY—

The Etiology of Rachitis 558

Lectures

ON

HERNIA AND ITS RADICAL

Delivered at the Royal College of Surgeon

By JOHN WOOD, F.R.S., F.R

Hunterian Professor of Surgery and Pat
Senior Surgeon to King's College Hospital, and Pr
Surgery in King's College.

LECTURE II.

IN the subcutaneous method of operating made in the upper part of the scrotum, v mentary structures are so movable and e incision can, if necessary, be drawn upwards the superficial abdominal ring; and can be be desirable to remove the sac, to an exte this purpose. The length of this excision when tension is removed and the dartos normal degree of contraction, one and a half It will now be easy to detect with the finge the superficial ring, the lower border of the and transversalis muscles, the borders of the spermatic cord, and the outer edge of the re muscle. The finger can be passed into the to raise forward the internal oblique an muscles, and feel internally the raised edge o tendon.

The first material I employed in stitching was hempen thread, fastened over a woo This was used in seventeen cases. In the children, a pair of rectangular pins, similar t at the point, but bent at a *right* angle near with a loop like that of a *safety*-pin, to lock were used (in forty-eight cases). Then stou silvered, was employed, with a view to preven and to afford a straight direction to the track, the part effectually (in two hundred and Latterly, I have used a stout piece of kangar tendon, well antisepticised in carbolic oil, and before using by soaking in 1 to 40 carbolic

Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 24, 1885.

.NTS.

.UNICATIONS.

its Radical Cure. oyal College of By John Wood, terian Professor thology; Senior ollege Hospital; nical Surgery in 551

nts. By Charles se Surgeon, In- 554

ging upon the tions. By J. A. M.D. Dub. Univ., the Manchester or Women and 555

SCORDS.

for Children— Meningitis with horoid — Death. Armand Semple 557

F SOCIETIES.

URGICAL SOCIETY— s 558

PAGE

That the Lateral Movement of the Ulna in Pronation and Supination takes place at the Shoulder-Joint 558

ACADEMY OF MEDICINE IN IRELAND—

Complete Excision of the Clavicle for Osteo-Sarcoma, and on Partial Excision of Clavicle for Necrosis 559

Excision of the Shoulder 559

Condylotomy by the Osteotome for the Treatment of Knock-Knee 559

ABERNETHIAN SOCIETY—

St. Bartholomew's Hospital and School Fifty Years ago 560

LEADING ARTICLES.

THE ODOURS OF THE HUMAN BODY 561

THE UNCONTROLLABLE VOMITING OF PREGNANCY 562

MALE NURSES 563

NOTES ON CURRENT TOPICS.

The College Election 564

The London Temperance Hospital 564

Saffitary Institute of Great Britain 565

Conversazione of St Andrew's Graduates 565

A New Obstetrical Society for Glasgow .. 565

Professor Volkmann Ennobled 565

Edinburgh Hospital for Infectious Diseases 565

PA

The Colliery Disaster at Manchester .....

Volunteer Medical Staff Corps .....

Farewell Dinner to Dr. Banham, Sheffield

The Imprisonment of Dr. Bradley .....

Metropolitan Provident Dispensary Association .....

The Mode of Election at the Royal Medical Benevolent College .....

The Structure and Origin of Coal .....

The Franchise and Medical Relief .....

Subjects for Dissection .....

Small-Pox in Dublin .....

The Recent Council Election at the Irish College of Surgeons .....

SCOTLAND.

The late Professor Fleeming Jenkins, F.R.S., &c. .....

SPECIAL ARTICLES.

The Conway Board of Guardians and their Medical Officer .....

CORRESPONDENCE.

The Coming Election at the Royal College of Surgeons of England .....

Medical News .....

NOTICES TO CORRESPONDENTS .....

Lectures

ON

) ITS RADICAL CURE.

ıal College of Surgeons of England.

WOOD, F.R.S., F.R.C.S.,

essor of Surgery and Pathology; College Hospital, and Professor of Clinica rery in King's College.

LECTURE II.

method of operating, an incision is rt of the scrotum, where the tegue so movable and elastic that the ry, be drawn upwards, so as to expose al ring; and can be enlarged, if it the sac, to an extent sufficient for gth of this excision rarely exceeds, ved and the dartos has resumed its action, one and a half to two inches. detect with the finger the pillars of lower border of the internal oblique les, the borders of the deep ring, the outer edge of the rectus abdominus n be passed into the deep ring, so as internal oblique and transversalis nally the raised edge of the conjoined

employed in stitching up the canal fastened over a wooden compress. nteen cases. In the small cases of ngular pins, similar to hare-lip pins at a right angle near the other end, a safety-pin, to lock into its fellow, ght cases). Then stout copper-wire, with a view to prevent suppuration, direction to the track, so as to drain (in two hundred and forty cases). stout piece of kangaroo, deer, or ox sed in carbolic oil, and softened just ıg in 1 to 40 carbolic lotion. The advantage of this is that there is no necessity for disturb the wound by removing the buried suture, as in the cas the wire and other methods.

All these modifications are essentially alike as regs the structures which were traversed and included in suture. The variations in manipulation were merely th rendered necessary by the nature of the material emplo for the ligature. When wire was employed, it was usu removed after a week or ten days; hardly any discha follows its use and withdrawal. The induration of the p around and within the inguinal canal was usually mar but its duration was not so long as in the case of the bu tendon suture. It was soon found that this indurat which was formerly considered by surgeons as import did not remain as a permanent barrier against a retur the hernia. Such a barrier can only be obtained by a n intimate and extensive adhesion between the sides of canal.

Operation by the Subcutaneous Method.—A tenoto knife, a semi-circular needle, mounted on a stout han flattened at the eye, with a sharp point and blunt should formed so as to slip along the front of the curved forefin with about a foot of tendon or wire thick as stout twine, the instruments necessary for the operation. If the sa to be removed, a pair of blunt-pointed bent scissors wil useful, and a double hook or two to hold the edges of wound apart.

The parts being carefully shaved and washed, toge with the instruments and hands of the operator and assist with a 1 to 20 solution of carbolic acid, the hernia retur the patient anæsthetised, and the spray (if consid important) in action, an incision with the tenotomy-kn about three-fourths of an inch long, and oblique in direct is made over the cord just below the pubic crest, thro the tegumentary coverings down to the sac. A s artery—the external pubic—may require section and liga at both ends with small catgut. The forefinger is t passed into the canal, carrying the sac invaginated be it, up to the deep ring, behind the internal oblique transversalis muscles, which can be felt and seen to lifted up by the finger. At the inner border, the edg the deep ring and conjoined tendon can be felt, and finger passed behind them. Along the finger is t carried the needle, until its point can be felt behind th structures, through which it is then pushed. Wher

hundred and fifty-two cases, of which
operations (on both sides), and eleven w
tions (the first not having succeeded).
number of operations, as distinguished fr
hundred and seventy-three.

Two hundred of these were done cons
a single death or unpleasant symptom.
the sac was not removed, but transfixed
twisted, and tied firmly. The cases wer
from young male adults, or adolescents
which may partly account for the singul
serious symptoms in two hundred consecu
them only were females, all young adults o
the whole two hundred and seventy-thre
deaths, one from tetanus, one from delir
two from broncho-pneumonia.

The mortality in these three variations
taken together, was seven deaths out of t
thirty-nine operations, or about 2 per cent.
were from hospital causes, some of which
years, entirely abolished. Taking the wire
there were two hundred and seventy-three,
about 1¾ per cent., none of which could be
to the special conditions or results of the

The Successes and Failures of the O
operation of this kind, there are special d
mating and ascertaining the proportions o
cessful cases. A certain proportion of the
verified by the patients returning for fu
surgeon.

If the operation be imperfectly perfor
becomes manifest before the patient leaves
surgeon, and can be noted. But in a cons
tion of hospital cases, the patient does no
the first convalescence. My experience is
likely to come back again if the operation
in search of further relief. However carefu
of hospital patients be kept, their wande
frequent removals render it impossible to ke
and to follow up the cases, for many years.

I have found that, in the greater proportic
the rupture returns before the end of the fi
the operation is properly done, but the w
abdominal structures inherent in the patient
in a slow yielding of the parts, and the form
sac, the rupture may not become apparent
during the second year.

It has usually been the custom of surge
for the appearance of success, to set down a
cures cases which have been examined only
months after the operation. The shortsighte
the operator's reputation upon so slender a
often struck me, and to avoid it I have, in t
hearers have placed before them of the resu
successful cases, furnishing ninety-eight
subcutaneous operation, carefully excluded
have not been verified two years after the
first case has been watched and examined i
a period of not less than twenty-five years.
been in view for twenty-three years (one o
present to-day for examination) one for ni
for seventeen, three for sixteen, and so on
years' duration. Of the last there are e
three years' duration twenty-one cases, and
upwards twenty-four cases.

The ninety-six cases thus tabulated are the
operation, therefore, was found to be permane
successful, and entitled in every sense to be
"radical cures." Out of the total number
same class, viz., 339, there are 116 others wh
examined at periods under two years from t
respective operations, and found satisfactor
were found on after examination to be more
in the intention of producing a radical cure.
however, were improved by the operation, an
made available which had not been so be
them were made worse by the operation. T
sixty-eight have not been seen or heard of si
charge from the hospital.

The number of successful cases out of a total
of above and under two years' duration at the
examination taken together, as I think may fa
is, therefore, 212, while the number of ascert

ne were double
e second opera-
With these the
m cases, was two

cutively, without
n all these cases,
in several places,
e selected mainly
, in good health,
ar immunity from
tive cases. Five of
or children. Out of
ee, there were four
irium tremens, and

as of the operation,
f three hundred and
nt., and half of them
ch have been, of late
vire operations alone,
tee, with four deaths,
be strictly attributed
the operation.

e Operation.—In an
ial difficulties in esti-
ons of failures to suc-
of the failures can be
or further aid to the

performed, the failure
leaves the care of the
a considerable propor-
oes not reappear after
nce is that he is more
eration be unsuccessful,
r carefully the addresses
wandering habits and
ible to keep them in view,
y years.

proportion of the failures
of the first year. When
ut the weakness of the
he patient's tissues results
d the formation of a fresh
apparent until some time

n of surgeons, too anxious
set down and put forth as
amined only a few weeks or
shortsightedness of placing
o slender a foundation has
I have, in the list which my
a of the results of ninety-six
inety-eight operations, after
ly excluded all cases which
ts after the operation. The
l examined in public during
y-five years. Two cases have
years (one of these cases is
n) one for nineteen, another
en, and so on, down to four
t there are eleven cases; of
-one cases, and of two years

abulated are those in which the
ld to be permanently or durably
ery sense to be considered as
e total number of cases of the
re 116 others which have been
wo years from the time of the
found satisfactory. Fifty-nine
ation to be more or less failures
ng a radical cure. Most of these,
y the operation, and a truss was
l not been so before. None of
y the operation. The remaining
seen or heard of since their dis-

al cases out of a total of 339 (those
ears' duration at the time of last
er, as I think may fairly be done)
ne number of ascertained failures

is fifty-nine. This result gives about seventy-eight per cent. of successful cases; and it is reasonable to suppose that the same proportion may be maintained in the sixty-eight cases of which the result is unknown at the present time.

It may be considered by some that we should be more exact if we compared the ninety-six cases, or ninety-eight operations of known successful results with the fifty-nine cases of ascertained failures, in order to obtain our percentage. By submitting to this somewhat severe comparison we should still obtain nearly two-thirds, or say about sixty per cent. of successful cases. And this would scarcely do justice either, inasmuch as the ninety-six cases, or ninety-eight operations, are only reckoned from those of over two years' standing, while the fifty-nine cases chiefly became unsuccessful before the end of the first, or in the second year, during which period the majority of the failures declared themselves.

Spray and Antiseptic Cases.—In 28 out of the 370 cases of inguinal hernia, the operation was conducted under the spray, with antiseptic gauze dressings. The sac was tied at the neck with separate stout catgut, and removed; while the sides of the canal and rings were drawn together by kangaroo, or ox-tendon, or wire. All the cases were large and severe. Sixteen were reducible; and of these one died of broncho-pneumonia, with some *post-mortem* signs of septic infection. The man was a marine engineer, æt. 26, who had served long on the coast of Africa, and had fever several times. He was a bad subject for operation, but was completely incapacitated for his work and livelihood by a large and uncontrollable rupture. Twelve were cases of irreducible hernia from adhesions, &c., all severe, and many very painful and tender. Of these, two died. One, æt. 45, was operated on during a very foggy and severe winter, and died of broncho-pneumonia. The rupture was large, adherent, and painful. He begged earnestly for the operation to be performed for his relief. The other fatal case was complicated with a cystic growth on the spermatic cord and epididymis, which was removed with the sac. His age was 56, and he had come from the Cape to have the operation done. He was warned of its severe nature, but had suffered so much from its unmanageable nature and misfitting trusses, that he was incapacitated from both work and enjoyment. He died from pneumonic congestion and bronchitis. No failures to cure have hitherto resulted from this operation; but the percentage of fatal cases is considerably increased, in comparison with the more strictly subcutaneous method, in which the sac was not removed. No doubt this is partly the consequence of the greater severity of the cases, as well as of the operation. Three deaths out of twenty-eight cases gives about 11 per cent. of fatal cases, as compared with 1½ to 2 per cent. Four males and two females have been operated on more than two years, and have shown, on examination, no signs of a return. In six other cases, males, the results have not been tested or verified since the operation. Twelves male and three females have been cured for a period not yet reaching two years.

The mortality before mentioned agrees with that obtained by Tilanus, of Amsterdam—namely, about 11 per cent.—in his collection of one hundred Continental cases of the radical cure of hernia by the open method of operation by dissection, with and without the use of the more strict antiseptic precautions. If this death-rate is found to be maintained on further experience, it seems somewhat too great a general risk for an operation of the class to which that for the radical cure of hernia belongs—namely, that of expediency. In the collection of cases made by Dr. Israelsohn, and given by Professor Annandale, of Edinburgh, out of seventy-one cases, four of the patients died, while sixty-six were cured, the operations being performed by various surgeons, but all with strict antiseptic precautions. This points to a further improvement to be obtained by the careful carrying out of antiseptic precautions.

Hernia Complicated with Retained Testis.—These cases are invariably of the congenital variety of hernia, and are often accompanied by other morbid conditions, such as adhesions and intra-saccular obstructions, or strangulations. When orchitis or epididymitis has been present, which is not unfrequently the case, especially if a truss has been worn, or injury sustained, very difficult complications may ensue. In two cases the testicle was retained in the abdomen, and could not be felt or reached by opening up the canal. The

right knee was "bent," and that she
it, but as the joint did not appear
attach much importance to it till
when she found that the left elbow
examination, the two joints were fo
dition, fluctuation was easily felt, n
tion were apparently painless; th
normal in colour, but the local tem
increased. The child had the wast
blood-poisoning, but was by no
tongue was moist, and the temper
feet were slightly scaly, but did n
ance of congenital syphilis. Owin
being deficient, the child had bee
of a bottle. The mother and infa
the house, but the latter died ir
contents of the joints, which h
purulent, were evacuated. At
death, pus was found in both joi
slimy consistence, untinged with
cartilages of the knee were not pe
and sodden on the surface, as if s
vial membrane was only faintly i
lines were examined, but found q
teum and the perisynovial tissu
secondary deposits could be foun
though diligently sought for, no
tive cause, as otorrhœa, vaginit
the seat of ligature of the cord
had to do with an acute purul
joints, proving rapidly fatal with

Mr. Smith (St. Bartholomew's
p. 189) came to the conclusion t
like the one I have described t
the growing line of the bones
certainly pyæmic in their origi
were found in other organs, but
present in Mr. Favell's case we
the cause.

Injury, acute exanthems, t
theria, epidemic parotitis, rheu
out of the question. The quest
ful though I am inclined to l
ment, and certainly no traces
bodies of either father, mother
scaliness of the soles of the
more like acute pyæmic syno
focus was wanting and the d
perhaps this may be accounte
and the violence of the sympt
a paper by Krause publishe
Wochenschrift, 1884, No. 43,
in infants. He states that
fifty cases. His description
lesion, which is usually *mon*
from the account you have j
other things, that *phlegmono*
show themselves, the pus is l
and that the synovial membr
and very swollen. He has di
in the secretions with ce
resembles very much the
Rosenbach, and the chain c
scarlatinal diphtheria, but is
inoculation results. Krau
retains the name "catarrha
in infants," which he origin
spite of Virchow's protest.

The points on which I sh
tion from this meeting are
these affections in Englan
probable cause.

Are we to believe there is
and if so, why are not its
are they so uncommon ?
the organism being a speci
of joints has not uncomm

d not straighten
ned, she did not
t same morning,
also affected. On
in a swollen con-
ments and palpa-
in was dry, but
ture was slightly
pearance of acute
is apathetic; the
under 100. The
esent the appear-
the mother's milk
urished by means
ere admitted into
night before the
een diagnosed as
examination after
it was of a thick,
d. The semi-lunar
ted, but were worn
-digested, the syno-
ted; the epiphysial
normal; the perios-
were healthy. No
ywhere in the body,
y primary suppura-
r putrid changes at
Thus it appeared we
exudation into two
any apparent cause.
ospital Reports 1874,
in almost every case
starting point was *in*
the joint, some were
as secondary deposits
neither condition was
st look elsewhere for

nus, dysentery, diph-
ism, and tubercle, were
of syphilis was doubt-
ve the father's state-
e to be found on the
child, if we except the
t. The condition was
, but then the primary
age was so slight, but
or by the sudden onset
s. I was reading lately
the *Berliner Klinische*
cute purulent synovitis
mann himself has seen
e condition of the joint
cular, differs very much
heard, he states, amongst
swelling and redness soon
tenacious nasal secretion,
is found to be *bright red*
vered a special organism
n peculiar properties, it
reptococcus pyogenes of
s which Löffler found in
fferent in its character and
states that Volkmann
flammation of the joints
y gave to this condition in

ld like to ask for informa-
st as to the frequency of
, and secondly, as to the

nother special micrococcus?
ffects more evident? Why
t is there any necessity for
l one? Acute suppuration
nly been produced lately in

experiments on animals notably those of Löffler with his special "micrococcus of Scarlach-Dyphtherie" and confirmed more recently by Heubner and Bahrdt.

Krause, following Gram, did not succeed in producing joint inflammations by inoculating diphtheritic cultivation fluid, so contends that the presence of his own micrococcus is necessary.

Supposing for a moment that there is special organism producing these dire results, Krause, in his otherwise exhaustive paper does not give us any hints as to its cause or origin, and in the absence of foul feeding bottles one is driven to assign the cause to some bad smell or polluted milk or water. An infant was brought to the Infirmary the other day with gangrenous inflammation of the tonsils and epiglottis and died in a few hours, it was neither diphtheria, croup, nor any other well-recognised disease. Here, again, for want of better, one is forced to assign such causes as might spring from bad drains, &c.

Why such indefinite cases do not occur oftener is a matter of surprise to me. Washing my hands the other day in the kitchen of a rather famous country inn, I was nearly poisoned by the stench emanating from the sink, and yet within two yards the family, apparently all healthy, were in the habit of partaking of their meals. In bringing this communication before you this evening, I have been actuated by a desire to learn more of the subject of obscure blood poisoning in infants. One has often seen pyæmia get well in quite young children where there has been a known external lesion, and I have several times marvelled at the truly wonderful effect of large doses of quinine when given with syrups and chloroform water.

INFLUENCE OF SEA-VOYAGING UPON THE GENITO-UTERINE FUNCTIONS.

By J. A. IRWIN, M.A. Cantab., M.D. Dub. Univ.,
Formerly Physician to the Manchester Southern Hospital for Women and Children.

(*Continued from page* 535.)

IN the present state of our knowledge the precise relationship between cause and consequence is by no means obvious. It seems probable, however, that the first impression is upon the solar plexus, or some minor ganglia presiding over the ovario-uterine functions, and is transmitted from thence to the sympathetic system, either directly by filaments of connection, or through some more circuitous route of brain and spinal nerves. It may even be found by future investigators that these abdominal ganglia possess some special function connected with the equilibration of the body as a whole, or of the viscera whose nerve-supply they control, and that this sense is deranged by certain unaccustomed translations, just as is the similar one whose seat lies within the cranium. The idea will, of course, appear far-fetched, yet why may it not be so, if the Pacinian corpuscles found in the mesentery of cats, and other members of the family *Felidæ* really possess the equilibrating function recently attributed to them by distinguished physiologists? (1)

Dr. Noeggerath informs me that on one occasion he has positively discovered Pacinian bodies beneath the epithelium of a recently removed ovary. (2)

That the sympathetic system is at some time affected is unmistakably evidenced by the facts observed. The irregularities in the advent, term, and quality of the catamenia, the frequent dysmenorrhœa, and the usual intensification of the symptoms of local diseases are all such as should theoretically result from an unwonted vascular supply, and consequent hyper-congestion of the uterus and its appendages. When dealing with its effects upon utero-gestation I shall have occasion to consider the mechanical possibilities of sea-sickness. In the present connection I have little knowledge worth imparting. Kinetia often accompanies menstrual derangements at sea, and always aggravates them, as may be explained by

and ovaries immediately induces sym
foreign to perfectly healthy menstruat
finally, that, "when any abnormal infl
cessive (the active congestion of the m
naturally produces pain in the nerves in
the distended vessels" (12); then so ea
reasoning that these painful menstruati
upon as already explained. The supple
stimulus consequent upon the sea mot
limits of physiology, exceeds the exhale
uterus, induces a stasis of blood, and ul
to pain, which, if more than mere disqu
foreign to healthy menstruation.
hand, we favour the so-called "vaso-
dysmenorrhœa: that the increased bloc
nary menstruation so irritates the vaso
of the uterine vessels as to provoke tet
arterial coats, and muscular fibre of th
explanation is no less apparent. But
this doctrine, and the often concomitan
vaso-motor irritation—whether of cer
visceral origin—may give rise to anæmia
ganglia, and consequent relaxation an
the pelvic circulation, because it would
consider them without applying yet an
profitable theories to the primary eti
menstruation at sea. Indeed, the whol
field so rich in hypotheses, and pertin
recorded work—to the researches of Né
borski (14), Pouchet (15), Aveling, and
scholarly lectures of Wiltshire (16),
theory of Loewenthal (17), and the expe
Putnam-Jacobi (18), Berthier (19), and I
elaborated by Reinl (20), of Franzenba
would utterly weary your patience I
more from the immediate inquiry in ha
ever, say of the premature return of th
which is especially interesting in connect
unsettled question of the correlation of o
in the ordinary process of menstruation,
am satisfied that the ovaries are hyper
as, and probably as much as, the uteru
even tenable that the primary stimulus
and transmitted from thence to the uter
many reasons to doubt the dehiscence of
of these supplemental menstruations;
impossible that "nidation" could be
interval so short.

(1) Ferrier: Functions of the Brain, p. 63.
(2) Reported: Gynæcological Transactions, 1876.
(3) Handfield Jones: Functional Nervous Dis
Diseases of Women, p. 433; Tyler Smith: *Medic*
February, 1860.
(4) Op. cit.
(5) Principles and Practice of Gynæcology, p. 18
(6) Ibid., p. 112 et seq.
(7) Diseases of Women, p. 584.
(8) Discussion at the London Obstetrical Society
(9) Hirt: Die gewerbliche Thätigkeit der Frau
others.
(10) Duparque, op. cit.
(11) Putnam-Jacobi: The Question of Rest for
(12) Thomas, op. cit.
(13) Recueil de faits pour servir à l'Histoire des
(14) Traité de la Menstruation.
(15) Théorie positive de l'ovulation spontanée,
(16) *British Medical Journal*, March, 1883, Febru
(17) *Allgemeine Med. Cent. Zeitung*, January, 18
(18) Op. cit.
(19) Des névroses Menstruelles.
(20) *Sammlung Klinischer Vorträge*, No. 243.

(*To be continued.*)

MR. W. HY. BOWES, M.R.C.S., of Guy
been elected to the Surgical Scholarship
caries' Hall, London, of the annual value
W. A. B. McCabe, M.R.C.S., of Universit
obtained the necessary marks for the schol

toms which are
on" (11); and,
ence renders ex-
nstrual epoch) it
ervening between
y is the inductive
ns may be looked
mentary vascular
ion oversteps the
nt capacity of the
timately gives rise
uiet, is a symptom
If, on the other
motor" theory of
od-supply of ordi-
o-motor filaments
etanic spasm of the
he parenchyma, an
t I purposely pass
ant belief that any
cerebral, spinal, or
ia of the abdominal
and turgescence of
ld be impossible to
another set of un-
etiology of erratic
hole subject offers a
ertinent reference to
f Négrier (13), Raci-
and others; to the
16), the rejuvenated
experiments of Mary
and Henning, recently
zenbad—that unless I
ce I must wander no
in hand. I will, how-
of the menses at sea,
onnection with the yet
on of ovaries and uterus
uation, that although I
hyperæmiated as soon
uterus itself, and it is
imulus may be ovarian
he uterus, yet there are
cence of ovule with each
ations; and I take it as
uld be perfected in an

. 63.
tions, 1876.
rvous Disorders, p. 423; Edis:
ith: *Medical Times and Gazette,*

ology, p. 183.

rical Society. 1860.
it der Frauen; Tyler Smith, and

of Rest for Women.

'Histoire des ovaires, 1858.

spontanée, 1847.
h, 1883, February, 1884.
, January, 1885.

, No. 243.

ntinued.)

R.C.S., of Guy's Hospital, has
al Scholarship of the Apothe-
e annual value of £100. Mr.
S., of University College, also
ks for the scholarship.

Clinical Records.

NORTH EASTERN HOSPITAL FOR CHILDREN.

Case of Tubercular Meningitis with Tubercle of the Choroid—Death.

Under the care of Dr. ARMAND SEMPLE.

T. F., æt. 5 years, was admitted on November 17th, 1884. He had been an in-patient at the hospital for a month with acute nephritis, and was discharged in August quite well. The following are the notes taken at the time:—

July 16th, 1884.—*History.*—Had had scarlet fever seven weeks ago. Three weeks ago he began to swell, and he has gradually got worse. Passed blood for the first time in urine a week ago. There are three more children of the same family at home in good health. The parents are healthy. In examining the urine it presents the following characters.—Sp. gr. 1010, reaction acid, albumen ½, also bloody.

State on Admission.—The boy is extremely anæmic, conjunctivæ and lips bloodless. The face is puffy, especially about the eyes. The surface of the skin is dry and harsh. The abdomen is swollen, measuring 24 inches. The abdominal wall in places pits. There is no evidence of an ascitic wave. The legs and thighs are œdematous, but the anasarca is not extensive. The thoracic wall pits, the pulmonary resonance is normal; breathing everywhere vesicular. The cardiac dulness is normal; there is reduplication of the second sound at the pulmonary cartilage. No bruit is heard. The pulse is 100, regular, of small volume, and compressible. The tongue is coated. He passes a small quantity of urine, but in his bed. The bowels are not open. Ordered: milk, beef-tea, bread, and a mixture of the following:—Mist. potassæ acet. ℥iij.; 4 horis; bis die. Amount of urine passed, ℥xij.

17th.—Urine, ℥xxxij. in 24 hours; blood-stained. Albumen ⅓.

22nd.—Urine, ℥xviij. Œdema considerably less. Boy still very anæmic. No anasarca in legs.

26th.—℥xxviij. of urine passed.

August 3rd.—Urine passed ℥xiv. Was ordered, mist. ferri perchlor. ℥ij.; mist. salinæ, ℥ij.; t. d.

On October 4th he was brought to the hospital with marked right hemiplegia and aphasia. On the 8th he was much improved. On the 15th, he was quite well, but for the first time complained of severe headache. He attended weekly until November 17th, the headache at times being so severe that he would roll about and cry for hours. On the 17th he was apathetic, anæmic and drowsy. He would suddenly start up and scream with the severity of the frontal headache.

On admisson, temperature 99. Boy is fairly nourished; extremely anæmic; there is no evidence of any œdema anywhere. He takes but little notice of surrounding objects. He is apathetic and very drowsy. The pupils are slightly dilated, and respond to light. He suddenly starts up in bed and cries out piteously with the intense cranial pains, which are chiefly frontal. He has vomited twice since admission. The lips are dry and cracked. The tongue thickly coated with grey moist fur. There is partial loss of power in the right hand and arm. He is unable to grasp objects, or to move the fingers. The hand is blue and cold; the right leg he moved with apparent ease. There is no rigidity of either extremity. Sensation in the hand, arm, and leg is blunted. The superficial reflexes are abolished; the deep are markedly exaggerated. The pulse is 68, small, slow, and irregular. There is no exaggeration of the cardiac dulness. A marked reduplication of the 2nd sound at the pulmonary cartilage is audible. There is no displacement of the apex. The pulmonary physical signs are normal. The edge of the liver may be felt about one finger's breadth below the margin of the ribs. The spleen cannot be felt. He was ordered diet of milk, fish, and bread, and a mixture as follows:—

Tinct. ferri perchlor., ♏v.;
Spirit chloroformi, ♏iij.;
Mist. salinæ, ℥ss.; ter die.
Mist potass. brom., ℥iij.; statim.
Pulv. calomel cum. jalap, gr. x.;
Acid, potass. tartrat., gr. xv., hora summi.

Ice bag to head.

The case was now seen by my colleague, Mr. Waren Tay,

commonest symptoms induced by
believed the operation for their remov
taken when the symptom was present
of a portion of mucous membrane whe
in a catarrhal condition would undou
deafness through the tension exerted by
partially closed Eustachian tubes.

Mr. JOSEPH BELL exhibited half of a
papilloma, a myeloid sarcoma of jaw,
and a giant finger, with a beautifu
prepared by Mr. C. W. Cathcart.

Mr. A. G. MILLER read a note on a
showed microscopic sections of th
prepared by Dr. Alex. Bruce. The
spiral were specially implicated.
showed nuclear proliferation in and be
with increased vascularity, the nerves
times their usual diameter. Mr. M
temperature charts of two stricture
temperatures after instrumentation.
exhibition of chloroform during the op
lessened the tendency to after rise
every occasion quinine and morphia ha

Dr. BYROM BRAMWELL showed secti
the brain, the membranes of the bra
from a case of ulcerated endocarditis,
cocci, sections and drawings of the
degeneration of the arteries, and pl
scopic sections of the human brain,
with Müller's fluid. He also showe
thoracic aneurisms he had ever met w
existed for many years in a labouri
caused no symptom up to a moment
caused by rupture into the left pleural

Dr. ALEXANDER BRUCE exhibited a r
himself, for making sections of comp
scopic examination, the construction
admirably carried out by Mr. Frazer.
He claimed for it advantages ov
instrument, in respect that freezing r
proceeded more regularly, and the
knife permitted greater certainty in
principle was that of the Swift's micro
was made to descend on the organ to
specimen sections prepared by the inst

Dr. MILNE MURRAY exhibited trac
arteriograph, an instrument which h
previous meeting of the Society. Th
light on the action of the depressor
generally, as also on the significance
the sphygmogram. If corroborated,
should clear up more than one hazy

ACADEMY OF MEDICINE

SURGICAL SECT

FRIDAY, MARCH 20

The President, E. H. BENNETT, M.D.

MR. WHEELER read a paper on

COMPLETE EXCISION OF THE CLAVIC
AND ON PARTIAL EXCISION OF CL.

Both patients recovered, and he had
after the operation; he was in good
able use of his arm.

The PRESIDENT suggested that
been entitled "Excision of Disease
"Excision of the Clavicle." Excisi
was of easy performance, but that o
an operation of great difficulty, a
affecting it. The power preserved
was wonderful, as though the pat
supplementing the want of the bone

Mr. TUFNELL, having had the op
both operations, called attention to th
examination of the chest and kidn
man on whom Mr. Wheeler had op
sound, and but for the examination
have been performed.

Mr. WHEELER, in reply, said the r

ir presence, he
was often under-
ne. The removal
that structure was
edly diminish the
icatrisation on the

ongue removed for
adenoma mammæ
cast of the latter

ase of tetanus, and
nerves involved,
ılnar and musculo-
he sections merely
ow the perineurium,
aving twice or three
iller further showed
e cases, with high
In one case the
eration had markedly
of temperature. On
ad been of less use,
ions and drawings of
ain, and the choroid
with abundant micro-
e choroid with waxy
photographs of macro-
made after injections
ed one of the largest
with, which must have
ring man, and yet had
nt or two before death,
ral cavity.
a microtome, planned by
mplete organs for micro-
ion of which had been
zer, optician, Edinburgh.
over Prof. Hamilton's
g required less time, and
the arrangement of the
in cutting. The general
icrotome, where the knife
a to be cut. He showed
instrument.
tracings obtained by the
ch he had described at a
These threw considerable
ssor nerve and the vagus
nce of the dicrotic notch in
ated, Dr. Murray's results
hazy chapter in physiology.

TINE IN IRELAND.

SECTION.

H 20TH, 1885.

M.D., F.R.C.S.I., in the Chair

on

LAVICLE FOR OSTEO-SARCOMA,
OF CLAVICLE FOR NECROSIS.

ne had seen the first nine years
n good health, and had admir-

d that the paper should have
Diseased Clavicle," instead of
Excision of the healthy clavicle
t that of a diseased clavicle was
ılty, according to the disease
eserved in the upper extremity
the patient had some power of
the bone.
d the opportunity of witnessing
ition to the advantage of previous
nd kidneys. In the case of the
r had operated, both were found
mination the operation would not

said the reason he did not actually entitle his paper "Excision of Diseased Clavicle" was that at the outset he mentioned it as a case of osteo-sarcoma.

Mr. WHEELER read a paper on

EXCISION OF THE SHOULDER.

Mr. THORNLEY STOKER recognised the result of Mr. Wheeler's skill in the example exhibited to be almost beyond criticism. But he challenged Mr. Wheeler's statement that it was necessary to fall back upon military statistics for a knowledge of the success attained in dealing with gun-shot injuries. There was no parallel in the conditions of operating for gun-shot injuries in the field and operating in civil practice for disease, the circumstances and surroundings being entirely different, and also the fact of the well-known mortality attending operations in the field.

Mr. BARTON concurred with the author that the operation of excision of the shoulder was rare, but in the reasons for it the most important one was omitted—namely, that the shoulder-joint was subsidiary to the movements of the scapula on the ribs. The condition of an ankylosed shoulder was very different from that of an ankylosed elbow, which rendered the upper extremities useless, and therefore a recognised operation which every surgeon would perform. But an ankylosed shoulder-joint was by no means useless. The supplemental movement of the scapula on the ribs gave such a wide range of motion that it became unnecessary to operate. For his own part, instead of a straight incision through the deltoid muscle he preferred a U-shaped incision posteriorily, about the middle of the scapula, and taking in the posterior edge of the deltoid, as giving ready access to the joint, and natural drainage. He was not obliged to do more than scrape off the diseased cartilage from the glenoid cavity.

Mr. WHEELER, in reply, said Mr. Stoker had missed his remark that for comprehensive statistics they had to go to military surgery, because in civil practice the operation was comparatively rare. As to the well-known mortality in the field, the statement was open to exception, because in Larrey's cases all the first succeeded, whereas in the Schleswig-Holstein campaign there appeared to have been great mortality following amputations of the shoulders and legs; and again, in the next serious battle cases of excision of the shoulder did very well. It was therefore unaccountable why there was great mortality consequent on operations on some fields of battle, and very little on others. He alluded to the ankylosed joint to which Mr. Barton referred. The drainage, by passing the tube to the inner side and making an internal opening, was originally recommended by Surgeon-General M'Kinnon in the Maori war, and he had published in the Army Statistical Reports of 1866-67 many cases of excision of the shoulder-joint treated in that way. The method was followed by an excellent surgeon who died in the last Afghan campaign—namely, Joshua Porter. By padding the shoulder the posterior drainage was not required. Mr. Barton was in accord with other surgeons respecting the glenoid cavity. Where it was interfered with the mortality was much greater than where it was unnecessary to operate. In one of his own cases success was due to a considerable extent to the excellent treatment of the patient by the house surgeon, Mr. Middleton.

Mr. SWAN read a paper on

CONDYLOTOMY BY THE OSTEOTOME FOR THE TREATMENT OF KNOCK-KNEE.

He had practised Dr. Reeves' operation exclusively, but he had found it futile to avoid entering the joint. During the past four years he had operated on sixty-eight individuals, and 129 knees in all were operated upon. The ages ranged from nineteen to three and a half years. Nineteen had both knees operated on simultaneously. Suppuration occurred only twice, and all the cases recovered with useful limbs.

Mr. HAMILTON had witnessed a good many of the operations, and considered the Section indebted to Mr. Swan for his record and its successful character. Like the peritoneum, the surgery of the knee-joint had during his time undergone a revolution. The simplicity of the operation, as done by Mr. Swan, was marvellous, and the results had been most satisfactory. It was a source of pride that Dublin was not behindhand in the great advance made by orthopœdic surgery within the past few years.

Mr. THOMSON congratulated Mr. Swan on his valuable contribution to orthopœdic surgery. Having seen several

Henry VIII. gateway, facing Smithfie dressers were appointed from six to twel were no special departments, such as o orthopædic departments. The great tru was bleeding, and he remarked that it w say for what cases bleeding was not us which was acute, bleeding was applied. means of producing muscular relaxation as an anæsthetic. Twelve to thirteen ou frequently extracted from a man befor reduced. Yet in spite of this it was ver chief to arise from this practice. Th patients recovered from the loss of blood cases he had no doubt that a number from it. Mercury and sarsaparilla wer used for syphilis at that time. Potassi being introduced by Dr. Robert Williams mencing to gain a reputation. Sir Jam on to say that he thought that diagn future study of students to a much more it was even now; and they should notic sonal character of a patient influenced t the action of the drug. He next refe operations of the day and remarked tha number smaller, but the method of ope greatly. Swiftness, simplicity and brill qualities of a good surgeon; this was e as they might very well understand, i that anæsthetics at this time did not e reason surgical instruments were far less The patient was placed on a lowering (were administered for some days before ganic defects in the kidneys, heart, &c., and hygienic treatment was very defec not surprising if the mortality of ope than now. The lecturer then referred t and said that the sisters in those da practical women, but that the nurses w ferior both in capabilities and social po are now. Finally, Sir James Paget ma the medical student fifty years ago, certainly not so refined as now-a-days, we should remember that society in ger fined. They were a hard working set altogether. In conclusion, he thanked t honoured him by asking him to add what great pleasure it had given hin of students again.

Dr. MATTHEWS DUNCAN then rose proposed a vote of thanks to Sir Jam teresting lecture, remarking at th he thought it would be very interestin to ask Sir George Burrows to relate manner in which patients were exami

Dr. NORMAN MOORE then rose to a few appropriate words, which was amidst much applause.

The meeting then terminated.

Vital Statistics.—The deaths regist principal large towns of the United to an annual rate of 18·6 per 1,000 o were—Birkenhead 20, Birmingham 1 22, Bradford 15, Brighton 17, Bristo 10, Dublin 29, Edinburgh 17, Gl Huddersfield 20, Hull 19, Leeds 17, 23, London 16, Manchester 26, Norwich 20, Nottingham 16, Oldh Portsmouth 15, Preston 15, Salfo Sunderland 13, Wolverhampton 14 death-rates from diseases of the z towns were—From measles, 2·0 in l field, and 4·4 in Newcastle-upon-T cough, 1·7 in Oldham and in Birke mouth; from scarlet fever, 0·8 in Sunderland; and from "fever," 0·9 i Blackburn. The deaths (29) from di London, 2 in Portsmouth, and 2 in caused 51 deaths in London and it 1 in Manchester, and 1 in Sheffield.

Market. Th
months. There
almic, aural, or
ent at that time
ld be difficult to
. To everything
; was used as a
nd was also used
es of blood were
. dislocation was
rare for any mis-
arge majority of
nd in certain dis-
! people benefited
he only remedies
m iodide was just
and was only com-
s Paget then went
sis should be the
minute extent than
how that the per-
ne disease, and also
rred to the surgical
at not only was the
rating also differed
iancy were the chief
essentially necessary
if they remembered
exist. For the same
s elaborate than now.
diet, and purgatives
e the operation. Or-
., were not looked for,
ective, so that it was
perations was greater
l to the nursing staff,
lays as now were very
were then very far in-
position to what they
made a few remarks on
o, and said they were
ys, but at the same time
general was also less re-
set of men taking them
ed the society for having
address them, and said
him to lecture to a body

ose and in a few words
James Paget for his in-
the same time that
esting if the society were
iate to them the curious
amined in those days.
to second the proposal in
was carried unanimously

---

registered last week in the
ited Kingdom corresponded
,000 of their population, and
am 17, Blackburn 23, Bolton
Bristol 15, Cardiff 18, Derby
7, Glasgow 24, Halifax 14,
ds 17, Leicester 16, Liverpool
26, Newcastle-on-Tyne 35,
, Oldham 22, Plymouth 28,
, Salford 20, Sheffield 23,
ton 14. The highest annual
the zymotic class in these
2·0 in Manchester, 2·4 in Shef-
-upon-Tyne; from whooping-
n Birkenhead, and 2·7 in Ply-
, 0·8 in Leicester, and 1·2 in
er," 0·9 in Brighton, and 1·4 in
) from diphtheria included 17 in
and 2 in Liverpool. Small-pox
n and its outer ring, 2 in Hull,
heffield.

REGISTERED FOR TRANSMISSION ABROAD.

The Medical Press and Circular

Is published every Wednesday morning. Price 5d. Post free, 5½d

POST FREE TO ANNUAL SUBSCRIBERS £1 2 6
,, IF PAID IN ADVANCE 1 1 0

Post-office Orders and Cheques to be drawn in favour of—
A. A. TINDALL, 20 King William Street, Strand, London, W.C.
A. H. JACOB, 3 Molesworth Street, Dublin.

Agents for Scotland:—
MACLACHLAN & STEWART, South Bridge, Edinburgh.
A. & W. STENHOUSE, Hillhead, Glasgow.

Sole Agent for the Continent:—
JOHN F. JONES, 31 Bis, Rue du Faubourg Montmartre, Paris.

ADVERTISEMENT SCALE—Whole Page, £5 0s. 0d. Half Page £2 10s. 0d.; Quarter Page, £1 15s. 0d.; One-eighth Page, 12s. 6d.

Small Announcements of Practices, Assistancies, Vacancies, Books, &c., of Seven lines or under, 4s. per insertion; 6d. per line beyond.

Considerable reductions are made from the foregoing Scale when orders are given for a series of insertions. Letters in this department should be addressed to the Publishers.

SUBSCRIPTIONS FOR FRANCE are received by Messrs. BAILLIERE, Rue Hautefeuille, Paris—post free in advance, £1 8s. 6d. per annum.

SUBSCRIPTIONS FOR RUSSIA are received by Messrs. RAJCHMAN and FRENDLER, 18 Senatoren Street, Warsaw—post free, £1 5s. 0d. per annum.

SUBSCRIPTIONS FOR THE UNITED STATES are received in New York by Messrs. WILLMER & ROGERS; Philadelphia, by DR. BRINTON: post free in advance, 5½ dollars (£1 3s. 6d.) per annum; or direct from the Offices in this country for the same amount, if remitted by International Post-Office Order.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 24, 1885.

THE ODOURS OF THE HUMAN BODY.

THIS subject, although a matter of daily involuntary observation, is one which merits a more scientific treatment than has hitherto been accorded to it. Possibly to the fact that the majority of these odours are of a more or less distinctly disagreeable nature this neglect is to some extent due. The subject is one replete with interest even from a purely physiological point of view, but it acquires quite another importance when viewed from a pathological standpoint. Individuals living more in a state of nature, or who for some reason are more dependent on their senses, such as savages, Indians, or blind people, have always made a—to us—wonderful use of their sense of smell, which has attained with them an acuity of which we can scarcely conceive. Animals, too, having no preoccupations beyond that of exercising their senses, obviously attain a far higher pitch of sensitiveness than man, and the enjoyment they derive from it is presumably great in proportion. The wine merchant, the tobacco importer, and the tea merchant, &c., all attain great delicacy of perception, without which their commerce would be difficult indeed. Why, then, should the modern scientific physician neglect an organ which, if properly trained, is enabled to furnish information at least equal to that furnished by any other sense. It cannot of course be pretended that absolutely no use is

In discussing the series of cases observed by Horwitz, Dr. Hewitt adroitly claims for them support his own views, that uncontrollable vc pregnancy is due to a pathological condition some flexion or version of the uterus. The ca by Professor Horwitz are twelve in number, an as given by Dr. Hewitt. Of the twelve, two wer in the Marien Gebärhaus, St. Petersburgh, a private practice. It is probably these ten pri that have claimed Dr. Hewitt's attention. cussing the subject and the cases, Professo arrives at certain conclusions, amongst whicl following:—"That changes of position of the u not the pathological significance claimed for some authors (Graily Hewitt and others). T *rôle* only in so far as they indicate certain pa changes in the parenchyma of the uterus. The concentrate themselves in inflammation of t Inflammation of the serous covering has und pathological significance in uncontrollable vc pregnancy."

In 1882-3, Dr. Wassily Sutugin, also of St. Pe discussed the subject. In regard to the etiolo agreed with Guéniot and M'Clintock, that vari logical conditions of the sexual organs could aggravate a *hyperemesis gravidarum*, that the h itself was a reflex gastric neurosis originati genital organs. A case is reported by Dr. Wm. Carthage, Ill., in the *Peoria Medical Monti* might perhaps be claimed as supporting ou view as well as that advocated by the late Prof The patient was twenty-seven years of age, pr her first child. The uterus was found "*extrer verted*, the fundus bearing strongly against th The body of the organ appeared *firm and u* All treatment failed in this case, and the pati not submit to have abortion induced until la cæmia then set in, and the patient died.

In February last, Dr. Giles S. Mitchell read tive paper on the subject before the Obstetri of Cincinnati. After quoting the author usu in connection with the subject, he says: "A definitely known concerning the etiology can single sentence. Like the benign form of pregnancy, it is reflex, and is caused by irrita uterine nerves. Post mortem examinations no additional light upon its causation or mo gress."

In striving to arrive at the truth about t it will be well to bear in mind two point that a certain degree of apparent displaceme uterus forwards is a normal condition in the ea of pregnancy, and that it will be scarcely attribute a train of morbid symptoms to a con may be, and in many cases certainly is, nor secondly, that our author's views have been profession for a good many years now, that in bility most of the cases of persistent vomitin nancy have for some time past been examined i of his teaching, and that, if that had always clear up difficulties, it would long ere this have been accepted as correct. But is this so? N

Professor
that they
omiting of
based on
ases given
nd not ten,
re observed
and ten in
private cases
After dis-
ssor Horwitz
hich are the
ie uterus have
for them by
. They play a
n pathological
These changes
of the organ.
undoubtedly a
ole vomiting of

St. Petersburgh,
etiology of it, he
at various patho-
could provoke or
t the hyperemesis
riginating in the
Dr. Wm. H. Veath,
l Monthly, which
rting our author's
late Prof. Horwitz.
of age, pregnant of
d "*extremely ante-*
against the rectum.
m and unyielding."
d the patient would
d until late. Septi-
lied.

chell read an exhaus-
ie Obstetrical Society
author usually named
e says: "All that is
iology can be told in a
l form of vomiting of
sed by irritation of the
minations . . reflect
sation or mode of pro-

truth about this matter
d two points. First,
nt displacement of the
lition in the early months
ill be scarcely logical to
iptoms to a condition that
ertainly is, normal; and,
iews have been before the
ars now, that in all proba-
ersistent vomiting of preg-
been examined in the light
that had always sufficed to
ong ere this have universally
But is this so? Not by any

means. The views of writers and speakers appear to be as divergent now as ever. Again, if a few cases can be collected in which the uterus has been found normal as to position and form in women suffering from persistent vomiting of pregnancy, it will at least be conclusive that the affection may come on without uterine displacement, and that, consequently, displacement is not a *conditio sine quâ non* of hyperemesis gravidarum. Such a case is reported by Dr. Mitchell in the paper referred to. He saw a case in May, 1884. He says: "On examination per vaginam, I found no uterine displacement and no disease." In the course of the discussion that followed the reading of the paper, Dr. Reamy mentioned a case of his own "where there was neither version, flexion, or prolapsus." Such cases could be multiplied indefinitely, and as they stand now they do much to strengthen one's opinion of the accuracy of professional opinion generally, which is, plainly, that Dr. Hewitt has not proved his case. He has managed it with ability, he has marshalled his facts with adroitness; where facts have been wanting, a suggestive "there may have been" has been pressed into his service, but all will not do. The matter is unfortunately not so simple that all cases can be put down to one cause. Probably no one has expressed the general opinion more clearly than a speaker at the Cincinnati Obstetrical Society, when he said: "The theory of reflex irritation is the most plausible . . . . but nothing could be more unreasonable than to conclude that the point of peripheral irritation or the cause of that irritation must be uniform."

MALE NURSES.

A MOVEMENT is in progress to provide means for the foundation of a new training school for nurses, the distinguishing feature of which is to be that men instead of women are to undergo the instruction that will be given in the institution. The idea emanates from a sister-in-law of the late Dr. Archibald Billing, F.R.S., who died at an advanced age a few years since, and who, as physician to the London Hospital, long occupied a foremost position in the British medical world. The lady in question, Miss Jane Hamilton, bases the scheme for providing men nurses on the serious inconvenience that bachelors who are invalided in chambers or in lodgings experience in the matter of nursing; either they must be entirely dependent on themselves for such attentions as they may require, or at best indebted to the chance services of friends; or they must invoke the aid of a paid female nurse from one or other of the numerous agencies established to provide such attendants. Now it is at once apparent that a great many gentlemen so circumstanced would infinitely prefer a man to a woman to wait on them; and every practitioner will have frequently met the request that he would supply competent men in place of women nurses to take charge of cases under his care. Such demands must, however, under existing circumstances, be invariably refused, because of the absence of any band of specially trained men capable of undertaking the duties of the sick room; and this, notwithstanding that the medical attendant is inwardly conscious that the comfort and welfare of his patient would be materially improved if he

Sanitary Institute of Gr

THE Annual Congress of the Sanita Britain will be held this year at Le on September 22. The President of Professor F. S. B. F. de Chaumont, I liver an inaugural address at 8 p.m. of the Congress, in the Municipal B tional addresses will be delivered b some, F.R.S. (Sanitary and Prevent Percival Gordon Smith, F.R.I.B.A. Architecture), Dr. W. Marcet, F.R. Meteorology). On Saturday evening lecture will be given to the working the day several excursions to places neighbourhood of Leicester will be a Wednesday a *conversazione* will be held hibition of sanitary instruments and open in the Floral Hall, Belgrave Gate, gress and until October 10. Membe and others desiring to read papers at t forward their MSS., together with Secretary, 74A Margaret Street, Lon before August 26.

Conversazione of St. Andrew'

ON Wednesday evening last the annua the St. Andrew's Graduates' Associatio rooms of the Medical Society of London, W., when a large and influential gatheri response to the invitation of the Presid The guests on arriving were received Richardson, F.R.S., with whom were Christie, Mr. Menzies, and other officers tion. A large number of medical men w cluding DRS. Ord, Crichton Browne, Hack Cobbold, &c. The most interesting featu ing's entertainment was the delivery of a the Rev. Dr. Lansdell, the well-known Si who appeared in magnificent Oriental cost to him by the Ameer, and who gave account of the manners, customs, and tribes he had been acquainted with. I sent a letter, which the President read regretting that he was unable to be pre his being away from England at the time was altogether very enjoyable, and was mu by the large gathering.

A New Obstetrical Society for

FOLLOWING the example recently set meeting was held at the Glasgow Athenæu day last by a number of gentlemen who selves authorities in Paphian mysteries, un dency of that indefatigable obstetrician Reid, when it was resolved to form a society Glasgow Obstetrical and Gynæcological S Nairn, Crosshill, convener of the committee from Professor Leishman and other gentle thising with the movement. A draft of the was submitted and agreed to. One of the the society shall be composed of all regula medical practitioners who have been duly el

ain.
ge of Great
ommencing
ing will be
no will de-
pening day
. The sec-
rthur Ran-
edicine), Mr.
neering and
emistry and
tember 26, a
s, and during
nterest in the
ged. On the
nd a public ex-
liances will be
uring the Con-
of the Institute
e Congress must
stracts, to the
don, W., on or

's Graduates.

al *conversazione* of
on was held in the
m, Chandos Street,
ering assembled in
sident and Council.
ved by Dr. B. W.
were Dr. Paul, Dr.
cers of the Associa-
ien were present, in-
Hack Tuke, Spencer
feature of the even-
of a short address by
wn Siberian traveller,
tal costume, presented
gave an interesting
, and diseases of the
with. Dr. Schliemann
it read to the assembly,
be present, owing to
the time. The evening
d was much appreciated

---

iety for Glasgow.

cently set in London, a
w Athenæum on Wednes-
emen who consider them-
ysteries, under the presi-
obstetrician Dr. Wm. L.
form a society called "The
naecological Society." Dr.
the committee, read letters
d other gentlemen, sympa-
A draft of the constitution
o. One of the rules is that
ed of all regularly qualified
ve been duly elected. The
great bulk of these are intended, we presume, to act as *claqueurs*, and to otherwise patronise the *dei majores* of the society. The following office-bearers were elected:—Honorary President, Professor Leishman; President, Dr. Reid; Vice-Presidents, Dr. Sloan and Dr. Wallace; Dr. Pollock, Treasurer; and Dr. Nairn, Secretary. We cannot profess to any sympathy with this society. The old Medico-Chirurgical Society embraced such subjects as pathology and gynæcology, and the formation of two distinct societies based exclusively on such narrow foundations was quite uncalled for, except possibly on the principle that "To reign is worth ambition." Of late years there has been too great a development of the gynæcological fad in Glasgow, both in its influence on the dignity of the profession and the moral well-being of impressionable females, and we fear that the new Gynæcological Society will but fan the pernicious flame.

Professor Volkmann Ennobled.

GERMAN surgery has just been honoured in the person of Richard Volkmann, the celebrated professor of surgery at Halle, and conductor of the widely known Volkmann's Beiträge. All who know the name of Volkmann will be pleased to learn that the Emperor has raised him to the rank of a noble. Like a well-known surgeon in our own midst, the Halle professor is also favourably known as a writer, and especially by a work published in 1870 under the title of "Plaudereien an französischen Kaminen" (Gossip by French Firesides), which since then has passed through a dozen or so editions. The German Emperor is sparing in his patents of nobility, at least towards members of our profession, and we rejoice to observe that the rigid rule he for so long observed has been somewhat relaxed of late.

Edinburgh Hospital for Infectious Diseases.

THE old infirmary, in which many generations of Edinburgh graduates were trained, has now been transformed into a Town's Hospital for the reception of Infectious Diseases, and, in the course of a few weeks, will be opened for that purpose. Provision has been made for 178 patients, and, in cases of emergency, for over 180. It is, however, questionable whether fresh building may not be required, as since the work was begun fresh conditions have arisen. Thus, the managers of the Royal Infirmary, who formerly agreed to make provision for typhoid, scarlatina, and erysipelas, now insist that these diseases also fall outside the scope of their institution, and maintain that, in terms of the Public Health Act, the local authorities are bound to make provision for such. At this juncture the Directors of the Sick Children's Hospital have also stepped in and declined longer to receive infectious cases in their hospital, thus seriously increasing the burden of the Corporation. Still, we agree with the directors of these last-named institutions in thinking that in a large centre like Edinburgh the general hospitals should be reserved for non-infectious cases—cases which, in all probability, come from all parts of the surrounding country, while the large majority, if not the total sum, of the infectious cases are received from the town. The question of additional accommodation is, we believe, receiving the fullest consideration from the town

of Dr. Banham, with whom, at the Infirmary worked under the happiest circumstances. T of such a tie was deeply regretted. He a upon the services Dr. Banham had rende Medical School, and the void his absence wo ways occasion. Dr. Banham replied, tha present for their very cordial feeling expres himself, and of his appreciation of the very ment paid to him; he also gave expression t of regret with which he viewed his approachi from his Sheffield *confrères*, and spoke of the b joyment he had derived from his work amo several years past. He alluded specially to with the Sheffield Medico-Chirurgical Societ and testified to the good work done by the Banham was followed by Dr. Martin, who, "The Medical Charities," referred to the a of recommendation by hospital governors, justice inflicted on the medical profession siderate and incautious issue of these to u non-necessitous applicants. The health c the venerable chairman closed the proceedi of the most enthusiastic character.

The Imprisonment of Dr.

OF the political merits or demerits of it is not our purpose as medical journ certain is it that he has never been ac friends of an excess of courteousness, a that in defiance of petitions signed medical men quite as capable of judgi of a professional brother as he, we are ground he has finally decided that " all the circumstances, he sees no grou with the sentence pronounced against medical press has shown, and the va unanimously protested that the crim charged with was an utter impossib that he was convicted of an offence not charged. Now that the profession tardy decision arrived at by the retu they must bestir themselves and n number, whom they have every rea cent, to be kept in prison because thinks that "under the circumstan careful not to adduce, an impossib performance where a medical man i

Metropolitan Providen Associatio

A WELL attended drawing-room Wednesday, at the house of Mr. M of promoting provident dispensar upon the self-supporting and self-n dispensaries have as yet been esta have become branches, as they a and need no further help. The tot of members at the present tim contributions amount to £3,297 the members hold family cards less than 25,000 persons are ent and medicine at the dispensari

they had
e breaking
so touched
ed to the
ld in many
king those
ed towards
nigh compli-
the feelings
g separation
nefit and en-
gst them for
his connection
y as President,
Society. Dr.
in the toast of
buse of letters
and of the in-
by the incon-
ndeserving and
of Mr. Snell and
ings, which were

.

Bradley.

Sir W. Harcourt
nalists to speak;
ccused by his best
and when we learn
by thousands of
ing of the conduct
led to ask on what
"having considered
ound for interfering
t Dr. Bradley." The
arious petitions have
me Dr. Bradley was
bility, and, moreover,
e with which he was
n is made aware of the
iring Home Secretary
not allow one of their
ason to believe inno-
Sir William Harcourt
nces," which he is very
ble act is quite easy of
is concerned.

nt Dispensary
on.

m meeting was held, last
Mocatta, for the purpose
aries throughout London
-managing basis. Only nine
tablished, while two others
are quite self-supporting,
otal number, it was stated,
ime is 7,116, whose annual
97; but as the majority of
ds, it is estimated that no
ntitled to medical treatment
aries, and in case of need at

their own homes. The future plans of the association are:—(1) To endeavour to bring all existing provident dispensaries into connection with the association, so that subscribing members removing from one district to another may be able to continue their benefits; (2) to establish dispensaries in working class districts not provided with them; (3) and by opening communications with the hospitals to make arrangements whereby suitable and serious cases may be referred to them as consultants, the association endeavouring, on its part, to relieve them of the ordinary and trivial cases which at present over-crowd the out-patients' departments. Mr. Edward Stanhope, M.P., Mr. Holland, M.P., and other influential persons addressed the meeting, who dwelt upon the value of the movement to the working classes. No dispensary is started, it appears, until the consent of a sufficient number of those working in the neighbourhood has been obtained at a public meeting, and that the initial charges in establishing a branch is about £160. It was pointed out as a reason why the Provident movement has met with more success in provincial towns than in the metropolis that the hospitals and dispensaries which were at one time open to all comers now earnestly co-operate in promoting self-supporting institutions. In London, little or no effort has been made in the abatement of the abuse of the out-patients' department of hospitals, although it is acknowledged that hundreds of thousands obtain advice and medicines who are well able to pay, or to join a provident dispensary. It is acknowledged, too, that the working classes are much better off than they were a few years ago. The evidence of this is seen in the great increase that has taken place in the last few years in the deposits in the savings banks, and which have increased at a rate previously unknown, and unthought of. Resolutions were agreed to affirming the value of the past work of the Metropolitan Provident Association.

The Mode of Election at the Royal Medical Benevolent College.

MR. JABEZ HOGG writes to us and asks us to assist him in reminding the Governors and subscribers of the Royal Medical Benevolent College that six years ago a very large majority of their body decided to appoint "a committee of examination who should carefully investigate the claims of candidates for admission to the College, and who should select a number equal to the number of vacancies of those who, in the opinion of the committee, best deserved election, and whose cases or claims were the most urgent." It was thereby hoped that this would put an end to the costly, wasteful, and capricious mode of election previously in vogue. At the last election, and much to the surprise of those who adhere to this rule, only three of the number so selected were elected. Mr. Hogg thinks this is partly due to the work of professional canvassers, and partly to the throwing open these coveted scholarships to all comers, and which he properly represents as an act of injustice, inasmuch as the orphan children of those who have contributed to the funds of the College are ousted of their rights by the children of those who in no way have assisted towards its maintenance. Mr. Hogg supports his views

Franchise, and have had no time to
conduct accordingly for acceptance of
twelvemonth, so that the concession pro
Collings might well be accepted by the H

Small-Pox in Dublin.

WE regret to learn that four cases of
one death have taken place in Dublin.
that the disease was imported from Lon
who came on a visit to Pembroke Roa
arrival showed symptoms of the disease.
the same house took the infection from
young nurse, who was sent to the case fr
Institute of the City of Dublin Hospit
ladies, as we have said, has died, a secon
ill, but the third case is discrete. The
disease in a severe form. She was,
the disease, at once sent off to Cor
Hospital by the authorities of the N
who seem to have acted very unwisely *fi*
such a case a soft young girl of twen
and, *secondly*, in creating a fresh nidus
sending her out of the house where she
to Cork Street. Every possible pre
taken, under the advice of Sir Charles
Superintendent Officer of Health for th
the spread of the disease.

The Recent Council Election College of Surgeo

IT has been part of the strictest u
College that the voting for Councill
elections should not be published, and
that that rule has ever been broken
present, except on one occasion, w
were communicated to the Dublin
emissaries of a certain Dublin schoo
ever, that the Dublin correspondent
the *Medical Times and Gazette*
tradition, and has published the fo
voting at the recent election:—"O
three Fellows of the College took
which was, for the first time, effect
The following is the result:—*For*
Cameron, 137 votes. *For Vice-P*
134 votes. *For Secretaryship* of t
139 votes. *For Council*—Wm. C
Porter, 114; James H. Whar
Elliott, 106; George H. Kidd, 1
120; Edward Hamilton, 130; R
Robert M'Donnell, 122; J. Kel
Bennett, 125; W. I. Wheeler,
Smyly, 114; Anthony H. Cc
114; Samuel Chaplin, 108; A
C arte, 100; Henry Fitzgibbon

Although we have heretofor
publication, we have always co
are public property, and we a
contemporary has relieved u
publishing them, which we
neither desirable nor possible
any of its Fellows making use

announced by the President, and we have no doubt that the effect of making known the voting to the entire constituency will be beneficial alike to the College and to its constituency.

THE Prince of Wales has accepted an invitation to visit Birmingham in the ensuing autumn, for the purpose of opening the Suburban Hospital, erected at Erdington by Mr. Jaffray, of Birmingham.

AN ironmonger at Aylesbury last week was taught that "no cure no pay" does not hold good legally in matters medical. He had declined to pay the bill of his medical attendant because in his trade work was paid for only on the "no cure no pay" principle, and as a cure was not wrought, he considered the same should be extended to medicine. He will now be permitted to argue that point when he has paid the £20 claimed.

AN attempt on the life of Dr. Burman, of Ramsbury, was made by his groom last week. The prisoner, who is now in prison under remand, had been threatened with notice to leave his situation, and the doctor having left some beer in a glass in the surgery, to which his groom had access, his master shortly afterwards, when drinking it, discovered a quantity of oil of almonds, for which he took emetics, and recovered.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

THE LATE PROFESSOR FLEEMING JENKINS, F.R.S.—It is with deep regret that we record the sudden removal from our midst of Professor Fleeming Jenkins, Professor of Engineering in the University of Edinburgh, from the foundation of the chair in 1868. At the close of last winter session he went to the South for a holiday, and had returned to town but a few days ago, for the treatment of varicose veins, from which he had suffered for some time. It was decided that operative interference should be undertaken. The operation proved most successful, but on the second night his condition was less favourable, and he rapidly sank on the forenoon of Friday, June 12th, with all the symptoms of septicæmia. The unexpectedness of the issue may be gathered from the fact that the following was gazetted on the day after his death:—"New patent sealed and granted on 12th June, 1885, to Fleeming Jenkins, 3 Great Stuart Street, Civil Engineer, for 'apparatus for the regulation of currents employed in telpher and other electric motions.'" The death of Professor Fleeming Jenkins causes a great blank in the Senate of the University, in all the scientific societies of which he was a most distinguished ornament, and in the large social circle to which he added brilliance. He was a Doctor of Laws and a Fellow of the Royal Society, and more or less intimately connected with a number of the leading scientific associations throughout the world. While a genius of the highest order, he was essentially a practical man, and the foundation of the Edinburgh Sanitary Protection Association was largely due to his labours in connection with sanitary questions, to which he devoted a considerable share of his attention. His remains were removed from his Edinburgh residence to the family seat in Kent, where the interment took place on Tuesday, the 16th June.

It is he who has called attention to the outl
expensive medicines, and he is the originat
arrangement which he endeavoured to force o
on Mr. Davies to supply all medicines for th
for an allowance of £10 per annum. As thes
and extra fees now cost the guardians near
annum, the inference is that the medical offi
remuneration will be greatly decreased or th
will not obtain the medicines they require.

What is this, we would ask, but a piece
able meanness to the sick poor, and
lettering of Mr. Davies in his duty tow
and this, too, at the instance of a benefice
whose function it is to urge on others the
of "the sick and needy!" Finally, we woul
all Poor-law medical officers that although sc
Guardians act as if these officers were th
servants whom they may bully and insult at
there is no law to prevent their communicat
brother officers, whether singly or associated
difficulties, and asking their advice, and if M
done this, he is to be commended rather
But the matter cannot rest where it now
dians, by their vote, have placed themselves
in the wrong that so soon as the new Governm
we have reason to know that the matter w
before the House of Commons.

Correspondence.

THE COMING ELECTION AT THE RO OF SURGEONS OF ENGLA

TO THE EDITOR OF THE MEDICAL PRESS

SIR,—Although I think it would be very
precedent, that any candidate for election
the Royal College of Surgeons should be c
precisely his views upon any question, as
bility for an office wherein he should be a
unfettered judgment, in accordance wit
reposed *in him*, and in his honesty of pu
toral constituency of Fellows, yet it seer
present occasion is quite exceptional wi
principle, especially when taken in co
leading article in your last impression.

Certain matters of vital consequence t
Fellows, and the future welfare, or perh
the College, have been so freely and
thrashed out by discussion, that it is s
any eligible candidate for the College
arrived at a definite conclusion thereon
ceed to state my convictions, and th
should be prepared to take in the event
with a seat in the Council.

There is one positive wrong which u
of exclusiveness, and the mal-influe
the hands of that section of the Coun
by tradition—I mean the restriction
miner in Surgery almost exclusivel
Council. Other positions of emolum
more open to the Fellows and to
But the chief source of emolument
to members of the Council. The
sistency of this exclusiveness ar
many Fellows may be highly qu
Examiner who were not on the C
bers of Council may possess the ca
rather than any special fitness for
The two positions are not converti
of these two offices be broken
hitherto, and then the Council wi
rability in their maintaining the p

Other things would follow.
President of the College should n
the order of rotation from meml
yearly meeting, the report of th
mitted to the electoral constit
change in the constitution an
should be undertaken by the C
ledge and concurrence of the F
tuting the College? In all these

on these
of the
pulsorily
sick poor
medicines
£40 per
r's scanty
sick poor

discredit-
n indirect
rds them?
clergyman,
onsideration
impress on
ne Boards of
ir veritable
pleasure, yet
ng with their
stating their
r. Davies has
than blamed.
s. The guar-
so completely
nent is formed
ill be brought

YAL COLLEGE
AND.

S AND CIRCULAR.

y undesirable, as a
a to the Council of
alled upon to state
a test of his eligi-
able to exercise an
th the confidence
urpose, by the elec-
ems to me that the
rith regard to that
onnection with the

to the rights of the
aps, the existence of
fully considered, so
imply impossible for
e Council not to have
. Accordingly, I pro-
ne course, therefore, I
of my being honoured

nderlies all other forms
nce of which paralyses
ncil who are still bound
of the office of Exa-
ly to members of the
ient have been thrown
the Members generally,
yet remains restricted
injustice and the incon-
e obvious, seeing that
alified for the office of
Council; and that mem-
pacity for administration
the officer of Examiner.
ble. Let the conjunction
up more generally than
ill themselves see no desi-
resent *statu quo*.

Who can doubt that the
ot be elected necessarily in
bers of Council; that, at a
he Council should be sub-
tuency; and that no vital
nd relations of the College
Council, without the know-
Fellows and Members consti-
e respects the College should

stand upon the same basis as that of any other Society, say the Royal Medical and Chirurgical Society, which is quite analogous in its relations to the general constituent body.

These are the conclusions at which I have long since arrived, after mature consideration, and to which I should be quite prepared to give effect in the Council. In private circles I have freely acknowledged my convictions; and, as the present crisis seems to demand a public statement of them, may I ask you to disseminate them through the medium of the *Medical Press and Circular*.

I am, &c.,

FREDERICK JAMES GANT.

Connaught Square, W.

EVERY ONE HIS OWN M.D.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I observe with much satisfaction that, as the true nature of the agitation becomes more manifest, the attempt of the London general practitioners to seize upon the title of Doctor of Medicine is growing weaker. The London University has most properly refused to allow itself to be converted into a doctor mill, and the Colleges of Physicians and Surgeons have manifested no disposition to appropriate title-giving privileges to which they never could equitably lay claim.

I am confident that upon consideration you will see that the *Medical Press and Circular* ought not to give any further countenance to a movement the beginning and end of which is the greed for fees, and which is based upon no principle of justice or fair dealing. Nothing can prevent general practitioners who do not understand this principle from dubbing themselves M.D., nor can anything hinder them from setting up a degree-granting shop for the purpose of giving a colouring to their assumption of a title to which they have no right whatever, but, if they are sensible men, they must know, by what they have seen of Dr. Buchanan's Philadelphia M.D.'s, that no amount of self-assertion will ever make them doctors of medicine, and that nothing but shame and vexation of spirit can ever result from their unlawful assumption of such a title. If they did succeed in persuading the public that an M.D. can be had without ever entering the portals of a University, they would, at the same moment, and by the same process, destroy any value which the M.D. has as guarantee to the public of the quality of the holder. Let them, therefore, avoid the example of the monkey who feeds on his own tail, and cease their explorations for a short cut to titles towards which they are unwilling to travel the direct road.

I am, Sir, yours, &c.,

AN M.D. AND A.M. DUB. UNIV.

Medical News.

King and Queen's College of Physicians.—The following candidates having undergone the necessary examinations, received the diploma of L.K.Q.C.P. on the 12th inst.:—

*Dawson, W. E., L.S.A.L.	*Luther, A. J., L.R.C.S.
*Faulkner, C. J., L.R.C.S.	Maguire, J. H., L.R.C.S.
Foley, J. H., L.R.C.S.	Norton, J. J., L.R.C.S.
Flanagan, G. B., L.R.C.S.	O'Callaghan, D. M., L.R.C.S.
Gramshaw, F. S., L.R.C.S.Ed.	O'Donovan, M. P., L.R.C.S.
Lambkin, E., L.R.C.S.	Penot, C. J., L.R.C.S.
Lane, S., L.R.C.S.	*Thacker, R. C., L.R.C.S.

*Received in addition the Diploma in Midwifery and Diseases of Women.

The Mortality of Foreign Cities.—The annual death-rates per 1,000 in the principal foreign cities, according to the last weekly returns communicated to the Registrar-General, are as follow:—Calcutta 27, Bombay 25, Madras 30, Paris 24, Geneva 18, Brussels 21, Amsterdam 19, Rotterdam 25, The Hague 22, Copenhagen 24, Stockholm 24, Christiania 19, St. Petersburg 31, Berlin 23, Hamburg 28, Dresden 25, Breslau 32, Munich 34, Vienna 30, Prague 33, Buda-Pesth 35, Venice 26, Alexandria 33, New York 25, Brooklyn 21, Philadelphia 21, and Baltimore 16.

A Centenarian.—A woman, named Elizabeth Cahoon, stated to be 106 years of age, died a few days ago near Armagh.